Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the 20	03 calendar year, or tax year beginning		, 2003, and ending		
_	ck if applicable	- 10 H				entification number
	Address		ESIDENTIAL FOUNDATION		31-15802	204
-	change Name change	Number and street (or P.O. ho	x if mail is not delivered to street addre	ss) Room/suite	E Telephone	
-	_	print or type.	CIT MAIN TO THAT GOWN STORE TO SERVER ALLEY	, , , , , , , , , , , , , , , , , , , ,		
-	Initial return	San	DIDI IA BIARI COL		(501) 37	1-0544
	Final return Amended	Specific P.O. BOX 1104	TIPLE PUBLICHISCHOOL	DE MANY	F Accounting .	
X	return Application	Instructions.		INC UUPT	method:	X Cash Accrual
L_	pending	LITTLE ROCK, AR 72203		11 1		specify)
		 Section 501(c)(3) organizations and trusts must attach a completed School 	4947(a)(1) nonexempt charitable	H and I are not ap		
				H(a) Is this a grou	•	ليتا ليتا
		► WWW.CLINTONPRESIDENTIALCE		H(b) If "Yes," ente		
J (Organizatio	on type (check only one) ▶ X 501(c) (03) ◀		(If "No " attac	es included? :h a list. See instru	uctions Yes No
	Check here		are normally not more than \$25,000. To	he H(d) Is this a separa		
	•	n need not file a return with the IRS; but if the o		I	wered by a group rul	ing? Yes X No
i	n the mail,	it should file a return without financial data. Some st	ates require a complete return.	I Group Exem	ption Number	
				M Check ▶	if the organ	nization is not required
L		ipts: Add lines 6b, 8b, 9b, and 10b to line 12	46,959,218.	<u> </u>		90-EZ, or 990-PF).
Pa	rtl Re	venue, Expenses, and Changes in Net	Assets or Fund Balances (See pa	age 18 of the instru	ictions.)	
	1 0	Contributions, gifts, grants, and similar amoun	s received: STMT 1			
	a	Direct public support	1a	44,529,126		
	Ь	ndirect public support				
	C	Government contributions (grants)	1c			
		Total (add lines 1a through 1c) (cash \$ 42,4		2,109,299.)	1 d	44,529,126.
		Program service revenue including governme			2	
	1 -					
	ì	nterest on savings and temporary cash investi	ments		4	
	i	•			5	223,237.
		Gross rents	1 1			
			6 b			
	1	Net rental income or (loss) (subtract line 6b fro			6 c	
ē	1	Other investment income (describe			7	
enc	1	Gross amount from sales of assets other	(A) Securities	(B) Other		
Revenue	1		2,172,854.8a	(-)	7	
_	1	than inventory	2,080,233.8b		7 1	
	1	Gain or (loss) (attach schedule)				
	ì	Net gain or (loss) (combine line 8c, columns (A			8 d	92,621
		Special events and activities (attach schedule	, ,,,			92,021
				Killele P []		
		Gross revenue (not including \$				
	'	contributions reported on line 1a)				
		Less: direct expenses other than fundraising e Net income or (loss) from special events (sub			-	
	1		` 1 I		96	***************************************
	1	Gross sales of inventory, less returns and allow				
		Less: cost of goods sold				
	1	Gross profit or (loss) from sales of inventory				
		Other revenue (from Part VII, line 103)				34,001
		Total revenue (add lines 1d, 2, 3, 4, 5, 6c,				44,878,985.
v	1	Program services (from line 44, column (B))				2,293,521.
Expenses	,	Management and general (from line 44, colum				1,885,756
ber		Fundraising (from line 44, column (D))				3,153,037
ы	1	Payments to affiliates (attach schedule)				
		Total expenses (add lines 16 and 44, colum				7,332,314
ets		Excess or (deficit) for the year (subtract line 1				37,546,671
Assets		Net assets or fund balances at beginning of y				41,354,303
Net A		Other changes in net assets or fund balances				
		Net assets or fund balances at end of year (c		· · · · · · · · · · · · · · · · · · ·	· 21	78,900,974
For	Paperwo	rk Reduction Act Notice, see the separate in	structions.			Form 990 (2003)

