

Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2004 calendar year, or tax year beginning 2004, and ending

B Check if applicable: C Name of organization WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION D Employer identification number 31-1580204 E Telephone number (501) 371-9544 F Accounting method: X Cash Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.CLINTONPRESIDENTIALCENTER.COM

J Organization type (check only one) X 501(c) (03) 4947(a)(1) or 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 64,537,428.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)**

**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 Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION</b>	Employer identification number <b>31-1580204</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 1104</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LITTLE ROCK, AR 72203</b>	

Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ SHANNON TANNER

Telephone No. ▶ 501 371-9544 FAX No. ▶ \_\_\_\_\_

- 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  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 08/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2004 or

▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_.

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 ..... \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Form section with fields: Name of Exempt Organization (WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION), Employer identification number (31-1580204), P.O. BOX 1104, LITTLE ROCK, AR 72203.

Check type of return to be filed (File a separate application for each return):

Form section with checkboxes for Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T(sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of SHANNON TANNER. Telephone No. 501 371-9544. FAX No. ... 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) ...

- I request an additional 3-month extension of time until 11/15/2005. For calendar year 2004, or other tax year beginning and ending. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period. State in detail why you need the extension.

ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

- 8a 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. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8c Balance Due. Subtract line 8b from line 8a. 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.

Signature: [Handwritten Signature] Title: CPA Date: 8/21/05

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested. Other

Director By: Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Form section with fields: Name (BKD, LLP), Number and street (include suite, room, or apt. no.) or a P.O. box number (P.O. BOX 3667), City or town, province or state, and country (including postal or ZIP code) (LITTLE ROCK, AR 72203-3667).

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Specific assistance, Benefits, Compensation, Other salaries and wages, Pension plan contributions, etc.

Joint Costs. Check [ ] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] 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 page 25 of the instructions.)

Table with 2 columns: Description of primary exempt purpose, Program Service Expenses. Row a: SEE ATTACHED STATEMENT 5A, (Grants and allocations \$ 45,331,227.) 53,204,918.

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .		<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	6,941,982.	<b>46</b>	3,546,686.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	<b>47c</b>	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees . . . . . (attach schedule) . . . . .		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	
	<b>54</b> Investments - securities (attach schedule) <b>\$TMT 6.</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	227,095.	<b>54</b>	648,723.
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b> 172,293.		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>	172,293.	
<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 115,324,204.			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 597,891.	<b>57c</b>	114,726,313.	
<b>58</b> Other assets (describe ► )		<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	78,900,974.	<b>59</b>	119,094,015.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>60</b>	
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . . <b>\$TMT 7.</b>		<b>64b</b>	38,479,870.
	<b>65</b> Other liabilities (describe ► )		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .		<b>66</b>	38,479,870.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	78,900,974.	<b>67</b>	80,614,145.
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	78,900,974.	<b>73</b>	80,614,145.	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	78,900,974.	<b>74</b>	119,094,015.	

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

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements . . . ▶	<b>a</b> 58,655,981.
<b>b</b> Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments . . . \$	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants . . . . \$	
(4) Other (specify):	
<u>STMT 8</u> \$ 934,039.	
Add amounts on lines (1) through (4) ▶	<b>b</b> 934,039.
<b>c</b> Line a minus line b . . . . . ▶	<b>c</b> 57,721,942.
<b>d</b> Amounts included on line 12, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 . . . \$	
(2) Other (specify):	
\$	
Add amounts on lines (1) and (2) . . ▶	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	<b>e</b> 57,721,942.

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

<b>a</b> Total expenses and losses per audited financial statements . . . . ▶	<b>a</b> 56,942,810.
<b>b</b> Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 . . . . \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):	
<u>STMT 9</u> \$ 934,039.	
Add amounts on lines (1) through (4) . ▶	<b>b</b> 934,039.
<b>c</b> Line a minus line b . . . . . ▶	<b>c</b> 56,008,771.
<b>d</b> Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 . . . \$	
(2) Other (specify):	
\$	
Add amounts on lines (1) and (2) . . ▶	<b>d</b>
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	<b>e</b> 56,008,771.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>SEE STATEMENT 10</b>		NONE	NONE	NONE

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule - see page 28 of the instructions.

