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

OMB No. 1545-0047

Department of the Treasury, Internal Revenue Service

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

A For	the <u>1999 calendar year, OR tax year period beginning</u> , <u>1999, and endin</u>	<u>g</u> ·
	nge of use IRS	D Employer Identification number
tnit	al	31-1580204
reti Fin	an print of the control of the contr	E Telephone number
. Cret	See	·
	Specific P.O. BOX 1104	· · · -
	uired Instruc-	F Check if exemption application
als sta	ioi Idiis.	Is pending
G Type	of organization → X Exempt under section 501(c) (0 3) ◀ (insert number) OR ▶ section	
	tion 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule this a group return filed for affiliates? Yes $oxed{X}$ No $oxed{I}$ It cither box in H is cl	
п (а) в		
/b) 14	"Yes," enter the number of affiliates for which this return is filed:	
		
	there if the organization's gross receipts are normally not more than \$25,000. The organization ne	-
	it received a Form 990 Package in the mail, it should file a return without financial data. Some states requ	
_	Form 990-EZ may be used by organizations with gross receipts loss than \$100,000 and total assets less than	
Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions	on page 15.)
ĺ	Contributions, gifts, grants, and similar amounts received: STMT 1	
1	a Direct public support 3,135,038	<u> </u>
	b Indirect public support	-[[[[
3	C Government contributions (grants)	
DEC 1 1 2000	d Total (add lines 1a through 1c) (attach schedule of contributors)	####
	(cash \$ 2,856,600, noncash \$ 278,438.)	
ا مسي	Program service revenue including government fees and contracts (from Part VII, line 93)	
	Membership dues and assessments	
	Dividends and interest from securities	131,191,
	a Gross rents	
	b Less: rental expenses	
2	C Net rental Income or (loss) (subtract line 6b from line 6a)	, <mark>6c</mark>
Revenue INED	Other investment income (describe	7
ē d	a Gross amount from sales of assets other (A) Securities (B) Other	
8,	than inventory	
1	b Less: cost or other basis and sales expenses 8b	
	C Gain or (loss) (attach schedule)	
1	d Net gain or (loss) (combine line 8c, columns (A) and (B))	
	Special events and activities (altach schedulc)	
1	a Gross revenue (not including \$ of	
]	contributions reported on line 1a)	
	b Less: direct expenses other than fundraising expenses 9b	
İ	c Net income or (loss) from special events (subtract line 95 ரிந்நிர்கு 93)	9c
11	la Gross sales of inventory, less returns and allowances 10a	
1	b Less: cost of goods sold	
	C Gross profit or (loss) from sales of inventory (attach ship duß) (subtract line 10b from line 10a)	110c
1	Other revenue (from Part VII, line 103)	11
- 11	2 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 92 (0) Tabel 11) Nove	3,266,229.
1		13 29,185.
8 1		14 131,326.
Expenses 1 1 1		
ă 1		
道 ' 1		
- <u>\$</u> 1		
ssets 1		
∢ ,		
ᇸᆝ²	. , , , , , , , , , , , , , , , , , , ,	
<u> </u>	For Denominal Reduction Act Nation on your 4 of the concept instruction	
010 2.000	For Paperwork Reduction Act Notice, see page 1 of the separate instructions.	Form 990 (1999)

Form 990 (1999) Part | 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.)

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 S noncash S	22				
—: —:	23		-		
24 Benefits paid to or for members (attach schedule)	24		· ·		
25 Compensation of officers, directors, etc.	25	12,000.	1,200.	5,400.	5,400.
26 Other salaries and wages	26				
27 Pension plan contributions	27	· ·			
28 Other employee benefits	28				
29 Payroll taxes	29	1,717.	172.	773.	772.
30 Professional fundraising fees	30				
31 Accounting fees	31	· _			
32 Legal fees	32	72,162.	_7,216.	32,473.	32,473.
33 Supplies	33	9,946.	995.	4,475.	
34 Telephone	34	3,250.	325.	1,462.	1,463.
35 Postage and shipping	35				<u> </u>
36 Оссирапсу	36	15,575.	1,558.	<u>7,008.</u>	7,009.
37 Equipment rental and maintenance	37				
38 Printing and publications	38				ļ
39 Travel	39				ļ
40 Conferences, conventions, and meetings	40				
41 Interest	41		<u>-</u>		ļ
42 Depreciation, depletion, etc. (attach schedule).	42	<u> </u>			
43 Other expenses (itemize): a STMT 5	43a	177,190.	<u>17,719.</u>	<u> </u>	<u>79,736.</u>
b	43b	<u> </u>			
c	43c				-
d	<u>43d</u>			_	
A A Total functional expenses (odd lines 22 through 42)	43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	201 940	20 195	121 226	_131,329.
Reporting of Joint Costs Did you report in	COUR	mn (B) (Program servi	ces) any joint costs fro	m a combined	1 131,323.
educational campaign and fundraising solicit					Yes X No
if "Yes," enter (i) the aggregate amount of these jo	int co	sts \$; (ii) the amount alloca		
(iii) the amount allocated to Management and ger			; and (iv) the amount al		
Part III Statement of Program Se					
What is the organization's primary exempt purpose					Program Service
All organizations must describe their exempt p					Expenses (Required for 501(c)(3) and
of clients served, publications issued, etc. Disc	uss :	achievements that are n	ot measurable. (Section	1 501(c)(3) and (4)	(4) orgs., and 4947(a)(1) trusts; but optional for
organizations and 4947(a)(1) nonexempt charita	ble tr	usts must also enter the a	amount of grants and a	llocations to others.)	others.)
a <u>SEE STATEMENT 7</u>					
		(Grants ar	nd allocations \$	·	<u>29,185.</u>
b		_ 			
				· · · · · · · · · · · · · · · · · · ·	
		(Grants ar	nd allocations \$		
c					
					