	Otatement of	nizati	ons must complete column 1947(a)(1) nonexempt charit	(A). Columns (B), (C), and (D) are required for section 501 hers. (See page 22 of the ins	(c)(3) and (4) organizations structions.)
	Do not include amounts reported on line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	6b, 8b, 9b, 10b, or 16 of Part I. Grants and allocations (attach schedule)	******		services	and general	
22	·	22				
23	(645), 4	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	NONE			
26	Other salaries and wages	26	1,457,837.		1,047,254.	410,583
27	Pension plan contributions	27	33,178.		28,978.	4,200
28	Other employee benefits	28	56,476.		54,209.	2,267
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	106,835.	42,734.	64,101.	
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36	146,362.		146,362.	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	601 600	147 (11		454.000
39	Travel	39	601,699.	147,611.		454,088
40	Conferences, conventions, and meetings	40				
41	Interest	41	23,420.		23,420.	
42	Depreciation, depletion, etc. (attach schedule) .	42 43a	4,906,507.	2,103,176.	521,432.	2,281,899
	Office expenses not concret above (nembe). 4 1111	43b	4,300,307.	2,103,170.	321,432.	2,201,099
) ;	43c				
ì	'	43d				
	·	43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	7,332,314.	2,293,521.	1,885,756.	3,153,037
	nt Costs. Check ▶ if you are follow			2/200/012.	270007.00.	371037031
	any joint costs from a combined educational			citation reported in (B) Pro	gram services?	Yes X No
łf "۲	es," enter (i) the aggregate amount of these jo	int co	osts \$; (ii) the amount alloca	ated to Program services	\$
(iii)	the amount allocated to Management and gen	neral \$	S	; and (iv) the amount a	llocated to Fundraising \$	
P	art III Statement of Program Service	e A	ccomplishments (Se	ee page 25 of the in	structions.)	
Wh	at is the organization's primary exempt purpose	? ▶	STMT 4			Program Service Expenses
of	organizations must describe their exempt p clients served, publications issued, etc. Disc anizations and 4947(a)(1) nonexempt charita	cus s	achievements that are i	not measurable. (Sectio	n 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	STMT 5					
			(Grants a	and allocations \$		
b						
			(Grants a	and allocations \$		
•			(Grants a	and anocations y)	
С						
			(Grants a	and allocations \$)	
d						
_						
			(Grants a	and allocations \$)	
е	Other program services (attach schedule	;)	(Grants a	and allocations \$)	
f	Total of Program Service Expenses (she		egual line 44, column	(B), Program services)		2,293,521

P	art IV	Balance Sheets (See page 25 of the instructions.)			
1	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	10,558,672.	46	6,941,982.
	47a	Accounts receivable			
		Less: allowance for doubtful accounts		47c	
					11/2/12
	48a	Pledges receivable			
		Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
	l	(attach schedule)		50	
	51a	Other notes and loans receivable (attach			
so.		schedule)			
ssets		Less: allowance for doubtful accounts		51c	
As		Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities (attach schedule) STMT .6. ▶ X Cost FMV	191,410.	54	227,095.
	55a	Investments - land, buildings, and			
	١.	equipment: basis			
	b	Less: accumulated depreciation (attach		EEO	
		schedule)		55c	
	56	Land, buildings, and equipment: basis		130	
		Less: accumulated depreciation (attach			
		schedule)	30,604,221.	57 c	71,731,897.
	58	Other assets (describe)	30,004,221.	58	71,731,837.
	"	, accept (acceptable)			
	59	Total assets (add lines 45 through 58) (must equal line 74)	41,354,303.	59	78,900,974.
_	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
es	63	Loans from officers, directors, trustees, and key employees (attach			
abilities		schedule)		63	
jab		Tax-exempt bond liabilities (attach schedule)		64a	
_	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)		65	
_	66	Total liabilities (add lines 60 through 65)		66	
	Orga	nizations that follow SFAS 117, check here ▶ X and complete lines			
		67 through 69 and lines 73 and 74.			
Ses	67	Unrestricted	41,354,303.		78,900,974.
and	68	Temporarily restricted		68	
Bal	69	Permanently restricted		69	
or Fund Balances	Orga	anizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.			
or i	70	Capital stock, trust principal, or current funds		70	
ts	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Assets	72	Retained earnings, endowment, accumulated income, or other funds		72	
t A	73	Total net assets or fund balances (add lines 67 through 69 or lines			
Net		70 through 72;			
		column (A) must equal line 19; column (B) must equal line 21)	41,354,303		78,900,974.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	41,354,303.	. /4	78,900,974.

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.

