Form 990

### **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

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

Open to Public Inspection

	_ '		o Calendar year, OK tax year period peginning	2000, and endin	9
	B	heck if applicable: Change of	Please C Name of organization		D Employer Identification number
	$\vdash$	nddress . Change of	use IRS		
	$\vdash$	- Ame	beet or WILLIAM J. CLINTON PRESIDENTIAL FOUND		31-1580204
	$\vdash$	Initial return	type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	L	Final return	See	1	
		7	Specific P.O. BOX 1104	<u></u>	<u> </u>
	<u> </u>	Amend return	City or town, state or country, and ZIP code		F Check If application pending
	G	Organization	LITTLE ROCK, AR 72203	<del></del>	
	<u> </u>		type (check only one) $\blacktriangleright$ X 501(c) ( 0 3) $\blacktriangleleft$ (insert no ) 527 OR 4947 (a)(1) 01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must	Note. (H and I are	not applicable to section 527 orgs)
		_	pleted Schedule A (Form 990 or 900-EZ).	I	p return for affiliates? Yes XN
	J	Accounting	<del></del>	TH(c) Are all affiliati	er number of affiliates
	ĸ	Check here	<del></del>	(If "No " attac H(d) is this a separa	h a list. See inst.) te return filed by an
			ne organization need not file a return with the IRS; but if the organization	organization co	vered by a group ruling?Yes XN
			Form 990 Package in the mail, it should file a return without financial data.		group exemption no. (GEN)
			s require a complete return.	1	ox if the organization is not required nedule B (Form 990 or 990-EZ)
	Pai		enue, Expenses, and Changes In Net Assets or Fund Balances (See Spec		
			ntributions, gifts, grants, and similar amounts received;	me madedens	i page 10.)
				3,470,493	[ - 7] 
			rect public support 1b	,,4,0,4,55	4
<b>500</b>			vernment contributions (grants)	<del></del>	-  . ':   
~		d Tota		322,503.)	1d 8,470,493.
11			gram service revenue including government fees and contracts (from Part VII, line 9		2
		l	mbership dues and assessments		3
S		4 Inte	erest on savings and temporary cash investments		4
			dends and interest from securities		5 390,506.
$\Theta$		6 a Gro	ss rents		
<b>ECANNED</b>		b Les	s: rental expenses	-	
3	41	3	rental income or (loss) (subtract line 6b from line 6a)		6c
ट	Revenue	_	er investment income (describe SEE STATE		7 8,000.
63	8	T. Control of the con		Other	
	æ,		inventory STMT. 15		
			s: cost or other basis and sales expenses 528,611.8b	<del></del>	
			n or (loss) (attach schedule)		
		a Net	gain or (loss) (combine line 8c, columns (A) and (B))	<b></b>	52,370.
٦		mecs.	oial-events'and activities (attach schedule)		
- 1		HEO E	Victoriue (not including \$		
- 1.	T	h d on	tributions reported on line 1a).	_ <del>-</del>	
	황	aug 2.1	income or (1985) from special events (subtract line 9b from line 9a)		<b>∤</b> :::::
- {	٦	102_6	parsales of inventory, less returns and allowances	• • • • • • • • • •	9c
- 1	_	ሰርብር	Cost of goods sold	···	****** ***** ****
l			ss profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from tir	no 10m)	100
			er revenue (from Part VII, line 103)		11
		12 Tot	al revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		<del></del>
			ram services (from line 44, column (B))		13 80,919.
	Š	14 Mar	agement and general (from line 44, column (C))		14 190,119.
	Expenses	15 Fun	draising (from line 44, column (D))	· · · · · · · · · ·	15 787,533.
	ă	16 Pay	ments to affiliates (attach schedule)		16
		17 Tot	al expenses (add lines 16 and 44, column (A))		
	eta		ess or (deficit) for the year (subtract line 17 from line 12)		7,862,798.
	Assets	19 Net	assets or fund balances at beginning of year (from line 73, column (A))		19 5,922,930.
	Net A	20 Oth	er changes in net assets or fund balances (attach explanation)		20
		21 Net	assets or fund balances at end of year (combine lines 18, 19, and 20)		21 13,785,728.
JSA	For l	Paperwork	Reduction Act Notice, see page 1 of the separate instructions.		1 5 77 Form 990 (2000)
0E10	10 2.00	00	,		(1573 Form 990 (2000)

Form 990 (2000) 31-1580204 Page 2 Part II. Statement of 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 20.) **Functional Expenses** Do not include amounts reported on line (B) Program services (C) Management (A) Total (D) Fundraising and general 6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule) 22 noncash \$ 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25 Compensation of officers, directors, etc. 25 NONE Other salaries and wages , . . . . . . 26 26 21,721 21,721 Pension plan contributions . . . . . . 27 27 Other employee benefits 28 28 29 2,714 2,714 Professional fundraising fees . . . . . 30 30 Accounting fees 31 31 32 32 148,983. 37,246 74,492. 37,245 33 33 2,433 2,433 34 34 9,093 9,093 35 Postage and shipping 35 Occupancy ...... 36 36 16,926 16,926 37 Equipment rental and maintenance . . 37 Printing and publications . . . . . . . 38 38 39 Travel........ 39 40 Conferences, conventions, and meetings. 40 41 41 Depreciation, depletion, etc. (attach schedule). 42 43,673. Other expenses (itemize): a STMT 2 856,701 62,740 750,288 43b 43c 43d 43e Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 . 44 1,058,571. 80,919. 190,119. 787,533. 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 23.) Program Service Expenses What is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> (Required for 501(c)(3) and All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs., and 4947(a)(1) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) trusts; but optional for organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) others i SEE STATEMENT 4 (Grants and allocations \$ 80,<u>919.</u> (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ Other program services (attach schedule) (Grants and allocations \$

919

Total of Program Service Expenses (should equal line 44, column (8), Program services) · · · · · · · . ▶

80.

