

Taxpayer Copy

WILLIAM J. CLINTON FOUNDATION
Form 990
Tax Year 2005



400 W. Capitol Avenue, Suite 2500 ▪ P.O. Box 3667 ▪ Little Rock, AR 72203-3667 ▪ 501 372-1040

INSTRUCTIONS FOR FILING
WILLIAM J. CLINTON FOUNDATION
FORM 990 WITH SCH. A - EXEMPT UNDER 501(C) (3)
FOR THE PERIOD ENDED DECEMBER 31, 2005

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2006
WITH...

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

THE RETURN SHOULD BE SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED
MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE
DELIVERY SERVICE.

REPORTABLE TRANSACTIONS . . .

BEFORE PREPARING YOUR TAX RETURN, WE PROVIDED YOU WITH ACCESS TO A
SUMMARY OF TRANSACTIONS IDENTIFIED BY THE U. S. TREASURY AS
REPORTABLE TRANSACTIONS. THE LAW PROVIDES FOR A PENALTY AS HIGH
AS \$200,000 PER TRANSACTION FOR FAILURE TO ADEQUATELY DISCLOSE ANY
OF THEM ON YOUR TAX RETURN IF APPLICABLE. UNLESS YOU NOTIFIED US
OTHERWISE, YOUR TAX RETURN WAS PREPARED WITH THE ASSUMPTION YOU
HAVE NOT ENGAGED IN ANY REPORTABLE TRANSACTION. OTHERWISE, WE
HAVE PREPARED YOUR TAX RETURN IN ACCORDANCE WITH THE INFORMATION
YOU PROVIDED TO US AND HAVE ATTACHED THE APPROPRIATE DISCLOSURE
STATEMENT TO YOUR TAX RETURN. WE ARE NOT LIABLE FOR ANY PENALTIES
RESULTING FROM YOUR FAILURE TO PROVIDE US WITH ACCURATE AND TIMELY

INFORMATION ABOUT SUCH TRANSACTIONS OR TO TIMELY FILE THE REQUIRED DISCLOSURE STATEMENTS. IF YOU HAVE ANY QUESTIONS ABOUT REPORTABLE TRANSACTIONS, PLEASE CONTACT US BEFORE FILING YOUR RETURN.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2005, or fiscal year beginning _____, 2005, and ending _____, 20__

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2005

Return ID (20-digit number) ▶ **20051234D6R0IB**

Name of exempt organization WILLIAM J. CLINTON FOUNDATION	Employer identification number 31-1580204
Name and title of officer	

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>82434760.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) 4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BKD LLP to enter my PIN

7	2	2	0	3
---	---	---	---	---

 as my signature

ERO firm name

do not enter all zeros

on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

7	2	2	0	3					
---	---	---	---	---	--	--	--	--	--

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2005 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4206**, Information for Authorized IRS e-file Providers for Exempt Organization Filings.

ERO's signature ▶ _____ Date ▶ 10/01/2006

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

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)

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning, 2005, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization WILLIAM J. CLINTON FOUNDATION
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 1104
City or town, state or country, and ZIP + 4
LITTLE ROCK, AR 72203

D Employer identification number 31-1580204
E Telephone number (501) 371-9544
F Accounting method: 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).

H and I are not applicable to section 527 organizations.

G Website: WWW.CLINTONPRESIDENTIALCENTER.COM
J Organization type (check only one) 501(c)(03)

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 93,997,131.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, and net assets at beginning and end of year.