Pa	rt IV-A	Reconciliation of Revenue Financial Statements with Return (See page 27 of the	ı Re	venue per	Par	rt IV-B	Reconciliation Financial State Return	ments with	s per Expe	nses per
a	Total rev	enue, gains, and other support			а	Total e	expenses and lo	sses per		
		ted financial statements	а	44,878,985			financial statemen		a	7,332,314
)	Amounts	s included on line a but not on			b	Amount	ts included on line	a but not		
	line 12,	Form 990:				on line	17, Form 990:			
(1)	Net unrea	llized gains			(1)	Donated	services			
	on invest	ments \$			1: 1: 1 1: 1: 1 1: 1: 1: 1	and use	of facilities \$			
(2)	Donated :	services			(2)	Prior yea	ar adjustments			
	and use o	of facilities \$				•	on line 20,			
(3)	Recoverie	es of prior				Form 99	0 <u>\$</u>			
	year gran	ts \$			(3		reported on			
(4)	Other (sp	ecify):				-	Form 990 \$			
					(4) Other (st	pecify):			
		<u> </u>								
	Add am	ounts on lines (1) through (4)	p		\dashv	A d d	\$			
		inua lia a b		44 070 005	.		ounts on lines (1) thro			7 222 214
C -1		inus line b	C	44,878,985	c d		minus line b ts included on line		C	7,332,314
d		s included on line 12,			u		190 but not on line :			
		90 but not on line a:			/4		ent expenses	4.		
(1)		nt expenses ded on line			, (·	•	ided on line			
		990 \$					n 990\$			
(2)	Other (sp				12	Other (s				
(2)	Other (sp	echy).			` \) Other (s	pechy).			
		<u> </u>					\$			
	Add am	ounts on lines (1) and (2) ▶	d			Add am	nounts on lines (1)	and (2) ▶	d	
e		venue per line 12, Form 990	Г		e		xpenses per line 17			
		lus line d)	e	44,878,985	5.		olus line d) · · · ·		e	7.332.314
_	t	he instructions.) (A) Name and address		[`	hours	and average per week to position	(C) Compensation (If not paid, enter -0)	(D) Contribution employee benefit deferred compe	plans &	(E) Expense account and other allowances
SE	E STAT	EMENT 7					NONE		NONE	NON
-					.,					
75	,	officer, director, trustee, or key em					·	•		
		tion and all related organizations, o attach schedule - see page 28 of th			000 wa	s provided	by the related organiza	ations?	Γ],	Yes <u>x</u> No
										Form 990 (2003

orm	n 990 (2003) 31-1580204		F	Page 5			
Par	rt VI Other Information (See page 28 of the instructions.)		Yes	No			
6	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	. 76		x			
	Were any changes made in the organizing or governing documents but not reported to the IRS?			x			
'	If "Yes," attach a conformed copy of the changes.						
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						
	If "Yes," has it filed a tax return on Form 990-T for this year?	- 1	N/	X			
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			x			
	Is the organization related (other than by association with a statewide or nationwide organization) through common						
o a	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		x			
L	of lf "Yes," enter the name of the organization ▶						
D	and check whether it is exempt or nonexempt.						
	Enter direct and indirect political expenditures. See line 81 instructions						
	b Did the organization file Form 1120-POL for this year?	81b		x			
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	015					
3 Z a	or at substantially less than fair rental value?	82a	İ	x			
_	of at substantially less than fail tental value? If "Yes," you may indicate the value of these items here. Do not include this amount	014					
D	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)						
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	P			
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			\vdash			
	Did the organization solicit any contributions or gifts that were not tax deductible?	• • –		x			
	olf "Yes," did the organization include with every solicitation an express statement that such contributions						
	or gifts were not tax deductible?	84Ь	N/	A			
8 5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?						
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1				
•	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			Î			
	received a waiver for proxy tax owed for the prior year.						
c	Dues, assessments, and similar amounts from members 85c N/A						
	Section 162(e) lobbying and political expenditures						
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	_					
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A						
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	A			
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable						
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12						
	o Gross receipts, included on line 12, for public use of club facilities						
	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A						
	b Gross income from other sources. (Do not net amounts due or paid to other						
	sources against amounts due or received from them.)						
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or						
	partnership, or an entity disregarded as separate from the organization under Regulations sections						
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		x			
89 a	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:						
	section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>						
Ŀ	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		x			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under						
	sections 4912, 4955, and 4958	-	N/A				
d	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	-	N/A				
90 a	a List the states with which a copy of this return is filed ▶SEE ATTACHED LIST OF STATES						
b	b Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90 ь	22				
91	The books are in care of SHANNON TANNER Telephone no. > 501		544				
	Located at ▶ 301 E. MARKHAM, SUITE C, LITTLE ROCK, AR ZIP+4 ▶ 72201						
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here						
	and enter the amount of tax-exempt interest received or accrued during the tax year		N/A	1			