		(Cranto an	nd allocations ®		
		(Grants ar	id allocations \$		
d		<u> </u>			l <u>.</u>
			·	 ,	
		/Granta an	nd allocations \$		
e Other program services (attach schedule)			id allocations \$		
f Total of Program Service Expenses (sho					29,185.
		7-3-110 - 17 00101111/2	,, , , og. all 1 col 11003) ·		<u> 49,10J.</u>

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

	lote:	Where required, attached schedules and amounts within the description	(A)		(B)
		column should be for end-of-year amounts only.	Beginning of year		End of year
_	45	Cash - non-interest-bearing	2,934,220.	45	5,644,492.
	46	Savings and temporary cash investments	NONE	46	278,438.
	ļ				•
	47a	Accounts receivable			
		Less: allowance for doubtful accounts		47c	
	ļ				
	48a	Pledges receivable48a			
	b	Less: allowance for doubtful accounts	<u> </u>	48c	· <u> </u>
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			· ·
		(attach schedule)		50	
	51a	Other notes and loans receivable (attach			_
		schedule) 51a			·
ets	b	Less: allowance for doubtful accounts		51c	<u> </u>
Assets		Inventories for sale or use		52	
_		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) 55b		55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment basis			
	b	Less; accumulated depreciation (attach			
		schedule)	NONE		<u>88,884.</u>
	58	Other assets (describe >)		58	<u> </u>
		T 4 14- () 1 15 45 1)	0 004 000		c 011 014
_	59 60	Total assets (add lines 45 through 58) (must equal line 74)			6,011,814.
	61	Accounts payable and accrued expenses	NONE	61	103,205.
	62	Grants payable		62	
'n	63	Loans from officers, directors, trustees, and key employees (attach	<u> </u>	*********	
ţį	0.3	· · · · · · · · · · · · · · · · · · ·		63	
Liabilities	640	Schedule)		64a	
Ξ		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►		65	
	0.0	Other habilities (describe		0.5	
	66	Total llabilitles (add lines 60 through 65)	NONE	66	103,205.
	Orga	nizations that follow SFAS 117, check here ▶ X and complete lines			
		67 through 69 and lines 73 and 74.	1		
S	67	Unrestricted	2,934,220.	67	4,145,512.
ĕ	68	Temporarily restricted	<u>NONE</u>	68	1,763,097.
ala	69	Permanently restricted		69	<u> </u>
힏	Orga	nizations that do not follow SFAS 117, check here ▶ 🔲 and			
5		complete lines 70 through 74.			
<u> </u>	70	Capital stock, trust principal, or current funds		70	
į	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
5Se	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	į		
Se]	70 through 72; column (A) must equal line 19 and column (B) must			
	<u>.</u> .	equal line 21)	2,934,220.	73	<u>5,908,609.</u>
	74	Total Habilities and net assets/fund balances (add lines 66 and 73)	2, <u>934,220</u> ,	74	<u>6,011,814.</u>

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.

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 X No If "Yes," attach schedule - see Specific Instructions on page 25.

Form	m 990 (1999)	0204	<u>'</u>	Page 5			
Pat	rt VI Other Information (See Specific Instructions on page 25.)		Yes	No			
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	7	<u> </u>	X			
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X			
	If "Yes," attach a conformed copy of the changes.	100.5%					
78 a	78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						
þ	b if "Yes," has it filed a tax return on Form 990-T for this year?						
79	Was there a liquidation, dissolution, termination, or substantial confraction during the year? If "Yes," attach a statement	79	1000	X			
	ls the organization related (other than by association with a statewide or nationwide organization) through common	2000					
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	C COSSESSES	X			
b	olf "Yes," enter the name of the organization						
	and check whether it is exempt OR nonexempt.						
81 a	Enter the amount of political expenditures, direct or indirect, as described in the	2007					
		NONE					
	Did the organization file Form 1120-POL for this year?	8 <u>1b</u>	├ ─	<u> X</u>			
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge		1				
	or at substantially less than fair rental value?	82a	5 (000 : A.A.	l X			
	of f "Yes," you may indicate the value of these items here. Do not include this amount	236000 3500 80					
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in						
	Part III.) 82b N/A			(7) 833) 			
	Did the organization comply with the public inspection requirements for returns and exemption applications?		 	├			
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	[
	Did the organization solicit any contributions or gifts that were not tax deductible?	1.00000		X			
	olf "Yes," did the organization include with every solicitation an express statement that such contributions	0.41	1085-002	Political (
	or gifts were not tax deductible?			, ,			
	501(c)(4), (5), or (6) organizations: a Were substantially all dues nondeductible by members?			A			
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			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.						
	· · · · · · · · · · · · · · · · · · ·						
	Section 162(e) lobbying and political expenditures						
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f						
	Does the organization elect to pay the section 6033(e) tax on the amount in 851?	85g	: 674:16:130	_ X			
	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		x			
	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		(2.30				
	Gross receipts, included on line 12, for public use of club facilities Receipts Rec		1898				
	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A						
	Gross income from other sources, (Do not net amounts due or paid to other		00000 00000				
	sources against amounts due or received from them.)						
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			r			
	partnership, or an entity disregarded as separate from the organization under Regulations sections	j	j	j			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		_x_			
	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	(1000) (1000)	3.200				
	section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE						
	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction						
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach						
	a statement explaining each transaction	89b		<u>x</u>			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under						
	sections 4912, 4955, and 4958	.▶	<u>NC</u>	<u>NE</u>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	.▶					
	List the states with which a copy of this return is filed NONE						
ь	Number of employees employed in the pay period that includes March 12, 1999 (See inst.)						
	The books are in care of ► SHANNON TANNER Telephone no. ► 50		<u>9544</u>				
	Located at ▶ 301 E. MARKHAM, SUITE C, LITTLE ROCK, AR ZIP+4 ▶ 72						
	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		_ NC	NE_			