D 13.7	<b>Balance Sheets</b>	10 0		an maga 22 \
	RAIABCE Sheets	isee sher	itic instructions	on baue 75 L
	Dululloc Oliccio	(Occ Opco	110 111011 40110110	p-g

_	lote	Where required, attached schedules and amounts within the description	(A)		(B)
n	iote:	•	Beginning of year		End of year
_	45	Cash - non-interest-bearing	5,644,492.	45	7,426,771.
	45		278,438.	46	588,040.
	46	Savings and temporary cash investments	210,430.		300,040.
		147-1			
		Accounts receivable 47a		47c	
	Ь	Less: allowance for doubtful accounts	<del></del>	4/C	
		Pledges receivable			
		Less: allowance for doubtful accounts	<del></del>	48c	_ <del></del>
	49	Grants receivable		49	<del></del>
	50	Receivables from officers, directors, trustees, and key employees		_	
		(attach schedule)		50	
Assets	51a	Other notes and loans receivable (attach			
		schedule)			
	ь	Less: allowance for doubtful accounts		51c	<del></del>
S	52	Inventories for sale or use		52	
_	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities (attach schedule) ▶		54	<u>4,572,332.</u>
	55a	Investments - land, buildings, and			
		equipment: basis55a			
	ь	Less. accumulated depreciation (attach		3000	
		schedule)55b		55c	
	56	Investments - other (attach schedule)		56	
	57a	Land, buildings, and equipment basis			
	Ь	Less: accumulated depreciation (attach			
	!	schedule)57b		57c	1,198,585.
	58	Other assets (describe ▶)		58	
	59	Total assets (add lines 45 through 58) (must equal line 74)	5,922,930.	59	13,785,728.
_	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
Ś	63	Loans from officers, directors, trustees, and key employees (attach		76.2000 3000000	
≝		schedule)		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)	·	64a	
Ĭ	I	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)		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.			
v)	67	Unrestricted	5,922,930.	67	13,785,728.
Š	68	Temporarily restricted		68	
ag a	69	Permanently restricted		69	
8		anizations that do not follow SFAS 117, check here ▶ ☐ and			
Ĕ	O. g.	complete lines 70 through 74.			
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds		70	
ō	71	Paid-in or capital surplus, or land, building, and equipment fund	1	71	
ě	72	Retained earnings, endowment, accumulated income, or other funds		72	
988	73	Total net assets or fund balances (add lines 67 through 69 OR lines			
et /		70 through 72; column (A) must equal line 19 and column (B) must			
Ż		equal line 21)	5,922,930.	73	13,785,728.
	74	Total (labilities and net assets/fund balances (add lines 66 and 73)			13,785,728.
_					

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.

	art IV-A Reconciliation of Reven			Pa	rt IV-B	Reconciliation		es pe	r Audited
	Financial Statements wi		•			Financial Stat	ements with	з Ехр	enses per
	Return (See Specific Inst		uons, page 25.	9 10 00 1	7.4.1	Return		postaj.	
a	Total revenue, gains, and other support per audited financial statements	4	0 001 36	्रे 🏭 a		penses and losses			
ь	Amounts included on line a but not on	a	8,921,36			financial statemer		a	1,058,570
_	line 12, Form 990:			b		ts included on line	a but not		
(4)	Net unrealized gains			····		17, Form 990;			
(1)				(1)	Donated				ya nudaji diyamining dalah 1974. Tahuwaye hiji hiji dalah 1971
/21	on investments \$			- N. W.		of facilities \$	<del></del>		
(2)	Donated services	2 X		(2)	•	ar adjustments			
/21	and use of facilities \$			3.00	-	on line 20,			
(3)	Recoveries of prior	****				0 <u>\$</u>			
743	year grants \$	8:30		(3) metak		eported on			
(-)	Other (specify):	. 8 ×		inii Si	•	Form 990 <u>\$</u>	<del>-</del>		
	STMT 5 \$ -1.			(4)	Other (sp	pecity);			
	Add amounts on lines (1) through (4)	2811	1.31.132	- 000000 -	C III)	·····			
	Add amounts on lines (1) through (4)	₽	-:	⁴	_STM		-1.	30.	
C	Line a minus line b	١_		<u>,</u>  _		ounts on lines (1) thre	ough (4) , . 🕨		
d	Amounts included on line 12,	С	8,921,369	200200 1		ninus line <b>b</b> Is included on line		C	1,058,571.
u	Form 990 but not on line a:	::ci		d			•		
/41				F		90 but not on line	a:		
(1)	Investment expenses			**************************************		ent expenses			
	not included on line					ded on line		www.	
<b>/</b> 2\	6b, Form 990 \$	ş		iviki iska		990 \$	<del></del>		
(2)	Other (specify):	300		(2)	Other (sp	pecify):			
	Add a section E section (42)	×:::		10000		<u> </u>	<del></del>		
_	Add amounts on lines (1) and (2)	d	·			ounts on lines (1)		d	
e	Total revenue per line 12, Form 990	1		е		penses per line 17			
D	(line c plus line d)	<u>e</u>	8,921,369	9.   lassa	{line c p	lus line d) · · · ·	<u> </u>	<u>e  </u>	1,058,571.
	List of Officers, Directors, Tr Instructions on page 25.)	usi	ees, and Key C	Employe	es (List	each one even if r	iot compensa	itea; s	ee Specmo
-	instructions on page 20.)		<del></del> ·	(A) Title a	nd average	(C) Compensation	(D) Contributio	uns to	(E) Expense
	(A) Name and address			hours p	er week	(If not paid, enter	employes benefit	plans &	account and other
	<del></del>			devoted	to position	-0)	deferred compe	nsation	allowances
	SEE STATEMENT 7					NONE			NONE
	SEE STATEMENT /					NONE	<u>N</u>	ONE	NONE
			-				ł		
	<del></del>					-	<del> </del>		
							1		
						<u></u>			
						1			
									<del></del>
									,
									,
75	Did any officer, director, trustee, or key emp organization and all related organizations, of								Yes X No