Part VII A	s amounts unless otherwise	Unrei	ated business inc	ome Excluded by	y section 512, 513, or 514	(E) Related or
indicated.	service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
•						
f Medicare/M	Medicaid payments					
g Fees and c	contracts from government agencies .					
94 Membersh	hip dues and assessments					
95 Interest on s	eavings and temporary cash investments •					
96 Dividends	and interest from securities			14	223,237.	
97 Net rental	l income or (loss) from real estate	:				
a debt-finar	nced property					
b not debt-f	financed property					
98 Net rental in	ncome or (loss) from personal property					
99 Other inve	estment income					
•	s) from sales of assets other than inventory			18	92,621.	
	ne or (loss) from special events .					
	it or (loss) from sales of inventory					
	enue: a		 	15	34,001.	
b ROYAL				13	34,001.	
e						
	(add columns (B), (D), and (E))				349,859.	
	d line 104, columns (B), (D), and (349,859
	plain how each activity for which the organization's exempt purpo					ompliamment
			ian by providing to	nao tor eden parpedes,		
Part IX In	formation Regarding Taxa	able Subsi	diaries and D	isregarded Entitie		e instructions.)
Nam	formation Regarding Taxa (A) ne, address, and EIN of corporation, artnership, or disregarded entity	able Subsi			es (See page 34 of the	e instructions.) (E) End-of-year assets
Nam	(A) ne, address, and EIN of corporation,	able Subsi	diaries and D (B) Percentage of ownership interest %	isregarded Entitie	es (See page 34 of the	(E) End-of-year
Nam pa	(A) ne, address, and EIN of corporation,	able Subsi	diaries and D (B) Percentage of ownership interest %	isregarded Entitie	es (See page 34 of the	(E) End-of-year
Nam pa	(A) ne, address, and EIN of corporation,	able Subsi	diaries and D (B) Percentage of ownership interest % %	isregarded Entitie	es (See page 34 of the	(E) End-of-year
Nam pi N/A	(A) ne, address, and EIN of corporation, artnership, or disregarded entity		diaries and D (B) Percentage of ownership interest % % %	isregarded Entitie (C) Nature of activities	es (See page 34 of the (D) Total income	End-ol-year assets
Nam pi N/A Part X In (a) Did the org (b) Did the	(A) ne, address, and EIN of corporation, artnership, or disregarded entity Iformation Regarding Tra ganization, during the year, receive a organization, during the yea	insfers Asany funds, direct	diaries and D (B) Percentage of ownership interest % % % sociated with tty or indirectly, to painters, directly of	isregarded Entitie (C) Nature of activities Personal Benefit by premiums on a personal or indirectly, on a p	cs (See page 34 of the (D) Total income Contracts (See page 3 benefit contract?	(E) End-of-year assets 34 of the instructions.) Yes x No
Nam pi N/A Part X In (a) Did the org (b) Did the	(A) ne, address, and EIN of corporation, artnership, or disregarded entity Iformation Regarding Traganization, during the year, receive a organization, during the year at to (b), file Form 8870 and F	insfers Asany funds, director, pay premeror 4720 (diaries and D (B) Percentage of ownership interest % % % % sociated with tty or indirectly, to particularly of see instructions	isregarded Entitie (C) Nature of activities Personal Benefit by premiums on a personal or indirectly, on a p	Contracts (See page 3 benefit contracts contra	End-of-year assets 34 of the instructions.) Yes X No Yes X No
Nam pi N/A Part X In (a) Did the org (b) Did the Note: If "Yes Please	(A) ne, address, and EIN of corporation, artnership, or disregarded entity Iformation Regarding Tra ganization, during the year, receive a organization, during the yea	insfers Asany funds, director, pay premeror 4720 (diaries and D (B) Percentage of ownership interest % % % % sociated with tty or indirectly, to particularly of see instructions	isregarded Entitie (C) Nature of activities Personal Benefit by premiums on a personal or indirectly, on a p	Contracts (See page 3 benefit contracts contra	(E) End-of-year assets 34 of the instructions.) . Yes X No Yes X No
Nam pi N/A Part X In (a) Did the org (b) Did the Note: If "Yes	(A) ne, address, and EIN of corporation, artnership, or disregarded entity Iformation Regarding Traganization, during the year, receive a organization, during the year at to (b), file Form 8870 and F	insfers Asany funds, director, pay premeror 4720 (diaries and D (B) Percentage of ownership interest % % % % sociated with tty or indirectly, to particularly of see instructions	isregarded Entitie (C) Nature of activities Personal Benefit by premiums on a personal or indirectly, on a p	Contracts (See page 3 benefit contracts contra	End-of-year assets 34 of the instructions.) Yes X No Yes X No
Nam Pi N/A Part X In (a) Did the org (b) Did the Note: If "Yes Please Sign	(A) ne, address, and EIN of corporation, artnership, or disregarded entity Iformation Regarding Traganization, during the year, receive a organization, during the year at to (b), file Form 8870 and Funder penalties of perjury, I declared belief, it is true, correct, and	insfers Asany funds, director, pay premeror 4720 (diaries and D (B) Percentage of ownership interest % % % % sociated with tty or indirectly, to particularly of see instructions	isregarded Entitie (C) Nature of activities Personal Benefit by premiums on a personal or indirectly, on a p	Contracts (See page 3 benefit contract? ersonal benefit contract	End-of-year assets 34 of the instructions.) Yes X No Yes X No
Nam Pi N/A Part X In (a) Did the org (b) Did the Note: If "Yes Please Sign	(A) ne, address, and EIN of corporation, artnership, or disregarded entity aformation Regarding Tra ganization, during the year, receive a organization, during the yea so organization, during the year and belief, it is true, correct, and signature of officer	insfers Asany funds, director, pay premeror 4720 (diaries and D (B) Percentage of ownership interest % % % % sociated with tty or indirectly, to particularly of see instructions	isregarded Entitie (C) Nature of activities Personal Benefit by premiums on a personal or indirectly, on a p	Contracts (See page 3 benefit contract? ersonal benefit contract schedules and statements, and ed on all information of which property to the contract of the	End-of-year assets 34 of the instructions.) Yes X No Yes X No d to the best of my knowledge eparer has any knowledge.
Nam Pi N/A Part X In (a) Did the org (b) Did the Note: If "Yes Please Sign Here Paid Preparer's	(A) ne, address, and EIN of corporation, artnership, or disregarded entity aformation Regarding Tra ganization, during the year, receive a organization, during the yea set to (b), file Form 8870 and F Under penalties of perjury, I declared and belief, it is true, correct, and Signature of officer Type or print name and title. Preparer's signature	insfers Asany funds, director, pay premeror 4720 (diaries and D (B) Percentage of ownership interest % % % % sociated with tty or indirectly, to particularly of see instructions	isregarded Entitie (C) Nature of activities Personal Benefit or premiums on a personal or indirectly, on a poly. In including accompanying r (other than officer) is basing the second of the seco	Contracts (See page 3 benefit contract? ersonal benefit contract schedules and statements, and and all information of which property to the contract of the co	End-of-year assets 34 of the instructions.) Yes X No Yes X No d to the best of my knowledge eparer has any knowledge.
Nam pr N/A Part X In (a) Did the org (b) Did the Note: If "Yes Please Sign Here	(A) ne, address, and EIN of corporation, artnership, or disregarded entity Information Regarding Traganization, during the year, receive a organization, during the year of year of year of year or year.	insfers Asany funds, director, pay premeror 4720 (diaries and D (B) Percentage of ownership interest % % % % sociated with tty or indirectly, to particularly of see instructions	isregarded Entitie (C) Nature of activities Personal Benefit or premiums on a personal or indirectly, on a poly. In including accompanying r (other than officer) is basing the second of the seco	Contracts (See page 34 of the (D) Total income Contracts (See page 3 benefit contract? ersonal benefit contract schedules and statements, and ed on all information of which property to the contract of the	(E) End-of-year assets 34 of the instructions.) . Yes X No 1? Yes X No