Part VI Other Information (See page 3 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
	b If "Yes," enter the name of the organization <u>STMT 11</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions.	81 a	
	b Did the organization file Form 1120-POL for this year?	81 b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85 b	N/A
	c Dues, assessments, and similar amounts from members	85 c	N/A
	d Section 162(e) lobbying and political expenditures	85 d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
	h 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?	85 h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86 a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87 a	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.)	87 b	N/A
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	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>		
	b 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	89 b	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 Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90 b	28
91	The books are in care of <u>ANDREW KESSEL</u> Telephone no. <u>501-371-9544</u> Located at <u>301 E. MARKHAM, SUITE C, LITTLE ROCK, AR</u> ZIP + 4 <u>72201</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .			14	28,620.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	-4,707.	
101 Net income or (loss) from special events . . . . .			13	1,800.	
102 Gross profit or (loss) from sales of inventory . . . . .					-160,224.
103 Other revenue: a _____					
b <u>LIBRARY ADMISSIONS</u>					1,044.
c <u>LIST RENTAL</u>			13	108,085.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				133,798.	-159,180.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					-25,382.

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 page 34 of the instructions.)

Line No.	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).
102	REVENUE IS USED TO ALLOW THE ORGANIZATION TO MAINTAIN A PRESIDENTIAL ARCHIVE.
103B	REVENUE IS USED TO ALLOW THE ORGANIZATION TO MAINTAIN A PRESIDENTIAL ARCHIVE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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 best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

---

**Paid Preparer's Use Only**

Preparer's signature  Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W) **P00372863**

Firm's name (or yours if self-employed), address, and ZIP + 4 **BKD, LLP** EIN **44-0160260**

**P.O. BOX 3667** Phone no. **501-372-1040**

**LITTLE ROCK, AR 72203-3667**



**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

**2004**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION** Employer identification number **31-1580204**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>MARGARET A. WILLIAMS</u> 255 WEST 85TH ST, APT 11AB NEW YORK, NY 10024	CHIEF OF STAFF  40 HRS/WK	118,648.	NONE	NONE
<u>STEPHANIE S. STREETT</u> 1220 KAVANAUGH LITTLE ROCK, AR 72205	EXECUTIVE DIRECTOR  40 HRS/WK	112,000.	11,650.	NONE
<u>ERIC NONACS</u> 449A SACKETT STREET BROOKLYN, NY 11231	FOREIGN POLICY DIR  40 HRS/WK	100,000.	5,200.	NONE
<u>JAMES E KENNEDY</u> 1160 FIFTH AVENUE #104 NEW YORK, NY 10029	COMMUNICATIONS DIR  40 HRS/WK	107,731.	NONE	NONE
<u>SHANNON TANNER</u> 6518 ALLWOOD DRIVE NORTH LITTLE ROCK, AR 72118	DIR FINANCE & DEV  40 HRS/WK	80,000.	7,800.	NONE
Total number of other employees paid over \$50,000 ▶	14			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>CDI CONTRACTORS, INC</u> 3000 CANTRELL RD, LITTLE ROCK, AR 72202	CONSTRUCTION	3,403,755.
<u>PHELPS PROGRAM MANAGEMENT, LLC</u> 420 6TH AVE, GREELY, CO 80631	CONSULTING	3,073,212.
<u>DOYNE CONSTRUCTION CO., INC.</u> 719 N MAIN STREET, NORTH LITTLE ROCK, AR	CONSTRUCTION	3,963,855.
<u>MALTBIE, INC.</u> 708 FELLOWSHIP ROAD, MOUNT LAUREL, NJ	CONSTRUCTION	3,681,893.
<u>SUNDIAL MANAGEMENT &amp; CONSTRUCTION CORP</u> 1904 WRIGHT AVE., LITTLE ROCK, AR 72205	CONSTRUCTION	1,437,240.
Total number of others receiving over \$50,000 for professional services ▶	64	

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

Schedule A (Form 990 or 990-EZ) 2004

JSA

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include questions about lobbying activities, sale of property, lending of money, and grants for scholarships.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
5 A church, convention of churches, or association of churches.
6 A school.
7 A hospital or a cooperative hospital service organization.
8 A Federal, state, or local government or governmental unit.
9 A medical research organization operated in conjunction with a hospital.
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b A community trust.
12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions...
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).

Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)
JSA 4E1220 1.000 Schedule A (Form 990 or 990-EZ) 2004

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

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

Table with columns for years (a) 2003, (b) 2002, (c) 2001, (d) 2000, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23-25 Summary rows for lines 15-22; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

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

	Yes	No
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<b>31</b>	
-----		
-----		
-----		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (2004, 2003, 2002, 2001) and Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, and Grassroots nontaxable amount.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

Table for reporting lobbying activity with columns Yes, No, Amount. Rows list various activities: Volunteers, Paid staff or management, Media advertisements, Mailings, Publications, Grants, Direct contact, Rallies, and Total lobbying expenditures.

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
<b>a</b>	Transfers from the reporting organization to a noncharitable exempt organization of:		
(i)	Cash .....		<b>X</b>
(ii)	Other assets .....		<b>X</b>
<b>b</b>	Other transactions:		
(i)	Sales or exchanges of assets with a noncharitable exempt organization .....		<b>X</b>
(ii)	Purchases of assets from a noncharitable exempt organization .....		<b>X</b>
(iii)	Rental of facilities, equipment, or other assets .....		<b>X</b>
(iv)	Reimbursement arrangements .....		<b>X</b>
(v)	Loans or loan guarantees .....		<b>X</b>
(vi)	Performance of services or membership or fundraising solicitations .....		<b>X</b>
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....		<b>X</b>

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

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

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<b>N/A</b>		

**Schedule of Contributors**

**2004**

Supplementary Information for  
 line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization <b>WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION</b>	Employer identification number <b>31-1580204</b>
---	---

Organization type (check one):

**Filers of:**

**Section:**

- |                    |                                     |  |
|--------------------|-------------------------------------|--|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> | 501(c)(03) (enter number) organization   |
|                    | <input type="checkbox"/>            | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/>            | 527 political organization   |
| Form 990-PF        | <input type="checkbox"/>            | 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/>            | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/>            | 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION</b>	Employer identification number <b>31-1580204</b>
---	---

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>SEE ATTACHED STATEMENT 13</u>	<u>48,102,605.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>VARIOUS CONTRIBUTORS, ALL BELOW</u> <u>THE \$5,000 DISCLOSURE LIMIT</u>	<u>3,169,352.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		<u>9,740.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		<u>2,214,954.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		<u>2,790,472.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		<u>98,293.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization **WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION**

Employer identification number

31-1580204

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		50,513.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		101,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		104,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		5,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		462,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		22,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION**

Employer identification number

**31-1580204**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		25,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		129,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		172,293.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	NON-CASH BELOW DISCLOSURE	19,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		269,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION

Employer identification number

31-1580204

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	252 SHARES RELIANT STEEL STOCK	9,740.	06/29/2004
4	1,500 SHARES HOSPIRA INC 8,492 SHARES STATE STREET CORPORATION 12,999 SHARES REUTERS GROUP STOCK 31,618 SHARES MARSH & MELENNAN	2,214,954.	08/16/2004
5	38,000 SHARES KELLOGG CO. 7,008 SHARES ABBOTT LABS 15,320 SHARES ELI LILLY & COMPANY	2,790,472.	08/16/2004
6	4,062 SHARES HEARST ARGYLE TV	98,293.	08/31/2004
7	1,455 SHARES PIONEER NATURAL RESOURCES	50,513.	10/01/2004
8	2,300 SHARES CITIGROUP	101,255.	10/05/2004

Name of organization **WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION**