orm 99 <u>0</u>		<u>31-1580204</u>			age 5
art VI	·			Yes	-
	ne organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed de		76		_X
7 Were	any changes made in the organizing or governing documents but not reported to the IRS?		77		Х
	s," attach a conformed copy of the changes.		44151.		· · · · · · ·
Ba Did th	ne organization have unrelated business gross income of \$1,000 or more during the year covered by th	s return?	78a		<u>X</u>
	s," has it filed a tax return on Form 990-T for this year?		78b		X
9 Was	there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a	statement , ,	79		X
0 a Is the	eorganization related (other than by association with a statewide or nationwide organization) through o	ommon		:::::::	
mem	bership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a		Х
b If "Ye	s," enter the name of the organization			111.1.1	
	and check whether it is exempt OR nonexempt.		10.0	-1411	y.: .
1 a Enter	the amount of political expenditures, direct or indirect, as described in the				<u>`</u>
instru	ictions for line 81	31a	an saint an shista		···. i,
ь Did tl	ne organization file Form 1120-POL for this year?		81Ь		X
2 a Did tl	ne organization receive donated services or the use of materials, equipment, or facilities at no charge				ŀ
	substantially less than fair rental value?		82a	ļ	Х
b If "Ye	es," you may indicate the value of these items here. Do not include this amount				i:
	venue in Part I or as an expense in Part II. (See instructions for reporting in				:: <u>;</u>
		N/AN/A			
	ne organization comply with the public inspection requirements for returns and exemption applications		83a	Х	L
	ne organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
	ne organization solicit any contributions or gifts that were not tax deductible?		84a		>
	es," did the organization include with every solicitation an express statement that such contributions			114	
	ts were not tax deductible?		84b		
-	(3) (4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?		85a	N.	A
	he organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N	/A
	es" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization		1111	11 31 11	
	ved a waiver for proxy tax owed for the prior year.	•			
		B5c N/A			
	about the silver of the silver	B5d N/A	112:	1225	
	on 102(0) 1033/11g and political oxportances	B5e N/A			
			1000		
	ble amount of lobbying and political expenditures (line 85d less 85e)		85g	N	A
_	the organization elect to pay the section 6033(e) tax on the amount in 85/?		1009	<u> </u>	1
	ction 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its	Teasoriable	85h	N	) <u>a</u>
	nate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	B6a N/A	3311	· ·	
-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Treadple, included on the 12, for passe and or one treatment	86b <u>N/A</u> 87a N/A	1000		F
· •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	87a N/A			
	s income from other sources. (Do not net amounts due or paid to other	27 / 37 / 3	Pikiri.		
		в7ь N/A		laning.	] ::
	ty time during the year, did the organization own a 50% or greater interest in a taxable corporation or			1	
	ership, or an entity disregarded as separate from the organization under Regulations sections				,
	7701-2 and 301.7701-37 If "Yes," complete Part IX		88	.igini	2
	c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	/-			
	on 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶	N/A	*******	Ac sixin	l
	c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction				
	g the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				_
	tement explaining each transaction		89b	<u> </u>	
c Ente	r: Amount of tax imposed on the organization managers or disqualified persons during the year under		_		
secti	ons 4912, 4955, and 4958		N	<u>/A</u>	
d Ente	r: Amount of tax on line 89c, above, reimbursed by the organization			<u>/A</u>	_
0 a List t	he states with which a copy of this return is filed  NONE				
b Num	ber of employees employed in the pay period that includes March 12, 2000 (See inst.)		9 <u>0</u> b		
	books are in care of SHANNON TANNER	Telephone no. ▶ <u>501–3</u>	<u>71 -</u>	<u>954</u>	4_
Loca	ted at ▶ 301 E. MARKHAM, SUITE C, LITTLE ROCK, AR	ZIP code ▶72201			
	ion 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here				▶L
	enter the amount of tax-exempt interest received or accrued during the tax year		<u>N</u>	/A	
			For	m 990	(20