Form **990** (1999)

Part VII Analysis of Income-Product Enter gross amounts unless otherwise		Unrelated business income		section 512, 513, or 514	(E)
ated.	(A) Business	(B) Amount	(C) Exclusion	(D)	Related or exempt function
Program service revenue:	code	Amount	code	Amount	income
		<u> </u>			
·				<u></u>	
·	<u>. </u>				
·			.		
Medicare/Medicaid payments					
Fees and contracts from government agencies					
Membership dues and assessments	·				
Interest on savings and temporary cash investments •					
Dividends and interest from securities			14	131,191.	
Net rental income or (loss) from real estate:					
debt-financed property	<u></u>				
not debt-financed property					
Net rental income or (loss) from personal property		·			
Other investment income					_
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events .					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
)					
1	,				
}	1		! !	· •	
Subtotal (add columns (B), (D), and (E))				131,191	
Subtotal (add columns (B), (D), and (E))					131,19
Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E	E))				131,19
Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal ti	e)) he amount on	line 12, Part I.		· · · · · · · · · · · · · · · · · · ·	
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal the total Relationship of Activities 1	he amount on to the Acco	line 12, Part I. omplishment c	of Exempt Purpos	es (See Specific Instr	uctions on page 3
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal to the No. Explain how each activity for which	to the Acco	line 12, Part I. omplishment of ported in column	of Exempt Purpos (E) of Part VII contrib	es (See Specific Instruted importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal to the columns (B). Relationship of Activities 1 e No. Explain how each activity for which	to the Acco	line 12, Part I. omplishment of ported in column	of Exempt Purpos (E) of Part VII contrib	es (See Specific Instruted importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal to the columns (B). Relationship of Activities 1 e No. Explain how each activity for which	to the Acco	line 12, Part I. omplishment of ported in column	of Exempt Purpos (E) of Part VII contrib	es (See Specific Instruted importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal to the columns (B). Relationship of Activities 1 e No. Explain how each activity for which	to the Acco	line 12, Part I. omplishment of ported in column	of Exempt Purpos (E) of Part VII contrib	es (See Specific Instruted importantly to the acco	uctions on page :
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Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E Line 105 plus line 1d, Part I, should equal to the VIII Relationship of Activities 1 e No. Explain how each activity for which	to the Acco	line 12, Part I. omplishment of ported in column	of Exempt Purpos (E) of Part VII contrib	es (See Specific Instruted importantly to the acco	uctions on page :
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal to the columns (B). Relationship of Activities 1 e No. Explain how each activity for which	to the Acco	line 12, Part I. omplishment of ported in column	of Exempt Purpos (E) of Part VII contrib	es (See Specific Instruted importantly to the acco	
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal to the columns (B). Relationship of Activities 1 e No. Explain how each activity for which	to the Acco	line 12, Part I. omplishment of ported in column	of Exempt Purpos (E) of Part VII contrib	es (See Specific Instruted importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal to the columns (B). Relationship of Activities 1 e No. Explain how each activity for which	to the Acco	line 12, Part I. omplishment of ported in column	of Exempt Purpos (E) of Part VII contrib	es (See Specific Instruted importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal to the columns (B). Relationship of Activities 1 e No. Explain how each activity for which	to the Acco	line 12, Part I. omplishment of ported in column	of Exempt Purpos (E) of Part VII contrib	es (See Specific Instruted importantly to the acco	uctions on page :
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal to the VIII Relationship of Activities 1 to No. Explain how each activity for which	to the Acco	line 12, Part I. omplishment of ported in column	of Exempt Purpos (E) of Part VII contrib	es (See Specific Instruted importantly to the acco	uctions on page :
Subtotal (add columns (B), (D), and (E)) . Total (add line 104, columns (B), (D), and (E: Line 105 plus line 1d, Part I, should equal tit VIII Relationship of Activities 1 e No. Explain how each activity for which of the organization's exempt purpos	to the Acco	line 12, Part I. Description of the content of the column	of Exempt Purpos (E) of Part VII contrib ds for such purposes).	es (See Specific Instruted importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E): Line 105 plus line 1d, Part I, should equal fit **VIII** Relationship of Activities 1 **e No.* Explain how each activity for which of the organization's exempt purpos **of the organization's exempt purpos **t IX** Information Regarding Taxage (A)	to the Acco	line 12, Part I. Domplishment of ported in column an by providing funding fun	of Exempt Purpos (E) of Part VII contrib ds for such purposes).	es (See Specific Instructed importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E Line 105 plus line 1d, Part I, should equal fit VIII Relationship of Activities 1 e No. Explain how each activity for which of the organization's exempt purpos t IX Information Regarding Tax	to the Acco	line 12, Part I. District in column in by providing funding f	of Exempt Purpos (E) of Part VII contrib ds for such purposes).	es (See Specific Instructed importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)) . Total (add line 104, columns (B), (D), and (E) Line 105 plus line 1d, Part I, should equal fit VIII Relationship of Activities 1 e No. Explain how each activity for which of the organization's exempt purpos t IX Information Regarding Tax (A) Name, address, and EIN of corporation,	to the Acco	line 12, Part I. complishment of ported in column an by providing funding fun	of Exempt Purpos (E) of Part VII contrib ds for such purposes).	es (See Specific Instructed importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)) . Total (add line 104, columns (B), (D), and (E) Line 105 plus line 1d, Part I, should equal fit VIII Relationship of Activities 1 e No. Explain how each activity for which of the organization's exempt purpos t IX Information Regarding Tax (A) Name, address, and EIN of corporation,	to the Acco	diaries and Di Percentage of ownership interest	of Exempt Purpos (E) of Part VII contrib ds for such purposes).	es (See Specific Instructed importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E): Line 105 plus line 1d, Part I, should equal fit **VIII** Relationship of Activities 1 **e No.* Explain how each activity for which of the organization's exempt purpos **of the organization's exempt purpos **t IX** Information Regarding Tax (A) Name, address, and EIN of corporation,	to the Acco	diaries and Di (B) Percentage of ownership interest	of Exempt Purpos (E) of Part VII contrib ds for such purposes).	es (See Specific Instructed importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E): Line 105 plus line 1d, Part I, should equal fit **VIII** Relationship of Activities 1 e No. Explain how each activity for which of the organization's exempt purpos **t IX** Information Regarding Tax (A) Name, address, and EIN of corporation,	to the Acco	diaries and Di (B) Percentage of ownership interest	of Exempt Purpos (E) of Part VII contrib ds for such purposes).	es (See Specific Instructed importantly to the acco	uctions on page 3
Subtotal (add columns (B), (D), and (E)). Total (add line 104, columns (B), (D), and (E): Line 105 plus line 1d, Part I, should equal tit VIII Relationship of Activities 1 Explain how each activity for which of the organization's exempt purpose of the organization's exempt purpose till Information Regarding Taxe (A) Name, address, and EIN of corporation,	to the Acco	diaries and Di Percentage of ownership interest % % %	sregarded Entities (C) Nature of activities	es (See Specific Instructed importantly to the acco	uctions on page 3 mplishment uctions on page 3 (E) End-of-year asse