Employer identification number

**31-1580204****Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>9</u>	<u>5,423 SHARES CISCO SYSTEMS</u> _____ _____	<u>104,495.</u>	<u>11/12/2004</u>
<u>10</u>	<u>455 SHARES EVERGREEN HIGH GRADE TAX FREE FUND</u> _____ _____	<u>5,064.</u>	<u>12/06/2004</u>
<u>11</u>	<u>250,000 VOYAGER ENTERTAINMENT</u> <u>500,000 VOYAGER ENTERTAINMENT</u> _____ _____	<u>462,500.</u>	<u>VARIOUS</u>
<u>12</u>	<u>500 SHARES BANK OF AMERICA</u> _____ _____	<u>22,560.</u>	<u>12/09/2004</u>
<u>13</u>	<u>1,002 SHARES PHIZER</u> _____ _____	<u>25,028.</u>	<u>12/21/2004</u>
<u>14</u>	<u>652 SHARES GOOGLE</u> _____ _____	<u>129,144.</u>	<u>12/30/2004</u>

Name of organization WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION

Employer identification number

31-1580204

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	REAL ESTATE	172,293.	04/25/2004
		19,120.	
17	51,724 SHARES RAE SYSTEMS STOCK	269,936.	06/24/2004

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION -----	GROSS REVENUE -----	NET INCOME -----
SPECIAL EVENTS	1,800.	1,800.
TOTALS	1,800. =====	1,800. =====

FORM 990, PART I - COST OF GOODS SOLD

=====

INVENTORY AT BEGINNING OF YEAR .....	
PURCHASES .....	934,039.
SALARIES AND WAGES .....	
OTHER COSTS .....	
	-----
SUBTOTAL .....	934,039.
MINUS ENDING INVENTORY .....	
	-----
COST OF GOODS SOLD .....	934,039.
	=====

## FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
<u>GRANTS PAID</u>			
MILLER CENTER FOUNDATION 2201 OLD IVY ROAD CHARLOTTESVILLE, VA 22904	NONE EXEMPT	CHARITABLE	150,000.
NATIONAL ARCHIVES AND RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001	NONE EXEMPT	ENDOWMENT AND PARTIAL TRANSFER OF BUILDING	43,200,000.
CLINTON FOUNDATION AIDS INITIATIVE P.O. BOX 1104 LITTLE ROCK, AR 72203	SUPPORT ORGANIZATION EXEMPT	CHARITABLE	1,981,227.
		TOTAL CONTRIBUTIONS PAID	----- 45,331,227. =====



## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM, SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
REGISTRATION FEES	10,346.	NONE	NONE	10,346.
CONSULTING FEES	1,859,406.	1,326,475.	84,980.	447,951.
MEDIA & PHOTOGRAPHY EXPENSE	121,172.	60,586.	NONE	60,586.
BANK FEES	47,752.	NONE	47,752.	NONE
TAXES	26,353.	26,353.	NONE	NONE
SPECIAL EVENTS	2,102,965.	2,102,965.	NONE	NONE
SECURITY	40,972.	40,972.	NONE	NONE
MEMBERSHIP FEES	38,840.	38,840.	NONE	NONE
REPAIRS AND MAINTENANCE	8,003.	4,802.	2,401.	800.
OFFICE INSURANCE	12,229.	7,337.	3,669.	1,223.
OFFICE EQUIPMENT	38,489.	7,698.	7,698.	23,093.
MISCELLANEOUS	126,877.	121,898.	4,979.	NONE
TOTALS	4,433,404.	3,737,926.	151,479.	543,999.

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

PRESIDENT CLINTON ESTABLISHED THE WILLIAM J. CLINTON FOUNDATION WITH THE DUAL MISSIONS OF CONSTRUCTING AND ENDOWING THE CLINTON PRESIDENTIAL CENTER AND PARK IN LITTLE ROCK, ARKANSAS AND CONTINUING THE WORK OF HIS PRESIDENCY TO STRENGTHEN THE CAPACITY OF PEOPLE IN THE UNITED STATES AND THROUGHOUT THE WORLD TO MEET THE CHALLENGES OF GLOBAL INTERDEPENDENCE. TO ADVANCE THE MISSION THE FOUNDATION HAS DEVELOPED PROGRAMS AND PARTNERSHIPS IN THE FOLLOWING AREAS:

- ECONOMIC EMPOWERMENT
- HEALTH SECURITY WITH AN EMPHASIS ON HIV/AIDS
- RACIAL, ETHNIC AND RELIGIOUS RECONCILIATION
- LEADERSHIP DEVELOPMENT AND CITIZEN SERVICE

**WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

The dual missions of the William J. Clinton Foundation are to construct and support the William J. Clinton Presidential Center in Little Rock, Arkansas, and to strengthen the capacity of people in the United States and throughout the world to meet the challenges of global interdependency by developing programs and partnerships in the areas of (1) Economic Empowerment, (2) Health Security, (3) Racial, Ethnic and Religious Reconciliation, and (4) Leadership Development and Citizen Service. During 2004, the Foundation engaged in the following activities in support of its missions:

- Completed construction of and dedicated the **William J. Clinton Presidential Center**, which consists of the Clinton Presidential Library and Archives and the University of Arkansas Clinton School of Public Service. The Center was dedicated on November 18, 2004, in an event attended by President Bush and former Presidents Carter, Bush and Clinton.
- Worked with the **University of Arkansas Clinton School of Public Service (UACS)** to develop guest lecturers, public programs and practicum opportunities for UACS students. UACS received approval from the Arkansas Higher Education Coordinating Board for its degree and certificate programs in February, 2004, and began its public programs in the fall of 2004. In addition, UACS began recruiting its inaugural class for the fall of 2005.
- Expanded the **Clinton HIV/AIDS Initiative (CHAI)** into a number of new partner countries in the Caribbean, Africa, Asia and Eastern Europe. Together CHAI's partner countries represent more than 33% of all HIV/AIDS cases in Africa, 95% of all cases in the Caribbean, and 85% of cases in Asia. CHAI helps its partner countries plan and implement large-scale integrated prevention, care and treatment programs by providing technical assistance, mobilizing financial and human resources, negotiating antiretroviral drug agreements and facilitating the sharing of best practices.
- The **New York Small Business Initiative (SBI)** was launched in 2001 to provide long-term, individualized professional, technical and managerial assistance to selected small businesses in Harlem. In 2004, SBI was expanded from Harlem into the Bronx and Brooklyn. Since the programs inception, it has delivered significant benefits to local business owners, providing participants with the skills and tools needed to survive and compete in the changing economic landscape.
- The **Clinton Foundation Internship Programs** offers undergraduate and graduate students practical workplace experience and an opportunity to contribute to the development and implementation of Clinton Foundation programs. Interns are assigned to the Foundation offices in New York City and Little Rock and the offices of CHAI in Quincy, Massachusetts.

In addition to the above activities, the Clinton Foundation has worked in partnership with a number of other organizations to further its mission, including with the Robin Hood Foundation to urge eligible families to utilize the Earned Income Tax Credit program, with Operation Hope to expand its Financial Literacy Program in Harlem schools, with the Institute for Liberty and Democracy to develop a program in Ghana to establish a

**WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

legal framework in which real assets of the poor are converted to valuable capital, with the Club of Madrid to provide counsel and assistance to countries seeking to consolidate their democracies or taking the first steps toward building a democratic form of government, with the American University at Dubai to establish the Clinton Scholars Program, with the Rwandan government to memorialize the victims of the Rwandan genocide, with the International Peace Centre in Enniskillen, Northern Ireland, to promote peace and public service programs and activities, and with City Year to build a global network of young leaders trained and committed to building citizen service programs.

FORM 990, PART IV - INVESTMENTS - SECURITIES  
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
EQUITY SECURITIES	227,095.	648,723.
TOTALS	----- 227,095. =====	----- 648,723. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE  
=====

LENDER: TITANIUM ACQUISITION CORPORATION  
 ORIGINAL AMOUNT: 10,000,000.  
 INTEREST RATE: 2.480000  
 DATE OF NOTE: 12/14/2004  
 MATURITY DATE: 03/14/2005  
 REPAYMENT TERMS: PRINCIPAL AND INTEREST PAYABLE AT MATURITY  
 SECURITY PROVIDED: NONE  
 PURPOSE OF LOAN: SHORT-TERM FINANCING  
 ENDING BALANCE DUE ..... 10,000,000.  
 -----