Program service revenue:    Code	(E) Related or exempt function income	ection 512, 513, or 514	Evaluded by				4	
A   Business   Amount   Exclusion   excl	exempt function		Excluded by	ncome	lated business ir	<u>Un</u> rel	iounts uniess otherwise	iter gross amo
a b c c c c c c c c c c c c c c c c c c		(D)	(C)		(B)	(A)	<b>†</b>	dicated.
## Addicare/Medicaid payments   General Income of Constitution of Constitution   General Income   General		Amount		nt	Amour		service revenue:	O Program :
b c d d e f Medicare/Medicaid payments grees and contracts from government agencies 94 Membership dues and assessments						-		-
f Medicare/Medicard payments g Fees and contracts from government agencies 94 Membership dues and assessments 95 Interest on average and emperary cash investments 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate 98 A debt-financed property 99 The investment income or (loss) from real estate 99 Other investment income 99 Other investment income 90 Can or (loss) from special events 100 Can or (loss) from special events 1010 Can or (loss) from special events 102 Cross profit or (loss) from special events 103 Other revenue, a  104 Subtotal (add columns (B), (D), and (E))  105 Total (add line 104, columns (B), (D), and (E))  106 Explain how each activities to the Accomplishment of Exempt Purposes (See Specific Instruction 107 Total (add line 104, columns (B), (D), and (E))  108 Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction 109 Total (add line 104, columns (B), (D), and (E))  100 Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction 109 Total (add line 104, columns (B), (D), and (E))  100 Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction of the organization's exempt purposes (other than by providing funds for such purposes).  100 Total (add line 104)  101 Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions)  102 (D)  103 Name, address, and Eth of corporation, 103 Parsnage of Nature of activities 104 Total Innome 105 Nature of activities 105 Total Innome 106 Total Innome 107 Nature of activities 108 Total Innome 108 Total Innome 109 Nature of activities 109 Nature of activities 109 Nature of activities 109 Nature of activities 100 Total Innome 109 Nature of activities 109 Nature of ac								
d e f Medicare/Medicaid payments g Fees and contracts from government agencies 94 Membership dues and assessments 95 Interest on swongs and temporary cash investments 96 Dividends and interest from securities 10 Dividends and interest from securities 11 A 390, 506, 11 A 390, 506, 12 Net rental income or (loss) from real estate 13 debt-financed property 15 b not debt-financed property 16 b not debt-financed property 17 destinanced property 18 Net rental income or (loss) from personal property 18 Net rental income or (loss) from special events 10 Gam or (tees) from sales of assets other than inventory 11 Net income or (loss) from special events 12 Cross profit or (loss) from special events 13 Other revenue, a 14 Subtotal (add columns (B), (D), and (E)) 16 Subtotal (add columns (B), (D), and (E)) 17 Total (add line 104, columns (B), (D), and (E)) 18 Note: Line 105 plus line 1d, Part I, should equal the amount on line 12. Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions (A) Name, address, and Eth of corporation, Parsnays of Nature of activities Total income					-			
f Medicare/Medicard payments g Fees and contracts from government agencies 94 Membership dues and assessments	<del></del>	<del></del>			<del></del> -			
## Membership dues and assessments  ## Met rental income or (loss) from real estate  ## A	<del></del>							
Wembership dues and assessments	<del></del>						<del></del>	
Membership dues and assessments  Interest on savings and temporary cash investments  Interest on savings and interest on savings and temporary cash interest on savings and te								
95 Interest on savings and temporary cash investments . 96 Dividends and interest from securities . 97 Net rental income or (loss) from real estate a debt-financed property	<del>_</del>							_
Dividends and interest from securities	· <del></del>						ship dues and assessments	4 Members
97 Net rental income or (loss) from real estate:  a debt-financed property  b not debt-financed property  Chart rental income or (loss) from personal property  98 Net rental income or (loss) from personal property  90 Other investment income  15 8,000  100 Gain or (loss) from sales of assets other than eventory  118 52,370  101 Net income or (loss) from special events  102 Gross profit or (loss) from sales of inventory  103 Other revenue a  104 Subtotal (add columns (B), (D), and (E))  105 Total (add line 104, columns (B), (D), and (E))  Note: Line 105 plus line 1d, Part I, should equal the amount on line 12. Part I.  Part VIII  Line No.  Part VIII Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions  (A)  Name, address, and SiN of corporation,  Personage of Nature of activities  Total income	<del></del>						savings and temporary cash investments	15 Interest on s
a debt-financed property b not debt-financed property  98 Net rental income or (loss) from personal property  99 Other investment income  15 8,000.  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 inventory  103 Other revenue, a  b  c  d  104 Subtotal (add columns (B), (D), and (E))  105 Total (add line 104, columns (B), (D), and (E))  Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions (B), Name, address, and EIN of corporation, Personage of Nature of activities Total income		390,506.	14	,	. w	·	s and interest from securities	16 Dividends
b not debt-financed property	<u> 1111 - 116 - 117 117 117 117 117 117 117 117 117 1</u>				<u></u>		al income or (loss) from real estate:	7 Net rental
98 Net rental income or (loss) from personal property			<u> </u>				nced property	a debt-finar
99 Other investment income							financed property	<b>b</b> not debt-f
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 inventory 103 Other revenue. a  b c d e 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Note: Line 105 plus line 1d, Part I, should equal the amount on line 12. Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishm  of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions (A) (B) (C) (D) Name, address, and EliN of corporation, Persentage of Nature of activities Total income				<del></del>			income or (loss) from personal property	8 Net rental in
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 inventory 103 Other revenue. a  b c d e 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Note: Line 105 plus line 1d, Part I, should equal the amount on line 12. Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishm  of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions (A) (B) (C) Name, address, and EliN of corporation, Persentage of Nature of activities Total income			15				vestment income	9 Other inv
101 Net income or (loss) from special events .  102 Gross profit or (loss) from sales of inventory .  103 Other revenue. a  b  c  d  104 Subtotal (add columns (B), (D), and (E)) .  105 Total (add line 104, columns (B), (D), and (E)) .  Note: Line 105 plus fine 1d, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions (A)  Name, address, and EIN of corporation, Persentage of Nature of activities Total income		52,370.	18				ss) from sales of assets other than inventory	) O Gain or (los:
102 Gross profit or (loss) from sales of inventory								
Other revenue, a  b  c  d  e  104 Subtotal (add columns (B), (D), and (E))							·	
b c c d d e e 104 Subtotal (add columns (B), (D), and (E))							•	
C d d e  104 Subtotal (add columns (B), (D), and (E))				-				
d e  104 Subtotal (add columns (B), (D), and (E))		•						
Subtotal (add columns (B), (D), and (E))  105 Total (add line 104, columns (B), (D), and (E))  Note: Line 105 plus line 1d, Part I, should equal the amount on line 12. Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions (A)  Name, address, and EIN of corporation,  Percentage of Nature of activities Total income	•							
Note: Line 105 plus line 1d, Part I, should equal the amount on line 12. Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction  Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishm of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions  (A)  (B)  (C)  (D)  Name, address, and EIN of corporation.								<u> </u>
Note: Line 105 plus line 1d, Part I, should equal the amount on line 12. Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction  Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishm of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions  (A)  (B)  (C)  (D)  Name, address, and EIN of corporation.	<del>-</del>	450 976	· ·			agga manisir	(add solumns (B) (D) and (E))	
Note: Line 105 plus line 1d, Part I, should equal the amount on line 12. Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction  Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishm  of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions  (A)  Name, address, and EIN of corporation.  Percentage of Nature of activities Total income	450,876.							
Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instruction  Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishm  of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions  (A)  (B)  (C)  (D)  Name, address, and EIN of corporation.	430,670.	· · · · · · · • <u> </u>						
Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishm of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions  (A)  (B)  (C)  (D)  Name, address, and EIN of corporation.	no on nogo 21 )	na (Can Canaifia Instru	nnt Durna	t of Even				
of the organization's exempt purposes (other than by providing funds for such purposes).  Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions  (A)  (B)  (C)  (D)  Name, address, and EIN of corporation.  Percentage of Nature of activities Total income								
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions  (A) (B) (C) (D) (D) Name, address, and EIN of corporation.  Percentage of Nature of activities Total income	III)C()t	ated importantly to the accomp						1
(A) Name, address, and EIN of corporation, Percentage of Nature of activities Total income	•		icii pui poses)	iurius ioi sc	art by providing i	ses (other th	the organization's exempt purpos	<del>-   0</del> 1
(A) Name, address, and EIN of corporation, Percentage of Nature of activities Total income			· · · · · · -		<u> </u>			
(A) Name, address, and EIN of corporation, Percentage of Nature of activities Total income								
(A) Name, address, and EIN of corporation, Percentage of Nature of activities Total income							<del></del>	
(A) Name, address, and EIN of corporation, Percentage of Nature of activities Total income	24 \	/O O'5- I44			1: .: 1.5			3a-4   V   10
Name, address, and EIN of corporation.  Percentage of Nature of activities Total income	s on page 31.)	<del>/224 2 P 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>		<u> Jisregaro</u>	7.4.100 4114	ble Subsi		ant X in
partnership or disregarded entity generation interest	(E) End-of-year		(C) e of activities	Natur				Nam
Personally or analysis of the state of the s	essets	Total moonic			ownership interest		partnership, or disregarded entity	p
	<del></del>			6	94		<del></del>	
%		<u> </u>		6	9/			<del></del>
%				6	9/			
%		<u> </u>		6	9,			
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instru	ructions on page 3	ontracts (See Specific I	al Benefit (	Persona	sociated with	isfers Ass	nformation Regarding Tran	art X In
	<u> </u>							
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		oremiums on a personal	ectly, to pay	ly or indire	y funds, direct	receive any	organization, during the year,	(a) Did the
benefit contract?	Yes X No	•					contract?	benefit c
	Yes X N	onal benefit contract?	llvonape					(b) Did the
(b) Did the organization, during the year, nay premiums, directly or indirectly, on a personal benefit contract?		ond Donone Continuor.	, on a po					
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)	best of my knowledge	chedules and statements, and to	accompanying	oy. Im includina	examined this retu	re that I have	Under penalties of periury I decla	
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).		on all information of which prepa	n officer) is bas	rer (other tha	claration of prepar	complete Dec	and belief, it is true, correct, and	'lease
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	nas any knowledge.		///					
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Under penalties of permy. Lifecture that I have examined this return including accompanying schedules and statements and to the be-	nas any knowledge.	F . Tamail M	1/1/2/					
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the be and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has (Imnortant See General Instruction).  **Tomas 1.** **Tomas 1	-1.1 Pelipo	James L. Mr	16/21/6	<u>.</u>				
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has the part of the page 14.)  Type or print name and title	-1.1 Pelipo	Type or print name an	V6/21/0	<u>.</u>				