Form **990** (2003)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

Employer identification number

(d) Contributions to

OMB No. 1545-0047

Name of the organization 31-1580204 WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I

(b) Title and average

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

(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expense account and other
than \$50,000	devoted to position (c) sompensation		deferred compensation	allowances
MARGARET A. WILLIAMS	CHIEF OF STAFF			
255 WEST 85TH ST, APT 11AB	40 UDG/WK	147,806.	NONE	NONE
NEW YORK, NY 10024	40 HRS/WK	147,800.	NONE	NONE
CLYDE E. WILLIAMS, JR.	DOM. POLICY ADVIS	SOR		
392 CENTRAL PARK WEST, 12-L	.]			
NEW YORK, NY 10025	40 HRS/WK	117,203.	6,021.	NONE
STEPHANIE S. STREETT	EXECUTIVE DIRECTO	R	Ì	
1220 KAVANAUGH				
LITTLE ROCK, AR 72205	40 HRS/WK	101,936.	5,869.	NONE
ERIC NONACS	FOREIGN POLICY A	ov.		
449A SACKETT STREET	40 HRS/WK	100,000.	5,400.	NONE
BROOKLYN, NY 11231	40 RRS/WR	100,000.	3,400.	NONE
JAMES E KENNEDY	DIR. COMMUNICATIO	NS		
1160 FIFTH AVENUE #404				
NEW YORK, NY 10029	40_HRS/WK	102,249.	NONE	NONE
Total number of other employees paid over				
\$50,000	15			
Part II Compensation of the Five High	est Paid Indeper	ndent Contracto	rs for Profession	nal Services
(See page 2 of the instructions. List	each one (whethe	er individuals or fir	ms). If there are no	ne, enter "None.")
(a) Name and address of each independent contractor pai	d more than \$50,000	(b) Type	of service	(c) Compensation
		1,7,7,		(-)
CDI COMBRACTORS INC				
CDI CONTRACTORS, INC				
3000 CANTRELL RD, LITTLE ROCK, AR	72202	CONSTRUCTIO	on l	33630977.
3000 0000000000000000000000000000000000				
POLSHEK PARTNERSHIP ARCHITECTS				
320 W 13TH, NEW YORK, NY 10014		CONSULTING		2,445,213.
PHELPS PROGRAM MANAGEMENT, LLC				
400 5				
420 6TH AVE, GREELY, CO 80631		CONSULTING		1,902,840.
OURDIEN MCCONNELL DEADSON				
O'BRIEN MCCONNELL PEARSON				
1726 M ST NW #300, WASHINGTON, DC	20036	CONSULTING		503,175.
TIZO II DI III (GOO) MISSIZIOTOLI, DO		201120111110		303,173.
		i	1	
RALPH APPELBAUM ASSOCIATES, INC				
RALPH APPELBAUM ASSOCIATES, INC				
RALPH APPELBAUM ASSOCIATES, INC 133 SPRING STREET, NEW YORK, NY 10	0012	CONSULTING		775,237.
133 SPRING STREET, NEW YORK, NY 10 Total number of others receiving over \$50,000 for		CONSULTING		775,237.
133 SPRING STREET, NEW YORK, NY 10		CONSULTING		775,237.