COPY FOR PUBLIC INSPECTION

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

Form 990 (2005)

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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 205,555, noncash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	205,555.	205,555.	STMT 9	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	511,161.	383,371.	102,232.	25,558.
26	Other salaries and wages	2,055,685.	1,541,764.	411,137.	102,784.
27	Pension plan contributions	72,795.	54,596.	14,559.	3,640.
28	Other employee benefits	180,197.	135,148.	36,039.	9,010.
29	Payroll taxes	194,226.	145,670.	38,845.	9,711.
30	Professional fundraising fees	530,000.			530,000.
31	Accounting fees	59,584.		59,584.	
32	Legal fees	102,750.		102,750.	
33	Supplies	210,276.	131,170.	49,436.	29,670.
34	Telephone	194,545.	116,727.	48,636.	29,182.
35	Postage and shipping	457,265.	236,732.	39,062.	181,471.
36	Occupancy	671,406.	584,657.	72,231.	14,518.
37	Equipment rental and maintenance	27,898.	16,739.	6,974.	4,185.
38	Printing and publications	90,901.	45,991.	6,525.	38,385.
39	Travel	3,152,138.	3,041,479.	63,234.	47,425.
40	Conferences, conventions, and meetings				
41	Interest	1,602,431.	1,578,395.	24,036.	
42	Depreciation, depletion, etc. (attach schedule)	3,609,502.	3,555,359.	54,143.	
43	Other expenses not covered above (itemize):				
a	STMT 10	12,388,776.	10,179,517.	511,210.	1,698,049.
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	26,317,091.	21,952,870.	1,640,633.	2,723,588.

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 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 IV Balance Sheets (See the instructions.)

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	3,546,686.	46 32,676,188.
	47a Accounts receivable	47a 367,788.	
	b Less: allowance for doubtful accounts	47b	47c 367,788.
	48a Pledges receivable	48a 21,876,486.	
	b Less: allowance for doubtful accounts	48b 6,151,412.	48c 15,725,074.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51a Other notes and loans receivable (attach schedule)	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52 744,112.
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities (attach schedule) STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	648,723.	54 384,564.
	55a Investments - land, buildings, and equipment: basis	55a NONE	
	b Less: accumulated depreciation (attach schedule)	55b 172,293.	55c NONE
56 Investments - other (attach schedule)		56	
57a Land, buildings, and equipment: basis	57a 135,275,477.		
b Less: accumulated depreciation (attach schedule)	57b 4,233,337.	57c 131,042,140.	
58 Other assets (describe <input type="checkbox"/>)		58	
59 Total assets (must equal line 74). Add lines 45 through 58.	119,094,015.	59 180,939,866.	
Liabilities	60 Accounts payable and accrued expenses	NONE	60 2,362,683.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule) STMT 13	38,479,870.	64b 16,825,440.
	65 Other liabilities (describe <input type="checkbox"/>)		65
66 Total liabilities. Add lines 60 through 65.	38,479,870.	66 19,188,123.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	80,614,145.	67 119,536,109.
	68 Temporarily restricted		68 42,115,634.
	69 Permanently restricted		69 100,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	80,614,145.	73 161,751,743.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	119,094,015.	74 180,939,866.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 5
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
d Does the organization have a written conflict of interest policy?

Table with 3 columns: Question, Yes, No. Rows 75a-75d with 'X' marks in Yes/No columns.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 shows -0- in all columns.

Part VI Other Information (See the instructions.)

- 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . STMT. 17 .
If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a 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?
b If "Yes," enter the name of the organization CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC. and check whether it is [X] exempt or [] nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a
b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question, Yes, No. Rows 76-81b with 'X' marks in Yes/No columns.

Part VI Other Information (continued)

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? 82a 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.) 82b
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g 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? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(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.) 87b 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 N/A; section 4912 N/A; section 4955 N/A
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 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 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 SEE STATEMENT 18
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 42
91 a The books are in care of ANDREW KESSEL Telephone no. 501-371-9544
Located at 301 E. MARKHAM, SUITE C LITTLE ROCK, AR ZIP + 4 72201
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X
If "Yes," enter the name of the foreign country SEE ATTACHED LIST OF COUNTRIES - STATEMENT 3
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country SEE ATTACHED LIST OF COUNTRIES - STATEMENT 3
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 92 N/A

Part VII Analysis of Income-Producing Activities (See 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	244,129.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			17	627,588.	
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	-115,146.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					1,068,011.
103 Other revenue: a _____					
b LIBRARY ADMISSIONS					448,198.
c LIST RENTAL			13	69,785.	
d MISCELLANEOUS			01	43,804.	
e _____					
104 Subtotal (add columns (B), (D), and (E))				870,160.	1,516,209.
105 Total (add line 104, columns (B), (D), and (E))					2,386,369.