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 Employer Identification number 31-1580204 WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION 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,") (b) Title and average (d) Contributions to (e) Expense (a) Name and address of each employee paid more hours per week employee benefit plans & account and other (c) Compensation than \$50,000 devoted to position deferred compensation allowances NONE Total number of other employees paid over 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,") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation PETER O'KEEFE 630 ARLINGTON, VA 87,500. 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.

Schedule A (Form 990) 1999

professional services

Scrie	dule A (Form 990) 1999 31~	<u> 1580204 °</u>	F	Page
Par	Statements About Activities		Yes	N
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities	NONE 1		X
	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.			
2	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:			
а	Sale, exchange, or leasing of property?	<u>2a</u>		<u> X</u>
đ	Lending of money or other extension of credit?	2b		X
С	Furnishing of goods, services, or facilities?	2c		<u>x</u>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . SEE. STATEME!	NT. 9 2d	x	-
e	Transfer of any part of its income or assets?	2e	-	x
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3 4a b	Does the organization make grants for scholarships, fellowships, student loans, etc.?	,		X
Par	Reason for Non-Private Foundation Status (See pages 2 through 4 of the inst	ructions.)		
The c 5 6 7 8 9 10 11a 11b 112 113 1	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more the its support from gross investment income and unrelated business taxable income (less section 511 tax) from business taxable income	eral public. es, and gross ean 33 1/3% of enesses acquired enesses	iv).	
	Provide the following information about the supported organizations. (See page 4 of the instructions.)	(b) Line numb	 er	
	(a) Name(s) of supported organization(s)	from above		
				