#### **SCHEDULE A** (Form 990 or 990-EZ)

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

Employer Identification number Name of the organization 31-1580204 CLINTON PRESIDENTIAL FOUNDATION WILLIAM J. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (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 employee benefit plans & account and other hours per week (c) Compensation than \$50,000 allowances devoted to position deferred compensation NONE Total number of other employees paid over NONE \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service PETER O'KEEFE 1200 N VEITCH ST, APT 630; ARLINGTON, VAFUNDRAISING CONSULT 112,500. POLSHEK PARTNERSHIP ARCHITECTS 320 W. 13TH STREET; NEW YORK, NY 10014 ARCHITECTURAL 888,312. O'BRIEN MCCONNELL PEARSON 1726 M STREET, NW, STE 300; WASHINGTON, DCDIRECT MAIL FNDRSG 255,007. RALPH APPELBAUM ASSOCIATES 133 SPRING STREET; NEW YORK, NY 10012 184,799. ARCHTCT/EXHBT DESIGN WILLIAMS & CONNOLLY 71,352. 725 TWELFTH STREET, NW; WASHINGTON, 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.

professional services

NONE

art III		4		Pac T
	Statements About Activities		Yes	
During	the year, has the organization attempted to influence national, state, or local legislation, including any			Γ
attem	ot to influence public opinion on a legislative matter or referendum?	1		1
If "Ye	e," enter the total expenses paid or incurred in connection with the lobbying activities 🕨 💺		,	1
Organ	izations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
-	zations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of		3::::::	l
	obying activities.			1
1110 101	aying avvivide.	1		
During	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			ľ
	rustees, directors, officers, creators, key employees, or members of their families, or with any taxable	www.	ļ	١
organ	zation with which any such person is affiliated as an officer, director, trustee, majority owner, or principal	67 HTM		1
benef	·			1
a Sale,	exchange, or leasing of property?	2 a		ł
b Lendi	ng of money or other extension of credit?	2 b		+
c Furnis	shing of goods, services, or facilities?	2c_	_	+
d Paym	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		
•				Ī
e Trans	fer of any part of its income or assets?	2 e	<del>                                     </del>	4
If the	answer to any question is "Yes," attach a detailed statement explaining the transactions.			-
Door	the organization make grants for scholarships, fellowships, student loans, etc.?	3		
	u have a section 403(b) annuity plan for your employees?			
•	a statement to explain how the organization determines that individuals or organizations receiving grants	74		-
	ns from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)			,
: 日 :	ation is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii) (Also complete Part V, page 5.)			
	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
• [_] /	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name	e, city,		
	and state >			-
	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.)			
	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.)			
_	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	ce		
	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and group eceipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/35			
	econos nom ecosmes relaten in os cosmanie elc. muculos « Subject in Cenain Picennons Ann IZI no Mole Inan 33 1/37			
í	ts support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acq	<sub>l</sub> uii eu		
i	ts support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acq by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
i i	ts support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acq by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	ons		
· 🗆 .	ts support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acc by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization described in: (1) tines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See	ons		-
· _ /	ts support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses according to the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization described in: (1) times 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).)	ons		_
· _ /	ts support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses account to organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization described in: (1) times 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 5 of the instructions.)  (b) Line	ons	ber	
· _ /	ts 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.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization 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 5 of the instructions.)  (b) Line	ons		
· _ /	ts 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.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization 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 5 of the instructions.)  (b) Line	e num		_
3	ts 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.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization 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 5 of the instructions.)  (b) Line	e num		_
3	ts 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.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization 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 5 of the instructions.)  (b) Line	e num		_
3	ts 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.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization 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 5 of the instructions.)  (b) Line	e num		_
3	ts 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.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization 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 5 of the instructions.)  (b) Line	e num		

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 in	structions for converti	ng from the accrual to	o the cash method of	accounting.	
Cale	ndar year (or fiscal year beginning in) · · · · · •	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)	3,135,038.	3,050,000.			6,185,038.
16	Membership fees received					
17	Gross receipts from admissions,					
	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	ì				
	loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired		u.	ĺ		1
	by the organization after June 30, 1975	131,191.	_ 33,429.			164 620
19	Net income from unrelated business	1-71,191.				164,620.
••	activities not included in line 18					1
20	Tax revenues levied for the organization's			· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
	benefit and either paid to it or expended on					1
	its behalf					
21	The value of services or facilities furnished to					<del> </del>
٠.	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	3.266.229	3.083.429			6,349,658.
24	Line 23 minus line 17			<del></del>	·	6,349,658.
26	Enter 1% of line 23					
 26	Organizations described in lines 10 or 11:				26:	
ь	Attach a list (which is not open to public inspection				800	· · · · · · · · · · · · · · · · · · ·
	person (other than a governmental unit or publicly t	supported organization	on) whose total gifts t	for 1996 through	grico egista	
	1999 exceeded the amount shown in line 26a. Ente	r the sum of all these	excess amounts .	STMT.8	261	4,135,501.
c	Total support for section 509(a)(1) test: Enter line 24	l, column (e)	<b>. </b>		▶ 260	6,349,658.
d	Add: Amounts from column (e) for lines: 181	<b>64,620.</b> 19			did to	
	22	26	ь <u>4,135,50</u>	<u>1.                                    </u>	▶ 260	4,300,121.
e	Public support (line 26c minus line 26d total)	• • • • • • • • • •	<i>.</i>		▶ 260	<u>2,049,537.</u>
f	Public support percentage (line 26e (numerator) d	livided by line 26c (de	enominator))	<u> </u>	▶ 261	32.2779 %
27	Organizations described on line 12: a For amoun	its included in lines	15, 16, and 17 tha	it were received from	n a "disqualified	
	person," attach a list (which is not open to public in	spection) to show th	e name of, and total	l amounts received in	each year from,	
	each "disqualified person." Enter the sum of such arr	nounts for each year:	NOT APPL	ICABLE		
	(1999) (1998)		(1997)		(1996)	
ь	For any amount included in line 17 that was received	ed from a nondisquat	ified person, attach a	a list to show the nam	of, and amount	
	received for each year, that was more than the large	er of (1) the amount	on line 25 for the ye	ear or (2) \$5,000. (Ir	clude in the list	
	organizations described in lines 5 through 11, as we	ell as individuals.) Af	ter computing the di	fference between the	amount received	
	and the larger amount described in (1) or (2), enter t	he sum of these diffe	rences (the excess a	mounts) for each yea	r.	
	(1999)(1998)		(1997)		(1996)	<del>-</del> -
C	Add: Amounts from column (e) for lines: 15	16	·		1	1
	17 20					
đ	Add: Line 27a total					
e	Public support (tine 27c total minus line 27d total)					
f	Total support for section 509(a)(2) test: Enter amount					
g	Public support percentage (line 27e (numerator)	- '	••	•	<del></del>	
<u>h</u>	Investment income percentage (line 18, column i					<u> </u>
28	Unusual Grants: For an organization described in tire attach a list (which is not open to public inspection)					
	grant, and a brief description of the nature of the gr					