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 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).
▼	STMT 19

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	
BKD, LLP P.O. BOX 3667 LITTLE ROCK, AR 72203-3667	44-0160260	501-372-1040	P00372843

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 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**

OMB No. 1545-0047

2005

Name of the organization

WILLIAM J. CLINTON 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
SEE STATEMENT 20				
Total number of other employees paid over \$50,000 . . ▶	13			

Part II-A 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
SEE STATEMENT 21		
Total number of others receiving over \$50,000 for professional services ▶	14	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 22		
Total number of other contractors receiving over \$50,000 for other services ▶	9	

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

Schedule A (Form 990 or 990-EZ) 2005

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

Table with 4 columns: Question, Yes, No. Rows include questions about lobbying activities, property transactions, grants, and donor accounts.

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

Form for Part IV with checkboxes for reasons like church, school, hospital, government unit, etc. Includes a table for supported organizations with columns for name and line number.

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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

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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (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 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 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
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 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.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	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:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40	41	
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2005

Name of organization

WILLIAM J. CLINTON FOUNDATION

Employer identification number

31-1580204

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization WILLIAM J. CLINTON 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
		5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		4,273,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		3,999,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		3,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		46,167,890.	Person <input checked="" 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 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
		4,318,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		41,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		10,028,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		68,097.	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.)
			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 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
	VARIOUS STOCKS, SEE STATEMENT 4 FOR DETAILED LIST OF STOCKS CONTRIBUTED.	\$ 10,028,614.	08/01/2005
		\$ 68,097.	VARIOUS
		\$	
		\$	
		\$	
		\$	
		\$	

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

PROGRAM SERVICES

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE MISSION OF THE WILLIAM J. CLINTON FOUNDATION IS TO STRENGTHEN THE CAPACITY OF PEOPLE IN THE UNITED STATES AND THROUGHOUT THE WORLD TO MEET THE CHALLENGES OF GLOBAL INTERDEPENDENCE. TO ADVANCE THIS MISSION, THE CLINTON FOUNDATION HAS DEVELOPED PROGRAMS AND PARTNERSHIPS IN THE FOLLOWING AREAS:

- HEALTH SECURITY
- ECONOMIC EMPOWERMENT
- LEADERSHIP DEVELOPMENT AND CITIZEN SERVICE
- RACIAL, ETHNIC AND RELIGIOUS RECONCILIATION

DURING 2005, THE FOUNDATION ENGAGED IN THE FOLLOWING ACTIVITIES IN SUPPORT OF ITS MISSION:

THE CLINTON GLOBAL INITIATIVE (CGI), A NONPARTISAN GATHERING OF GLOBAL LEADERS TO DEVISE AND IMPLEMENT IMMEDIATE, PRACTICAL SOLUTIONS OF SOME OF THE WORLD'S MOST PRESSING CHALLENGES, HELD ITS INAUGURAL MEETING IN SEPTEMBER, 2005. 35 CURRENT AND 10 FORMER HEADS OF STATE ATTENDED CGI 2005, ALONG WITH BUSINESS AND NONPROFIT LEADERS FROM 69 COUNTRIES, RESULTING IN OVER 300 COMMITMENTS, VALUED AT OVER \$2.5 BILLION, TO ADDRESS GLOBAL POVERTY, RELIGIOUS CONFLICT AND RECONCILIATION, GOOD GOVERNANCE, AND CLIMATE CHANGE.