LENDER: METROPOLITAN NATIONAL BANK  
 ORIGINAL AMOUNT: 1,980,000.  
 INTEREST RATE: 4.950000  
 DATE OF NOTE: 02/20/2004  
 MATURITY DATE: 01/20/2009  
 REPAYMENT TERMS: ONLY INTEREST PAYABLE UNTIL 2/20/2005  
 SECURITY PROVIDED: PROPERTY  
 PURPOSE OF LOAN: MUSEUM STORE REMODEL  
 ENDING BALANCE DUE ..... 1,980,000.  
 -----

LENDER: BANK OF AMERICA- LINE OF CREDIT  
 ORIGINAL AMOUNT: 26,499,870.  
 INTEREST RATE: 4.170000  
 DATE OF NOTE: 02/20/2004  
 MATURITY DATE: 05/15/2006  
 REPAYMENT TERMS: PRINCIPAL AND INTEREST PAYABLE 5/15/2006  
 SECURITY PROVIDED: PLEDGES RECEIVABLE  
 PURPOSE OF LOAN: CONSTRUCTION  
 ENDING BALANCE DUE ..... 26,499,870.  
 -----

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE ..... 38,479,870.  
 =====

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

DESCRIPTION	AMOUNT
-----	-----
MUSEUM STORE COST OF GOODS SOLD NETTED WITH SALES PER RETURN INCLUDED WITH EXPENSES PER BOOK	934,039.
TOTAL	----- 934,039. =====

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

DESCRIPTION	AMOUNT
-----	-----
MUSEUM STORE COST OF GOODS SOLD NETTED WITH SALES PER RETURN INCLUDED IN EXPENSES PER BOOK	934,039.
TOTAL	----- 934,039. =====



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
J.L. "SKIP" RUTHERFORD P.O. BOX 1104  LITTLE ROCK, AR 72203	PRESIDENT 20 HR/WEEK	NONE	NONE	NONE
SENATOR DAVID PRYOR P.O. BOX 1104  LITTLE ROCK, AR 72203	TREASURER 1 HR/WEEK	NONE	NONE	NONE
ANN JORDAN P.O. BOX 1104  LITTLE ROCK, AR 72203	VICE-PRESIDENT 1 HR/WEEK	NONE	NONE	NONE
TERENCE MCAULIFFE P.O. BOX 1104  LITTLE ROCK, AR 72203	TRUSTEE 5 HRS/WEEK	NONE	NONE	NONE
CHERYL MILLS P.O. BOX 1104  LITTLE ROCK, AR 72203	TRUSTEE 1 HR/WEEK	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS  
=====

CLNTON FOUNDATION HIV/AIDS INITIATIVE, INC.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2003	2002	2001	2000	TOTAL
ROYALTIES	34,001.	34,809.	NONE	NONE	68,810.
TOTALS	34,001.	34,809.	NONE	NONE	68,810.

WILLIAM J. CLINTON FOUNDATION  
 31-1580204  
 SCHEDULE B DETAIL

NAME	ADDRESS	DATE OF CONTRIBUTION	AMOUNT
		10/22/2004	300,000
		8/9/2004	5,000
		10/26/2004	125,000
		10/27/2004	10,000
		10/29/2004	100,000
		2/12/2004	75,000
		11/11/2004	100,000
		1/3/2004	3,475
		11/1/2004	100,000
		10/26/2004	100,000
		2/20/2004	20,000
		8/9/2004	50,000
		11/6/2004	25,000
		9/27/2004	25,000
		6/29/2004	10,000
		8/29/2004	10,000
		8/29/2004	10,000,000
		8/1/2004	5,000
		11/2/2004	10,000
		11/15/2004	100,000
		4/16/2004	5,000
		9/23/2004	10,000
		7/2/2004	25,000
		8/2/2004	5,000
		2/3/2004	100,000
		10/29/2004	200,000
		10/29/2004	100,000
		6/30/2004	10,000
		11/16/2004	150,000
		10/28/2004	200,000
		6/22/2004	10,000
		4/8/2004	100,000
		6/25/2004	400,000
		5/11/2004	50,000
		6/27/2004	50,000
		11/10/2004	150,000
		12/9/2004	10,100
		10/26/2004	20,000
		11/16/2004	100,000
		10/16/2004	10,000
		11/10/2004	575,000
		4/8/2004	10,000
		10/26/2004	100,000
		11/15/2004	100,000
		11/12/2004	100,000
		3/6/2004	100,000
		12/1/2004	72,500
		12/1/2004	5,000
		12/1/2004	250,165
		10/30/2004	100,000
		2/27/2004	20,000
		5/1/2004	10,000
		3/23/2004	20,000
		7/30/2004	10,000
		1/16/2004	112,500
		10/26/2004	15,000
		7/9/2004	10,000
		11/15/2004	5,000
		5/16/2004	5,000
		6/23/2004	10,000
		6/30/2004	5,000
		7/29/2004	10,000
		10/25/2004	100,000
		3/2/2004	10,000
		4/7/2004	50,000
		10/26/2004	50,000
		2/26/2004	50,000
		12/14/2004	50,000
		9/16/2004	5,000