#### Part V

Private School Questionnaire (See page 5 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?	29		
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		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	::.3::00		
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	300		388
	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.)	- :: ;::	·	
	, , , , , , , , , , , , , , , , , , , ,		/:::::::::::::::::::::::::::::::::::::	
				: x
		:: ::::		*******
• •	Dear the appropriate mountain the following:			
32	Does the organization maintain the following:	3.0 -		111111111111111111111111111111111111111
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<del></del>
ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		<b></b>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
		111111		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		:: ::	
	Trybu answered the to any of the above, piease explain. (If you need more space, attach a separate statement,			
		1. (0.00)		
		. 10180		:××i
33	Does the organization discriminate by race in any way with respect to:			WAS I
		11-11-11		
а	Students' rights or privileges?	33a		<u> </u>
b	Admissions policies?	33b		<u> </u>
			1	ļ
c	Employment of faculty or administrative staff?	33c		
				1
d	Scholarships or other financial assistance?	33d		
			<u> </u>	
_	Educational policies?	33e		
•	( * * * * * * * * * * * * * * * * * * *	000		<del>                                      </del>
	Use of facilities?	224		1
•	Use of facilities?	33f		1
		1		
g	Athletic programs?	33 <u>q</u>	├	_
			l	1
h	Other extracurricular activities?	33h	ļ	Terasire
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			###.
				1 198
				1 18 12
		la de la constante de la const	Y''''	1
		[		1
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
<b>44</b>	Described and any interesting the or approximate and a government against.	7-44	1	1
L.	Has the organization's right to such aid ever been revoked or suspended?	34Ь		
Ь		340	i	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		1	
		I Andrew	···	Privile):
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	1	<u> </u>

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

a Volunteers

b Paid staff or management (Include compensation in expenses reported on lines c through h.)

c Media advertisements

d Mailings to members, legislators, or the public

e Publications, or published or broadcast statements

f Grants to other organizations for lobbying purposes

g Direct contact with legislators, their staffs, government officials, or a legislative body

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

I Total lobbying expenditures (add lines c through h)

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

Schedule A (Form 990 or 990-EZ) 2000

Sch	edule A (Fo	rm 990 or 990-EZ) 2000		31-1580204	Page 6
	rt VII	Information Regarding		d Relationships With Noncharitable	
			See page 9 of the instructions.)		
51				owing with any other organization described in	section
		·		n 527, relating to political organizations?	
а			ation to a noncharitable exempt organiz		Yes No
					X
_					X
D	Other trai				<b>.</b>
			vith a noncharitable exempt organization		X
			ncharitable exempt organization		x
	(iv) Rei	mburcoment errorements	or other assets		X
					$\frac{\hat{x}}{x}$
					$\frac{x}{x}$
c			ng lists, other assets, or paid employee	4	X
				(b) should always show the fair market value of the	
			the reporting organization. If the organization		
	-		w 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 arrai	ngements
	N/A		<u></u>		
		<del>                                     </del>			<del>_</del> .
		-			
					· ·
	•				•
52	a Is the or	ganization directly or indirec	ctly affiliated with, or related to, one or		_
			ode (other than section 501(c)(3)) or it	n section 527? ▶ Yes	X No
	b If "Yes,"	complete the following scho	edule:	<del>[</del>	
		(a)	(b)	(c)	
	Na	ime of organization	Type of organization	Description of relationship	<del></del> .
			<del> </del>		
_		N/A	<del></del>		
_		<del></del>			
	-		<del> </del>		<del></del>
			<del>                                     </del>		_
		-			
		<del> </del>			
_					

#### Schedule B (Form 990 or 990-EZ)

#### Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

200**0**0

Department of the Treasury Internal Revenue Service

Employer identification number Name of organization 31-1580204 WILLIAM J. CLINTON PRESIDENTIAL FOU Organization type (check only one) - Section: X 501(c)( 03 ) (enter number) 527 or 4947(a)(1) nonexempt charitable trust Section 501(c)(7), (8), or (10) organizations -Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General Enter here the total gifts received during the year for a religious, charitable, etc., purpose. > \$

Note: This form is generally not open to public inspection except for section 527 organizations.

#### General Instructions

#### Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

#### Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A. Support Schedule, of Schedule A (Form 990 or 990-EZ).

#### **Public Inspection**

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

#### Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General Rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the vear.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 331/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example: A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General Rule discussed above.

Schedule B (Form 990 or 990-EZ) (2000)

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

#### Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc.

Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Pairt I	Contributors		
(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED STATEMENT 9	6,126,666.	Individual X Payroll Noncash (Complete Part II if a noncash contribution.)
(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
2	MISCELLANEOUS CONTRIBUTORS < \$5,000	1,521,324.	tndividual X Payroll Noncash (Complete Part II if a noncash contribution )
(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
3		18,313.	Individual X Payroll X Noncash X (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
4	<u>;</u> <u>;</u> <u>1</u>	281,250.	Individual Payroll Noncash (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
5	1 : !	105,000.	Individual  Payroll  Noncash  (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
6	. !	104,134.	Individual Payroll Noncash (Complete Part II if a noncash contribution.)
	<u> </u>		Schedule B (Form 890 or 990-EZ) (2000)

Page \_\_\_\_\_ of \_\_\_\_ of Part I Employer identification number

ILLIAM	J.	CLINTON	PRESIDE	NTIAL	FOU

rart I	Contributors		
(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
7		- 75,000. -	Individual  Payroll  Noncash  (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
8		- <u>178,900.</u> -	Individual Payroll Noncash (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
9		- <u>28,906</u> .	Individual  Payroll  Noncash  (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
10		31,000.	Individual  Payroll  Noncash  (Complete Part II if a noncash contribution.)
(a) No.	(b) Name, address and zlp code	(c) Aggregate contributions	(d) Type of contribution
			Individual Payroll Noncash (Complete Part II if a noncash contribution.)
(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
			Individual Payroll Noncash (Complete Part II if a noncash contribution.)
			Schedule B (Form 990 or 990-EZ) (2000)

of Part II

Name of organization

Employer identification number

WILLIAM J. CLINTON PRESIDENTIAL FOU

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	- 250 SHARES		01/01/2000
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	- 250,000 SHARES		03/02/2000
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	2 - 1,418 SHARES	105,000.	03/27/2000
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	- 1,667 SHARES		09/12/2000
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
7	20,000 SHARES	75,000.	10/06/2000
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8		178,900.	12/20/2000

of

of Part II

Name of organization

Employer identification number

#### WILLIAM J. CLINTON PRESIDENTIAL FOU

Part II	Noncash Property		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	- 12,500 SHARES	_	
		28,906.	12/21/2000
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
10	- 15,500 SHARES		
		31,000.	12/28/2000
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