31-1580204 Page 2

L GI	Note: You may use the worksheet in the inst					
Cale	ndar year (or fiscal year beginning in)	(a) 1998	(Ь) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. (Do					\ <u></u>
	not Include unusual grants. See line 28.)	3,050,000.		<u> </u>		3,050,000
16	Membership fees received · · · · · · · · · · · · · · · · · · ·					
17	Gross receipts from admissions,	 -				
	merchandise sold or services performed, or					
	furnishing of facilities in any activity that is			Ì		
	not a business unrelated to the organization's					
	charitable, etc., purpose		<u></u>		<u>-</u>	<u></u>
18	Gross income from interest, dividends,					1
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less				ĺ	
	section 511 taxes) from businesses acquired				ľ	
	by the organization after June 30, 1975	33,429.				33,429
19	Net income from unrelated business	•				
	activities not included in line 18				<u> </u>	
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf		<u> </u>			
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the			}]	
	public without charge			 		
22	Other income, Attach a schedule, Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22		-	<u> </u>	-	3,083,429
24	Line 23 minus line 17 · · · · · · · · · · · · · · · · · ·	, ,			-	3,083,429
25	Enter 1% of line 23 · · · · · · · · · · · ·	30,834.			ļ _T _	C1 CC0
26				4	▶ 26a	61,669
ь	Attach a list (which is not open to public inspection) person (other than a governmental unit or publicly su					
	1998 exceeded the amount shown in line 26a. Enter				10 > 26h	2 864 002
	1990 exceeded the amount allown in line 20a. Effect	the sum of all these	excess amounts	prmr.	1D P 200	2,004,993
c	Total support for section 509(a)(1) test: Enter line 24,	column (a)			260	3 083 120
d	Add: Amounte from column (a) for lines: 18	1 / 1 0 1·	a a		W30000	[200.784.286.286.286.286.286.286.286.286.286.286
_	22	2	6b 2 864 99	3	▶ 26₫	2 898 422
e	Public support (line 26c minus line 26d total)	 -	<u></u>		≥ 26e	185,007
f	Public support percentage (line 26e (numerator) div					
27	Organizations described on line 12: a For amounts					
	person," attach a list to show the name of, and total a					
	of such amounts for each year:		PLICABLE			
	(1998) (1997)		(1996)		(1995)	
b	For any amount included in line 17 that was received	from a nondisqua	lified person, attach a	a list to show the name	e of, and amount	
	received for each year, that was more than the larger	of (1) the amount	on line 25 for the ye	ear or (2) \$5,000. (In	clude in the list	
	organizations described in lines 5 through 11, as well	l as individuals.) A	fter computing the di	ifference between the	amount received	
	and the larger amount described in (1) or (2), enter the	e sum of these diff	erences (the excess a	imounts) for each year	r:	
	(1998) (1997)		(1996)		(1995)	
·c	Add: Amounts from column (e) for lines: 15 20 Add: Line 27a total ar	1	6	<u>_</u>	ı	1
	17 20	2	1		▶ 27c	
d	Add: Line 27a total ar	nd line 27b total .			▶ <u>27d</u>	
е	Public support (line 27c total minus line 27d total)				▶ <u>27e</u>	
f	Total support for section 509(a)(2) test: Enter amoun					
g	Public support percentage (line 27e (numerator) di					
h	Investment income percentage (line 18, column (e) (numerator) divid	led by line 27f (denor	minator))	▶ 27h	<u>%</u>
28	Unusual Grants: For an organization described in line attach a list (which is not open to public inspection) for					
	grant, and a brief description of the nature of the gran					