WILLIAM J. CLINTON FOUNDATION  
 31-1580204  
 SCHEDULE B DETAIL

NAME	ADDRESS	DATE OF CONTRIBUTION	AMOUNT
		12/9/2004	6,000
		11/30/2004	50,000
		11/9/2004	6,300
		6/14/2004	10,000
		6/23/2004	10,000
		10/1/2004	50,000
		8/18/2004	5,000
		11/15/2004	45,000
		5/11/2004	15,000
		6/22/2004	5,000
		2/23/2004	50,000
		12/20/2004	10,000
		12/9/2004	100,000
		11/17/2004	150,000
		12/10/2004	18,000
		7/2/2004	500,000
		8/3/2004	1,000,000
		4/19/2004	5,000
		8/31/2004	5,000
		3/23/2004	10,000
		6/29/2004	5,000
		8/23/2004	10,000
		3/24/2004	5,000
		3/31/2004	5,000
		10/28/2004	5,000
		4/8/2004	10,000
		1/25/2004	112,500
		3/22/2004	100,000
		6/30/2004	10,000
		8/24/2004	10,000
		10/19/2004	50,000
		4/29/2004	5,000,000
		12/19/2004	10,000
		7/9/2004	10,000
		4/9/2004	10,000
		6/22/2004	1,999,990
		11/15/2004	250,000
		8/31/2004	50,000
		11/15/2004	75,000
		8/14/2004	280,000
		11/15/2004	280,000
		11/15/2004	125,000
		12/10/2004	172,500
		11/12/2004	60,850
		11/12/2004	5,000
		7/19/2004	5,000
		11/12/2004	30,000
		11/18/2004	10,000
		10/18/2004	10,000
		5/11/2004	116,500
		7/20/2004	10,000
		10/29/2004	25,000
		11/1/2004	200,000
		10/5/2004	25,000
		9/2/2004	10,000
		7/14/2004	5,000
		6/27/2004	5,000
		10/12/2004	100,000
		7/19/2004	5,000
		5/13/2004	5,000
		4/27/2004	1,050,000
		5/14/2004	100,000
		7/7/2004	5,000
		12/17/2004	10,000
		3/12/2004	6,100
		1/12/2004	10,000
		5/12/2004	99,371
		7/9/2004	5,000
		6/9/2004	13,000