Sched	ule A (Form 990 or 990-EZ) 2003 31-1580204		· ·	age 4
Part	Statements About Activities (See page 2 of the instructions.)		Yes	No
	During the year, has the organization attempted to influence national, state, or local legislation, including any			
	attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
	or incurred in connection with the lobbying activities ▶\$ (Must equal amounts on line 38,			
	Part VI-A, or line i of Part VI-B.)	. 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			
•	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
	with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
	owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining		1	
	the transactions.)			
•	Sale, exchange, or leasing of property?	. 2a	e presidente r	x
a	Sale, exchange, or leasing or property:	. 24	1	1
b	Lending of money or other extension of credit?	. 2b		x
С	Furnishing of goods, services, or facilities?	. 2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	. 2d		x
ŭ	r ayment of compensation (or payment of remisuraement of expenses it more than \$1,000):	. 24	+	+-
_	Transfer of any part of its income or assets?	. 2e		x
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	.		†
	you determine that recipients qualify to receive payments.)	. 3a		x
b	Do you have a section 403(b) annuity plan for your employees?			x
		. 05	<u> </u>	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice			
	on the use or distribution of funds?	. 4		x
Par	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
1 41	Reason for Non-Fire action Status (See pages 3 through 6 of the instructions.)			
The o	rganization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's na	ne, city,		
	and state ►			
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170	b)(1)(A)	(iv).	
,	(Also complete the Support Schedule in Part IV-A.)			
11a	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
1	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11Ь	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and	ross		
	receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/			
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses a	cquired		
	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports 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). (S section 509(a)(3).)	эе		
	Provide the following information about the supported organizations. (See page 5 of the instructions.)			-
	(a) Name(s) of supported organization(s)	ne numb		
	fro	m above	!	_
				_
				_
14 JSA	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
	Schedule A (Foi	m 990 ar	990.E7	7) 2002

Sche	dule A (Form 990 or 990-EZ) 2003	<u></u>		31-1580204		Page 3
Pa	rt IV-A Support Schedule (Complete only if	you checked a bo	x on line 10, 11, or	12.) Use cash me	thod of accounting	j .
Note	e:You may use the worksheet in the instruction	ns for converting fro	m the accrual to the	e cash method of a	ccounting.	
	ndar year (or fiscal year beginning in)		(b) 2001	(c) 2000	(d) 1999	(e) Total
	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.) · · · · ·	25.115.196.	9,885,816.	8,470,493.	3,135,038.	46,606,543.
16	Membership fees received					
	Gross receipts from admissions, merchandise					
• •	•					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose					
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired	475 070	400 464	200 506	101 101	1 405 000
	by the organization after June 30, 1975	475,378.	420,164.	398,506.	131,191.	1,425,239.
19	Net income from unrelated business					
	activities not included in line 18					
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					
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	STMT 8				
	include gain or (loss) from sale of capital assets	34,809.	NONE			34,809.
23	Total of lines 15 through 22		10,305,980.		3,266,229.	48,066,591.
24	Line 23 minus line 17	25,625,383.	10,305,980.	8,868,999.	3,266,229.	48,066,591.
25	Enter 1% of line 23	256,254.	103,060.	88,690.	32,662.	
		Enter 2% of amount	, ,,			961,332.
ь	Prepare a list for your records to show the	name of and amo	unt contributed by	each person (other	erthan a	
	governmental unit or publicly supported organ		-	-		
	amount shown in line 26a. Do not file this I	ist with your retur	n. Enter the total	of all these excess	amounts ▶ 26b	30,371,710.
	Total support for section 509(a)(1) test: Enter line 2				▶ 26c	48066591.
d	Add: Amounts from column (e) for lines: 18					
	22	34,809. 2	6b <u>30,371,</u>	<u>710.</u>	▶ 26d	31831758.
e	Public support (line 26c minus line 26d total)				▶ 26e	16234833.
f	Public support percentage (line 26e (numerator)	divided by line 26c (d	enominator))		▶ 26f	33.7757 %
27	Organizations described on line 12: a For					
	person," prepare a list for your records to sh			received in each	year from, each "o	lisqualified person."
	Do not file this list with your return. Enter the sun	n of such amounts for	each year:			
	(2002) (2001)		(2000)	NOT APPLICA	BLE_ (1999)	
b	For any amount included in line 17 that was	received from each	person (other than	"disqualified persor	ns"), prepare a list	for your records to
	show the name of, and amount received for each (Include in the list organizations described in line	th year, that was m	ore than the larger	of (1) the amount	on line 25 for the	year or (2) \$5,000.
	the difference between the amount received a	nd the larger amou	is well as individuals int described in (1)	or (2), enter the	sum of these diffe	rn. Atter computing erences (the excess
	amounts) for each year:	.	(1)	, (2),		(110 0,000
	(2002) (2001)		(2000)		(1999)	
С	Add: Amounts from column (e) for lines: 15	1	6			
	17 20	2	1		▶ 27c	
d	Add: Line 27a total	and line 27b total.			▶ 27d	
e	Public support (line 27c total minus line 27d total)				▶ 27e	
	Total support for section 509(a)(2) test: Enter amou					
g	Public support percentage (line 27e (numerator)					
h	Investment income percentage (line 18, column	(e) (numerator) divid	ed by line 27f (denom	ninator)) . <u></u>	▶ 27h	%
28	Unusual Grants: For an organization describ	ed in line 10, 11	, or 12 that rec	eived any unusual	grants during 19	99 through 2002,
	prepare a list for your records to show, for description of the nature of the grant. Do not file the					grant, and a brief
JSA	description of the nature of the grant. Do not me th	is list with your retu	ii. Do not include th	iese grants in line 15,		m 990 or 990-EZ) 2003