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	· I		-
20	other governing instrument, or in a resolution of its governing body?	. 29	. 928,333	. 1941-2000
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?	30		1 00000
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media durin	. —	2000	
J 1	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	a		
	that makes the policy known to all parts of the general community it serves?	31		: (September
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		0.000	(XXX)
		180501.0 20030		
		000000		
32	Does the organization maintain the following:	\$200000		
	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 nondiscriminator			
	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	. 32b		<u> </u>
		1.		
	with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32c	-	
	d Copies of all material used by the organization or on its behalf to solicit contributions?	. 32d	201201980	888.20
		- 100 M	. 30 W.	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			2505:2 3022::
	·			
33	Does the organization discriminate by race in any way with respect to:	0.00000		
33	bots the organization discriminate by race in any way with respect to.			
á	Students' rights or privileges?	_ 33a	p	
ı	Admissions policies?	33b		
			1	
•	Employment of faculty or administrative staff?	. 33c		
	0-b-lag-bin			
•	Scholarships or other financial assistance?	. 33d		
	Educational policies?	1,,,		
•	Educational policies?	. 33e		
f	Use of facilities?	33f		
	Use of facilities?	.		
ç	Athletic programs?	33g		
		,		
ŀ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	(2000 00) (00:00:00)		
	#9##			
		String) 9 * * * *	2000 C
342	Does the organization receive any financial aid or assistance from a governmental agency?	240		
J 4 6	December of Sering and the control and introlled and on application in the adventition of the series	34a		
Ł	Has the organization's right to such aid ever been revoked or suspended?	34b		
•	If you answered "Yes" to either 34a or b, please explain using an attached statement.	340	ane.	W. W.
	,			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05		v 20 (20)	200000-00-
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Sch	, edule A (Form 99 <u>0) 1999</u>						31-	158	0204 Page 5
	rt VI-A Lobbying E	-	cting Public Charitie	, , –					
		· · · · · · · · · · · · · · · · · · ·	eligible organization ps to an affiliated group		n 5/6	8)	-	ИО	T APPLICABLE
			and "limited control" p						
2110	· . <u></u>	imits on Lobbying	<u> </u>	лочывна арру.		Affiliate	a) ed grou tals	ъ	(b) To be completed for ALL electing
	(The term	"expenditures" mean	s amounts paid or incu	rred.)					organizations
36	Total lobbying expendi				36		_		
37					37		_		
38	Total lobbying expendi				38				
39	Other exempt purpose				39				•
40	Total exempt purpose				40		Taranan		
11	Lobbying nontaxable a		_						
	if the amount on line		bbying nontaxable an		400				
	Not over \$500,000 Over \$500,000 but not over		the amount on line 40					600000 038853	
	Over \$1,000,000 but not over				41	TESTERISCE SELV	oman	.20897.33	
	Over \$1,500,000 but not ov			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		3.2:00:00:00:00	\$885.35535		
			,000					8,1818,03 8,3868,38	
12	Grassroots nontaxable				42				
	Subtract line 42 from I				43				
14	Subtract line 41 from I	ine 38. Enter -0- if line	e 41 is more than line	38	44				
	Caution: If there is an					•	39.97	33000	
	/O		Averaging Period		•	•	£ 13	c	1 1 1
	(Some organization		ction 501(h) election						
	 -	See the in	structions for lines		~~~				ons.)
			Lobbying Expendi	tures During 4	-Year	Averagir	ıg Pe	riod	
	Calendar year (or fiscal	(a)	(b)	(c)			(d)		(e)
	/ear beginning in) ▶	1999	1998	1997		19	96		Total
	Lobbying nontaxable							ı	
15	amount Lobbying ceiling amount	V 18 2 30 30 40 12 12 12 12 12 12 12 12 12 12 12 12 12			cionisica o	eressinessiness	96.000.000.00	08,4008	
16	(150% of line 45(e))							99,666 83,5863	
fU	110070 01 1111C 40(C)) 1 1	Barrier W.		<u> </u>	· v · /	era, a luere af ac			'
17	Total lobbying expenditures								
	Grassroots nontaxable								
18_	amount · · · · ·		•	i			_		
	Grassroots ceiling amount)/3023 	
19	(150% of line 48(e)) · ·							X-22-22-	
	Grassroots lobbying				l				
	expenditures	 	l ing Public Charities						
a			tions that did not cor		Δ۱ (۵۵	o nago 8	of th	a incl	ructions \
Duri	ing the year, did the organ					o page e	01 (11	CIIIS	i dollons.j
	mpt to influence public opi	•		- ·	.,9 41.,		Yes	No	Amount
	Volunteers	=	_					Х	
b	Paid staff or managem	nent (Include compens	sation in expenses repo	orted on lines c th	rough	h.)		Х	See
C	Media advertisements			. .				Х	
	Mailings to members, I							Х	
_	Publications, or publish			. .				_X_	
f	Grants to other organiz							X	
g	Direct contact with legi							X	
	•			•	-		0.000.00	Х	
•	Total lobbying expendi	iures (add iines c throi	ugi) ii)				p:://80403	0000000000	
	If "Yes" to any of the a	<u>bove, also attach a</u> st	<u>atement giving a</u> detai	led description o	f the lo	bbying act	<u>ivi</u> ties.		

Schedule A (Form 990) 1999

Pa	ert VII		Transfers To and Transactions ar (See page 8 of the instructions.)	d Relationships With Noncharitable	
51	Did the re			lowing with any other organization described in se	ction
٠.				on 527, relating to political organizations?	
а	Transfers	from the reporting organiz	zation to a noncharitable exempt organi	zation of: Yes	No
					X
	(ii) Oth	er assets			X
b	Other trai			·	ì
			with a noncharitable exempt organizatio		X
			oncharitable exempt organization		X
			or other assets		X
	(IV) Kell	mbursement arrangements		b(iv)	X
	(V) Loa	ns or Ioan guarantees formence of convices or my	embership or fundraising solicitations	b(v)	X
_			ling lists, other assets, or paid employee		X
	_			(b) should always show the fair market value of the	
u			y the reporting organization. If the organizati	•	
	-		ow in column (d) the value of the goods, other		
	(a)	(b)	(c)	(d)	
	Line no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing arrangem	ents
	<u> </u>	7 mount miles	Name of Name and Contract Signification	Secondary of the state of the s	
		- ·			
	_				
				<u></u>	
	describe	•	ctly affiliated with, or related to, one or Code (other than section 501(c)(3)) or in hedule: (b)	· · · — — — —	₹ No
	Na	me of organization	Type of organization	Description of relationship	
		mo or organization			
					-
					_
		· · · · · · · · · · · · · · · · · · ·			
	 -				
			!		
					
		·- <u>-</u>			

WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION

LIST OF CONTRIBUTORS		INSPECTION)	
1 ⊢-		PUBLIC	
PART	10021	10	
990,		OPEN	
FORM		TON)	

DIRECT	PUBLIC	SUPPORT	1 1 1 1 1	500,000.
		DATE	1 1 1	07/08/1999
		NAME AND ADDRESS	[[]]	
		AND A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		NAME	1 1 1	

10,000.