WILLIAM J. CLINTON FOUNDATION  
 31-1580204  
 SCHEDULE B DETAIL

NAME	ADDRESS	DATE OF CONTRIBUTION	AMOUNT
		11/12/2004	50,000
		7/9/2004	10,000
		8/29/2004	250,000
		7/1/2004	10,000
		1/21/2004	50,000
		11/16/2004	200,000
		4/7/2004	200,000
		7/13/2004	45,000
		11/1/2004	50,000
		11/5/2004	45,000
		11/8/2004	25,000
		10/12/2004	50,000
		11/25/2004	10,000
		9/28/2004	40,100
		11/11/2004	100,000
		7/7/2004	10,000
		6/4/2004	250,000
		12/21/2004	100,000
		5/16/2004	5,000
		6/23/2004	10,000
		8/20/2004	100,000
		9/30/2004	250,000
		5/18/2004	5,000
		5/14/2004	5,000
		7/9/2004	10,000
		11/24/2004	100,000
		7/20/2004	5,000
		2/26/2004	50,000
		7/9/2004	10,000
		6/23/2004	20,000
		6/28/2004	40,175
		11/11/2004	5,000
		4/25/2004	250,000
		4/30/2004	200,000
		7/22/2004	5,250
		11/22/2004	6,000
		7/21/2004	10,000
		10/19/2004	100,000
		10/9/2004	10,000
		6/29/2004	20,000
		2/8/2004	10,000
		2/2/2004	10,000
		11/11/2004	100,000
		11/10/2004	200,000
		8/10/2004	15,000
		10/25/2004	25,000
		1/6/2004	500,000
		6/11/2004	5,000
		7/21/2004	5,000
		6/29/2004	5,000
		8/26/2004	10,000
		7/14/2004	500,035
		3/16/2004	135,000
		12/29/2004	10,000
		6/29/2004	10,000
		11/23/2004	25,000
		3/2/2004	9,044
		6/30/2004	10,000
		7/9/2004	10,000
		6/30/2004	10,000
		6/20/2004	100,000
		12/14/2004	15,000
		9/27/2004	50,000
		11/9/2004	50,000
		6/30/2004	10,000
		10/25/2004	50,000
		5/12/2004	25,000
		7/19/2004	10,000
		11/22/2004	16,500

WILLIAM J. CLINTON FOUNDATION  
 31-1580204  
 SCHEDULE B DETAIL

NAME	ADDRESS	DATE OF CONTRIBUTION	AMOUNT
		9/28/2004	5,000
		11/8/2004	25,000
		11/4/2004	100,000
		7/27/2004	5,000
		12/16/2004	6,035
		11/5/2004	100,000
		6/7/2004	25,000
		5/20/2004	5,000
		6/22/2004	50,000
		10/27/2004	50,000
		9/10/2004	5,000
		8/13/2004	10,000
		10/29/2004	3,000,000
		10/29/2004	50,000
		5/16/2004	10,000
		2/3/2004	30,000
		6/22/2004	112,500
		7/22/2004	10,000
		1/29/2004	1,000,000
		3/15/2004	10,000
		12/10/2004	50,000
		6/9/2004	499,960
		6/22/2004	10,000
		1/22/2004	5,000
		1/9/2004	10,000
		10/22/2004	100,000
		10/25/2004	50,000
		5/29/2004	100,000
		6/29/2004	10,000
		8/4/2004	12,000
		12/20/2004	25,000
		10/26/2004	10,000
		2/4/2004	10,000
		2/5/2004	200,000
		3/2/2004	5,000
		10/12/2004	10,000
		11/15/2004	100,000
		11/29/2004	750,000
		7/1/2004	10,000
		10/25/2004	10,000
		12/21/2004	250,000
		5/18/2004	50,000
		3/15/2004	10,000
		1/15/2004	20,000
		2/26/2004	20,000
		4/22/2004	250,000
		3/4/2004	112,500
		9/9/2004	1,000,000
		3/23/2004	15,000
		7/21/2004	5,000
		2/26/2004	100,000
		9/22/2004	5,000
		10/27/2004	100,000
		6/25/2004	5,000
		1/12/2004	270,000
		7/22/2004	5,000
		12/23/2004	1,000,000
		12/20/2004	100,000
		11/16/2004	1,049,870
		11/16/2004	200,000
		2/19/2004	989,990
		4/27/2004	300,200
		6/22/2004	10,000
		11/15/2004	5,000
		11/14/2004	10,000
		2/12/2004	50,000
		6/13/2004	420,000
		12/23/2004	19,500
		4/20/2004	14,900

WILLIAM J. CLINTON FOUNDATION  
 31-1580204  
 SCHEDULE B DETAIL

NAME	ADDRESS	DATE OF CONTRIBUTION	AMOUNT
		2/9/2004	10,000
		6/2/2004	5,000
		5/15/2004	5,000
		12/10/2004	25,000
		12/16/2004	6,000
		10/11/2004	10,000
		11/1/2004	100,000
		3/15/2004	100,000
		11/16/2004	101,627
		8/12/2004	3,000,000
		11/19/2004	100,000
			<b>\$ 48,102,605</b>