#### FROM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
	01/03/00	\$ 100,000
	01/04/00	50,000
	01/18/00	500,000
	01/25/00	20,000
	01/25/00	33,333
	02/17/00	200,000
	03/21/00	100,000
	03/21/00	100,000
	03/21/00	500,000
	06/23/00	416,667
	07/26/00	100,000
		STATEMENT 9

#### FROM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

. . . .

NAME AND ADDRESS	_DATE_	DIRECT PUBLIC SUPPORT
	07/26/00	\$ 500,000
	07/31/00	5,000
	08/08/00	250,000
	08/18/00	50,000
	08/23/00	250,000
	08/23/00	200,000
	08/23/00	100,000
	08/23/00	100,000
	08/23/00	100,000
	08/23/00	100,000
	09/01/00	100,000

#### FROM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
	09/01/00	\$ 50,000
	09/01/00	250,000
	09/08/00	416,666
	09/21/00	50,000
	09/21/00	100,000
	10/18/00	50,000
	10/18/00	200,000
	10/18/00	25,000
	10/18/00	100,000
	10/18/00	100,000
	10/18/00	100,000

. ...

#### FROM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

. . . .

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
! :	10/27/00	\$ 5,000
- ( (	10/27/00	25,000
\ \ !	10/27/00	200,000
	10/27/00	100,000
 	10/27/00	100,000
	10/27/00	45,000
! !	11/09/00	5,000
	11/16/00	5,000
! !	12/02/00	10,000
;;	12/20/00	5,000
	12/20/00	100,000
I and the second		OTATEMENT 12

31-15802040

. . . ,

#### FROM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

. . . .

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
	12/20/00	\$ 10,000
	12/20/00	200,000
TOTAL CONTRIBUTION AMOUNTS		\$ 6,126,666

FORM 990, PART I - OTHER INVESTMENT INCOME

DESCRIPTION

ROYALTY INCOME 8,000.

TOTAL 8,000.

- OTHER EXPENSES FORM 990, PART II

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
	1			
REGISTRATION FEES	4,081.			4,081.
CONSULTING FEES	136,765.	6,066.	12,133.	118,566.
INSURANCE	4,524.		4,524.	
DIRECT MAIL	514,823.			514,823.
EVENT EXPENSE	65,046.	16,262.		48,784.
FURNITURE & EQUIPMENT, MINOR	45,558.		45,558.	
PRODUCTION EXPENSE	12,508.	3,127.		9,381.
MEDIA & PHOTOGRAPHY EXPENSE	72,871.	18,218.		54,653.
MISCELLANEOUS	525		525.	
	1 1 1 1 1 1 1 1 1			
TOTALS	856,701.	43,673.	62,740.	750,288.
			11 11 11 11 11 11	

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 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. 80,919.

80,919.

EXPENSES

TOTAL

D6R0IB K925 08/20/2001 15:45:28 V0.06.01 71302

56

STATEMENT 4

0SPSLN 5 000

# FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

## FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

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. "SKIP" RUTHERFORD 5604 HAWHTORNE ROAD LITTLE ROCK, AR 72207	PRESIDENT 20/WEEKLY	NONE	NON	NONE
DAVID H. PRYOR INSTITUTE OF POLITICS OFFICE OF THE DIRECTOR 79 JFK STREET CAMBRIDGE, MA 02138	SECRETARY/TREASURER 2.5/WEEKLY	NONE	NONE	NONE
TERRY MCAULIFFE 2000 K STREET, N.W., 8TH FLOOR WASHINGTON, D.C. 20006	DIRECTOR 2.5/WEEKLY	NON	NONE	NONE
CHERYL MILLS OXYGEN MEDIA 75 9TH AVENUE NEW YORK, NY 10011	DIRECTOR 2.5/WEEKLY	NON	NONE	NONE
ANN JORDAN 2940 BENTON PLACE WASHINGTON, D.C. 20008	VICE-PRESIDENT 2.5/WEEKLY	NONE	NONE	NONE
		1 1 1 1 1 1		1 1 1 1

STATEMENT

NONE

NONE

NONE

GRAND TOTALS

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

EXCESS .	CONTRIBUTION AMOUNT	! ! !	2,173,007.	223,007.	873,007.	73,007.	73,007.	151,445.	123,007.	373,007.	73,007.	4,135,501.	11 14 17 11 11 11 11 11
	MINUS 2% OF LINE 24	 	126,993.	126,993.	126,993.	126,993.	126,993.	126,993.	126,993.	126,993.	126,993.		
	TOTAL	[	2,300,000.	350,000.	1,000,000.	200,000.	200,000.	278,438.	250,000.	500,000.	. 200,000	5,278,438.	
(NOT OPEN TO PUBLIC INSPECTION)	CONTRIBUTOR NAME				_								

STATEMENT

• 4 • ,

### 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. ALL ITEMS ARE REPORTED ON THE CASH BASIS, THEREFORE THIS RETURN DOES NOT REFLECT PLEDGES RECEIVABLE, OTHER RECEIVABLES OR OTHER PAYABLES.