01/08/1999

STATEMENT

- LIST OF CONTRIBUTORS

FORM 990, PART I

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS

9SPSLN 2.000

STATEMENT

Ø

10,000.

10/26/1999

200,000.

10/13/1999

5,000.

10/13/1999

50,000.

10/13/1999

100,000.

09/15/1999

DATE

DIRECT PUBLIC 50,000.

10/26/1999

500,000.

10/26/1999

100,000.

10/26/1999

FORM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS

DGR0IB K925 10/09/2000 16:47:39 V9.08.01 71302

31-1		

25,000.

11/30/1999

DATE

PUBLIC DIRECT

12,500.

11/30/1999

20,000.

12/01/1999

25,000.

12/28/1999

25,000.

12/30/1999

278,438.

12/31/1999

100,000.

12/31/1999

25,000.

12/31/1999

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- LIST OF CONTRIBUTORS

FORM 990, PART I

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS

DGROIB K925 10/09/2000 16:47:39 V9.08.01 71302

STATEMENT

9SPSLN 2.000

12/31/1999 12/31/1999 12/31/1999 12/31/1999 12/31/1999 12/31/1999 DATE VAR TOTAL CONTRIBUTION AMOUNTS MISCELLANEOUS CONTRIBUTORS < \$5,000

250,000.

200,000.

4,100.

3,135,038.

25,000.

200,000.

100,000.

SUPPORT

DIRECT PUBLIC 100,000.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
	1 1 1 1	/ 		
CO.	8,068.	807.	9	3,630.
CONSULTING FEES	105,450.	10,545.	47,452.	Ю
CATERING	3,621.	362.	63	, 62
INSURANCE	10,284.	1,028.	, 62	, 62
DIRECT MAIL	9,501.	950.	,27	,27
ADVERTISING/MARKETING	19,779.	1,978.	8,900.	8,901.
	3,705.	ന	99′	99′
	3,234.	323.	, 45	,45
FURNITURE & FIXTURES, MINOR	12,577.	1,258.	5,660.	, 65
OTHER	971.	97.	437.	43
	1 1 1 1 1 1 1 1 1	1	1 1 1 1 1 1	1 1 1 1 1 1
TOTALS	177,190.	. 17,719.	79,735.	79,736.
				H H H H H H D H D

STATEMENT

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.

- STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III

DESCRIPTION

THE FOUNDATION SOLICITS AND ACCEPTS GIFTS OR BEQUESTS OF INITIALLY ENDOWING THE PRESIDENTIAL ARCHIVAL FACILITY, MONEY OR PROPERTY FOR THE PURPOSE OF CONSTRUCTING AND

EXPENSES

29,185.

AND FOR THE PURPOSE OF CONSTRUCTING AND MAINTAINING RELATED RESEARCH AND EDUCATIONAL FACILITIES AND ACTIVITIES. 29,185.

TOTAL

9SPSLN 2.000

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER. ALLOWANCES
JAMES L. RUTHERFORD 5604 HAWHTORNE 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	

STATEMENT

41 F 19 4

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

OMB No. 1	1545-014	12
-----------	----------	----

		1	OMB NO. 1545-0148
Department of the Internal Revenue		File a separate application for each return.	
THE THE PERSON NAMED IN COLUMN TO TH	Name		Employer Identification number
e type or			t 3
print. File the original and	WILLIAM	J. CLINTON PRESEDENTAL FOUNDATION	31-1580204
one copy by		et, and room or suite no. (or P.O. box no. f mail is int delivered to street address)	01 1000204
the due date			•
for filling your return. See	P.O. BO	(1104	
instructions on		post office, state, and ZIP code. For a foreign address, see instructions.	
back.	1 -	ROCK, AR 72203	
Note: Cornor		tax return filers must use Form 7004 to request an extension of time to file. Partnerships, RE	MICs and
-		n 8736 to request an extension of time to file Form 1065, 1066, or 1041.	moo, and
		of time until NOVEMBER 15, 2000 , to file (check	k only one).
	'06-GS(D)		orm 8612
 1	06-GS(T)		rm 8613
	990 or 990-E		rm 8725
Form 9			rm 8804
Form 9			rm 8831
	_	99 , or other tax year beginning and ending	▶ 🗀
		·	
	-		
3 Has an	extension of t	me to file been previously granted for this tax year? u need the extension TAXPAYER NEEDS ADDITIONAL TIME TO GATHER THE NE	
		HEEDED TO FILE A COMPLETE AND ACCURATE RETURN.	
INFO	MALION	EBBED TO TIBE A COMPLETE AND ACCORATE RETORN.	
		700 ORIDA 700 ORIDA 000 DE 000 DE 000 T 40444 1 1 1 2 4040 ND 4700	
		n 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720,	
		25, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions \$	
		n 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and	
		ts made. Include any prior year overpayment allowed as a credit	
		line 5b from line 5a. Include your payment with this form, or deposit with FTD	•
coupon	if required. Se	e instructions	
		Signature and Verification	
•		clare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge	ge
and belief, it is t	rue, correct, an	d complete; and that I am authorized to prepare this form.	
			•
	10,00	Malese Title CPA Date	-00/11/2000
Signature >			08/11/2000
		COPY. The IRS will show below whether or not your application is approved and will re	turn the copy.
· - · ·		Be Completed by the IRS	
_		d your application. Please attach this form to your return.	
		proved your application. However, we have granted a 10-day grace period from the later of	
		e due date of your return (including any prior extensions). This grace period is considered to	
		or elections otherwise required to be made on a timely return. Please attach this form to yo	
	• •	proved your application. After considering the reasons stated in item 4, we cannot grant yo	ur request for
		e to file. We are not granting the 10-day grace period.	
We ca	nnot conside	r your application because it was filed after the due date of the return for which an extension	on was
reques	ted.	·	
Other:		er your application because it was filed after the due date of the return for which an extension and the return for which an extension are started after the due date of the return for which an extension are started after the due date of the return for which an extension are started after the due date of the return for which an extension are started after the due date of the return for which an extension are started after the due date of the return for which an extension are started after the due date of the return for which an extension are started after the due date of the return for which an extension are started after the due date of the return for which an extension are started after the due date of the return for which an extension are started after the due date of the return for which an extension are started after the due date of the return for which an extension are started after the due date of the return for which are started after the due date of the return for which are started after the due date of the return for which are started after the due date of the return for the	
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_ —		to be returned to an address other than that shown above, please enter the address to which the copy of the copy o	
or P	.o. BOX 3	3667 Ogden	
Print L		office, state, and ZIP code. For a foreign address, see instructions,	
	TTLE ROO	CK, AR 72203-3667	