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Part V	Private School Questionnaire (See page 7 of the instructions.)	
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	NOT APPLICABLE

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		1
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		ļ
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31	and the	10.663841
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
Ł	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	Ì		
	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		<u> </u>
•				
_	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32c		ļ
C	Copies of all material used by the organization of on its behalf to solicit contributions?	32d		57537
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		L
	A district manual to a O			
b	Admissions policies?	33b		ļ
_	Employment of faculty or administrative staff?			
·	Employment of faculty or administrative staff?	33c	-	
d	Scholarships or other financial assistance?	33d		
		<u> </u>		
е	Educational policies?	33e		
f	Use of facilities?	33f		<u> </u>
g	Athletic programs?	33g		
h	Other extracurricular activities?			
"	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	5.47.1.1		
	, , , , , , , , , , , , , , , , , , ,			finali i Sani
		22 _V .		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ل	Has the organization's right to such aid ever been revoked as suspended?	241		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		10000
	n you anomored too to entire ord or b, produce explain doing an accounted statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			0.000.5
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

	rt VI-A	Lobbying Ex	penditures by Elect pleted ONLY by an e	ing Public Charities	s (See page 9	of the	instruction	ns.)	CAR	T.F.
Cha	ck ▶a		ation belongs to an affilia							trol" provisions apply.
CITE	CK Pa	Li	mits on Lobbying	Expenditures	1		(a Affiliate tota) d group		(b) To be completed for ALL electing
		(The term	"expenditures" means	amounts paid or incur	red.)					organizations
36	Total lo	bbying expendit	ures to influence publi	c opinion (grassroots	lobbying)	36				
37			ures to influence a leg			37				
38		, , ,	ures (add lines 36 and			38				
39										
40	Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table -					***************************************	G	33,3073.3		
41										
		mount on line 4		bying nontaxable an	_					
	Not over	\$500,000	20% of the	he amount on line 40						
	Over \$50	0,000 but not over	\$1,000,000 \$100,000	Diplus 15% of the excess of	over \$500,000	41			SPART	
	Over \$1,0	000,000 but not ove	er \$1,500,000 \$175,000 er \$17,000,000 \$225,000	o plus 10% of the excess o	ror \$1,000,000					
			\$1,000,000 \$1,000,0							
42	Grassr	nots nontaxable	amount (enter 25% of	line 41)		42				
43			ne 36. Enter -0- if line		36	43				
44			ne 38. Enter -0- if line			44				
	Caution	n: If there is an	amount on either line	43 or line 44, you mus Averaging Period						
	(3	Some organizati	ons that made a section See the instruction	ns for lines 45 throug Lobbying Expendi	h 50 on page 1	l of the	e instructio	ns.)		
				Lobbying Expendi	tures burning 4	- I Cai	Averagiii	y r cı	iou ,	
		r year (or fiscal jinning in) ▶	(a) 2003	(b) 2002	(c) 2001			d) 000		(e) Total
		g nontaxable								
<u>45</u>						San a				
	•	g ceiling amount								
46	(150%)	of line 45(e))							14 18884	
47		bying expenditures								
		oots nontaxable								
48						8.0.22				
40		ots ceiling amount								
43		oots lobbying					<u> </u>			
50		tures								
Pa	art VI-B		ctivity by Nonelecti			۸) (۵				
_			ing only by organiza					2 of t	he in	structions.)
		,	ization attempt to influer inion on a legislative mat			ling any	•	Yes	No	Amount
а	Volunt	eers							х	
b	Paid st	taff or managen	nent (Include compens	sation in expenses rep	orted on lines c t	hrough	n h .)		X	
С			<u> </u>					<u> </u>	х	
			legislators, or the publ						x	
_			hed or broadcast state						X	
f			zations for lobbying pu						X	
g			islators, their staffs, g					-	X	
ŀ			ns, seminars, convention itures (Add lines c thro						X	
ı		,	itures (Add lines & third					tivities	<u> </u>	1