31-15802040

#### WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION

#### FORM 990, PART I - NET GAIN OR LOSS

DESCRIPTION	AMOUNT
GROSS SALES PRICE OF PUBLICLY TRADED SECURITIES	580,981
LESS: COST OR OTHER BASIS AND SALES EXPENSES	528,611
NET GAIN OR (LOSS)	52,370

(December 2000)

# Application for Extension of Time To File an Exempt Organization Return

If you are filing for an Automatic 3-Month Extension, complete only Part II (on page 2 of this form.)  If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form.)  Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed form 868.  Automatic 3-Month Extension of Time - Only submit original (no copies needed)  Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part i only all other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partmerships, REMICs and trusts must use Form 8736 to request an extension of time to file income tax returns. Partmerships, REMICs and trusts must use Form 8736 to request an extension of time to file income tax returns. Partmerships, REMICs and trusts must use Form 8736 to request an extension of time to file income tax returns. Partmerships, REMICs and trusts must use Form 8736 to request an extension of time to file income tax returns. Partmerships, REMICs and trusts must use Form 8736 to request an extension of time to file income tax returns. Partmerships, REMICs and trusts must use Form 8736 to request an extension of time to file income tax returns. Partmerships, REMICs and trusts must use Form 8736 to request an extension of time to file income tax visits for file of the state and trusts and trust and trusts and trusts and trusts and trusts and trusts and trusts and trust and trust and trust and trust and trusts and trust ano	Department of the Internal Revenue S					
Note: Do not complete Part 8 unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.    Automatic 3-Month Extension of Time - Only submit original (no copies needed)			3-Month Extension, co	omplete only Part I and che	ck this box	<b>X</b>
Automatic 3-Month Extension of Time - Only submit original (no copies needed)  Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including Form 990-0 filers) must use Form 7004 to request an extension of time to file income tax retensions, REMICS and trusts must use Form 8736 to request an extension of time to file form 1065, 1066, or 1041.  Type or Name of Everapt Organization  WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION  Number, sireet, and room or sulte no. If a P.O. box, see instructions.  LITTLE ROCK, AR 72203  Check type of return to be filed (file a separate application for each return):  Form 990-BL  Form 990-EZ  Form 990-T (corporation)  Form 990-FF  Form 990-FF  Form 990-FF  Form 990-T (vicus other than above)  If it his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15  Calendar year 2000  Tequest an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15  Calendar year 2000  Tile this tax year is for less than 12 months, check reason:  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  Balance Due, Subtract time 3b from 160 media and verification  Signature and Verification  Signature and Verification  Little penales of perturn, 1 decian that I have examined this form, including accompanying schodules and statements, and to the best of my knowledge and belief its true, correct, and complete, and bat I have examined this form, including accompanying schodules and statements, an	• If you are t	filing for an Additional (	(not automatic) 3-Mor	nth Extension, complete on	ly Part II (on pag	e 2 of this form).
Automatic 3-Month Extension of Time - Only submit original (no copies needed)  Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file income tax file by the due take for filing by the due take for filing the due take for filing four return. See Instructions.  ILITIE ROCK, AR 72203  Check type of return to be filed (file a separate application for each return):  Form 990-BL Form 990-Form 990-To (copposition)  Form 990-PF  Form 990-To (roust other han above)  Form 990-To Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box  If the is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization for form 990-To corporation)  Exemption of the organization of the or	Note: Do not o	omplete Part II unless y	ou have already been g	granted an automatic 3-mont	h extension on a	previously filed
Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICS and trusts must use Form 8736 to request an extension of time to file income tax returns. Partnerships, Partners	Form 8868.					·
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income (ax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1085, 1066, or 1041. Type or print  Name of Exempt Organization  File by the due data to filing the file of the fi	Auto	matic 3-Month Exte	ension of Time - Onl	y submit original (no copi	es needed)	
Tripe or print   Name of Exempl Organization   September 1968   1066, or 1041.   September 1969   Name of Exempl Organization   September 1969   Name of Exempl Organization   September 1969   Name of Exemple Organization   September 1969   Name of Exemple Organization   Number, street, and room or suite no. If a P.O. box see instructions.   P.O. BOX 1104   City, town or post office, stale, and ZIP code. For a foreign address, see instructions.   LTTLE ROCK, AR 72203   Form 990-EZ   Form 990-T (corporation)   Form 990-EZ   Form 990-F   Form 190-T (corporation)   Form 990-EZ   Form 990-EZ   Form 190-T (corporation)   Form 990-EZ   Form 990-EZ   Form 190-T (corporation)   Form 990-EZ   Form 190-T (corporation)   Form 990-EZ   Form 990-EZ   Form 190-T (corporation)   Form 990-EZ   Form 990-EZ   Form 190-T (corporation)   Form 990-EZ   Form 190-T (corporation)   Form 990-EZ   Form 190-EZ   Form 190-T (corporation)   Form 990-EZ   Form 190-EZ   Form 190-T (corporation)   Form 990-EZ   Form 190-EZ   Form	Note: Form 99	10-T corporations reque	sting an automatic 6-r	month extension - check this	box and complete	Part I only
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WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION  Number, street, and room or sulte no. If a P.O. box, see instructions.  Introductions.  Introducti	returns. Partn			8736 to request an extensior	of time to file Fo	
Number, street, and room or suite no. If a P.O. box, see instructions.    P.O. BOX 1104	.,,,,					· ·
P.O. BOX 1104	print					31-1580204
Clty, town or post office, state, and ZIP code. For a foreign address, see instructions.  LITTLE ROCK, AR 72203  Check type of return to be filled (file a separate application for each return):  Form 990  Form 990-T (corporation)  Form 990-BL  Form 990-T (corporation)  Form 990-T (corporation)  Form 990-BL  Form 990-T (trust other than above)  Form 990-PF  Form 990-PF  Form 990-T (trust other than above)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization via digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization via digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization via digit Group Exemption Number (GEN)  If this application is made at the organization via digit Group Exemption Number (GEN)  If this application is for Form 990-Br or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  Bell of this application is for Form 990-Pr or 990-T, enter any refundable credits and estimated tax payments made. Include your payment with this form, including accompanying schedules and statements, and to the best of my kno	File by the due	Number, street, and roo	om or suite no. If a P.O. bo	ox, see instructions.		
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Check type of return to be filed (file a separate application for each return):    Form 990	Instructions.					
Form 990-BL Form 990-T (corporation) Form 970-T (sec. 401(a) or 408(a) trust) Form 57227 Form 990-EZ Form 990-FF Form 970-T (trust other than above) Form 8870  If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box If this is for all members the extension will cover.  I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15 2001, to file the exempt organization return for the organization named above. The extension is for the organization's return for:    X		<del></del>				<u></u>
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Form 990-EZ Form 990-EZ Form 990-F Form 990-T (trust other than above) Form 6069 Form 8870  If the organization does not have an office or place of business in the United States, check this box	H		<u>├</u>	•	<b>├</b>	
Form 990-PF	<del></del>		· ·		<b>├</b> ──	
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If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ▶	Form 990	J-PF	Form 1041-A		F0	rm 8870
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2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  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.	<b>▶</b> X	calendar year 2000	or			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  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.	▶ □	tax year beginning _	· · · · · · · · · · · · · · · · · · ·	, and ending		·
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with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions		*				<u>\$</u>
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.				•		
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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.	instruction	ons	<u></u>		• • • • • • • • • •	<u>,</u>
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