Form 2758 (Rev. June 1993)

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

OMB No. 1545-0148

	_	•		
Department of th		File a separate application	on for each return	
Internal Revenue		File a separate application	Sit (of each retain.	
type or	Name			Employer Identification number
μ 'de the	WTT.T.TAM	J. CLINTON PRESEDENTIAL FOUND	PATTON	31-1580204
original and one copy by		eat, and room or suite no. (or P.O. box no. if mail is not deliv		131 1300201
the due date	Number, sat	ear, and room or suite no. (or P.O. box no. ii man is not deliv	ered to street address)	
for filing your				
retum, See	P.O. BO	X 1104		
Instructions on		post office, state, and ZIP code. For a foreign address, see	instructions	
back.		•		
		ROCK, AR 72203	<u> </u>	<u> </u>
Note: Corpor	ate income	tax return filers must use Form 7004 to reque	est an extension of time to file. Partnerships,	REMICs, and
trust m	ust use For	m 8736 to request an extension of time to file	le Form 1065, 1066, or 1041.	
		of time until AUGUST 15, 2000		heck only one):
·		——————————————————————————————————————	- 	
	06-GS(D)	Form 990-T (sec. 401(a) or 408(a) trust)	Form 1120-ND (sec. 4951 (axes)	Form 8612
	06-GS(T)	Form 990-T (trust other than above)	Form 3520-A	Form 8613
X Form 9	90 or 990-l	EZ Form 1041 (estate) (see instructions)	Form 4720	Form 8725
Form 9	90-BL	Form 1041-A	Form 5227	7 Form 8804
Form 9		Form 1042	Form 6069	Form 8831
		C] Fullii 003 i
		oes not have an office or place of business in the U		🕨 🗀
2a For cale	ndar year $ { extstyle 1} $	999 , or other tax year beginning	and ending	
		less than 12 months, check reason:		Change in accounting period
	-		· ·	· — · —
Has an extension of time to file been previously granted for this tax year? Yes X No State in detail why you need the extension TAXPAYER NEEDS ADDITIONAL TIME TO GATHER THE NECESSARY				
				NECESSARY
INFOR	NOITAM	NEEDED TO FILE A COMPLETE AND	ACCURATE RETURN.	
	~ -	·		
			(044 (-alata), 4042, 4430 ND, 4730	
		m 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1		
6069, 8	612, 8613, 8	725, 8804, or 8831, enter the tentative tax, less a	ny nonrefundable credits. See instructions 💎 🚬	\$
b If this fo	ırm is for Fo	m 990-PF, 990-T, 1041 (estate), 1042, or 8804, en	iter any refundable credits and	
estimate	ed tax oavme	nts made. Include any prior year overpayment allow	ved as a credit	\$
		ct line 5b from line 5a. Include your payment with t		
		•		_
coupon	if required. S	ee instructions	<u> </u>	<u> \$</u>
		Signature	and Verification	
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FILE ORIGINA	AL AND ON	E COPY. The IRS will show below whether		
		Be Completed by the IRS	<u> </u>	Totali (10 oop)
		ed your application. Please attach this form to	•	
We HA	NVE NOT ap	proved your application. However, we have g	granted a 10-day grace period from the late	er of the date
shown	below or th	ne due date of your return (including any prior	extensions). This grace period is consider	red to be a valid
		for elections otherwise required to be made	, .	
		•	•	=
	•	proved your application. After considering the		nt your request for
an exte	ension of tir	ne to file. We are not granting the 10-day gra	ce period.	
☐ We ca	nnot consid	ler your application because it was filed after	the due date of the return for which an ext	tension was
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Other:			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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f you want a co	ppy of this fo	rm to be returned to an address other than that sh	own above, please enter the address to which the	copy should be sent.
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r.	TTTLE RO	OCK. AR 72203-3667		•