JSA 3E1240 2.000

Schedule A (Form 990 or 990-EZ) 2003

Part VII

Pa			Transfers To and Transactions and See page 12 of the instructions.)	d Relationships With Noncharitable
<u> </u>	Did the re	porting organization directly	or indirectly engage in any of the follo	owing with any other organization described in section
				n 527, relating to political organizations?
а	Transfers	from the reporting organiza	ition to a noncharitable exempt organiz	ation of: Yes No
	(i) Cash	١		51a(i) x
b	Other tran			
	(i) Sale	s or exchanges of assets w	rith a noncharitable exempt organization	b(i) X
	(ii) Purc	hases of assets from a nor	ncharitable exempt organization	b(ii) x
	(iii) Rent	tal of facilities, equipment, c	or other assets	b(iii) x
	(v) Loan	ns or Ioan guarantees		b(v) X
			mbership or fundraising solicitations	
			ng lists, other assets, or paid employees	
d			" complete the following schedule. Column the reporting organization. If the organization	(b) should always show the fair market value of the
	•		the reporting organization, if the organization is the organization of the goods, other	
	(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
	N/A			
•	-1/ -2			
	describe		etly affiliated with, or related to, one or ode (other than section 501(c)(3)) or in edule: (b)	n section 527? Yes x No
	Naı	me of organization	Type of organization	(c) Description of relationship
1	N/A			
	····	No. of the last of		
_				
_				
				Schedule A (Form 990 or 990-EZ) 2003

FUNDRAISING	224,854.	210,487.	2,281,899.
MANAGEMENT AND GENERAL	134,912. 36,594.	145,525. 22,610. 21,721. 48,399. 4,208. 54,861.	52,602.
PROGRAM SERVICES	11,540. 89,941. 96,178.	1,874,462.	23,163.
TOTAL	11,540. 449,707. 36,594. 1,846,558. 96,178.	1,874,462. 210,487. 7,892. 145,525. 22,610. 21,721. 48,399. 4,208.	23,163. 52,602. 4,906,507.
FORM 990, PART II - OTHER EXPENSES	REGISTRATION FEES CONSULTING FEES UTILITIES DIRECT MAIL	PROJECTS PRODUCTION EXPENSE MEDIA & PHOTOGRAPHY EXPENSE BANK FEES OFFICE INSURANCE OFFICE SUPPLIES COPIER EXPENSE TAXES	INFORMATION CENTER EXPENSES MISCELLANEOUS TOTALS

71302

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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 PART III FORM 990,

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

TOTAL

71302

STATEMENT

FORM 990, PART IV - INVESTMENTS - SECURITIES

	BEGINNING BOOK VALUE	ENDING BOOK VALUE
	191,410. NONE NONE	227,095.
TOTALS	191,410.	227,095.
	TOTALS	BOOK VALUE 191,410. NONE NONE

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

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	NONE	NONE	NONE	NONE	NONE NONE
CONTRI TO EM BENEFI					
COMPENSATION	NONE	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	PRESIDENT 20 HRS/WK	SECRETARY 2.5 HRS/WK	TREASURER 2.5 HRS/WK	TRUSTEE 5 HRS/WK	GRAND TOTALS
NAME AND ADDRESS	J.L. "SKIP" RUTHERFORD 5604 HAWTHORNE ROAD LITTLE ROCK, AR 72207	DAVID PRYOR INSTITUTE OF POLITICS / HARVARD 79 JFK STREET CAMBRIDGE, MA 02138	ANN JORDAN 2940 BENTON PLACE WASHINGTON, DC 20008	TERRY MCAULIFFE 7527 OLD DOMINION DRIVE MCLEAN, VA 22102	

71302

SCHEDULE A, PART IV-A - OTHER INCOME

	34,809. NONE NONE NONE	TION 2002 2001 2000 1999 TOTAL	TOTAL 34,809. 34,809.	1999 NONE	2000 NONE	O N E	34,809.	
--	------------------------	--------------------------------	---------------------------------	------------------	------------------	-------	---------	--

71302

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