THE CLINTON FOUNDATION HIV/AIDS INITIATIVE (CHAI) EXPANDED ITS PROCUREMENT CONSORTIUM, WHICH OBTAINS LIFE-SAVING AIDS MEDICINES FOR OVER 50 DEVELOPING NATIONS AT A SUBSTANTIALLY REDUCED PRICE. CHAI WORKED TO DELIVER TREATMENTS TO CHILDREN AND PEOPLE IN RURAL AREAS, TWO GROUPS THAT HAVE BEEN TERRIBLY NEGLECTED, BUT DESPERATELY NEED OUR HELP. WORKING IN CLOSE PARTNERSHIP WITH GOVERNMENTS, OTHER NON-GOVERNMENTAL ORGANIZATIONS, AND THE PRIVATE SECTOR, CHAI STRIVES TO MAKE TREATMENT FOR HIV/AIDS MORE AFFORDABLE AND TO IMPLEMENT LARGE-SCALE INTEGRATED CARE, TREATMENT, AND PREVENTION PROGRAMS THAT ARE HELPING TO TURN THE TIDE OF THE PANDEMIC.

BY PARTNERING WITH THE AMERICAN HEART ASSOCIATION IN 2005 TO CREATE THE ALLIANCE FOR A HEALTHIER GENERATION, THE FOUNDATION TOOK CONCRETE ACTION TO REVERSE THE DEADLY TREND OF CHILDHOOD OBESITY IN THE UNITED STATES. THE ALLIANCE RAISED AWARENESS ABOUT NUTRITION AND EXERCISE AMONG YOUNG PEOPLE, PARENTS, AND SCHOOLS, AND ENGAGED INDUSTRY LEADERS SUCH AS SOFT DRINK MANUFACTURERS TO PROVIDE HEALTHIER CHOICES FOR KIDS.

THE URBAN ENTERPRISE INITIATIVE (UEI), FORMERLY CALLED THE SMALL BUSINESS INITIATIVE, WAS LAUNCHED BY THE FOUNDATION IN 2001 TO OFFER TECHNICAL AND MANAGERIAL SUPPORT TO LOCAL ENTREPRENEURS. THE PROGRAM

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

BEGAN WITH A PILOT PROGRAM FOR TEN SMALL BUSINESSES IN HARLEM, AND LATER EXPANDED TO THE NEW YORK BOROUGHES OF BROOKLYN AND THE BRONX. CONSULTING TEAMS ASSISTED IN CRITICAL AREAS SUCH AS ACCOUNTING, FINANCIAL MANAGEMENT, MARKETING, INFORMATION TECHNOLOGY AND HUMAN RESOURCES. TO DATE THE PROGRAM HAS PROVIDED MORE 50,000 HOURS OF PRO-BONO TECHNICAL ASSISTANCE - VALUED AT MORE THAN \$10 MILLION IN PROFESSIONAL SERVICE FEES. 2005 ALSO SAW THE COMPLETION OF A MARKET STUDY OF HARLEM CREATED TO HELP PARTICIPATING ENTREPRENEURS BETTER UNDERSTAND THE NEEDS OF THEIR CUSTOMERS.

THE WILLIAM J. CLINTON PRESIDENTIAL CENTER DREW OVER 500,000 GUESTS IN 2005 FROM ALL 50 STATES AND DOZENS OF FOREIGN NATIONS. THE FACILITY FEATURES 20,000 SQUARE FEET OF MUSEUM SPACE, AND POPULAR EXHIBITS INCLUDE AN INTERACTIVE TIMELINE CHRONICLING PRESIDENT CLINTON'S ADMINISTRATION AND A FULL-SCALE REPLICA OF THE OVAL OFFICE. IN ADDITION TO TELLING THE STORY OF THE CLINTON ADMINISTRATION, THE LIBRARY HOSTS A VARIETY OF CULTURAL EVENTS, INCLUDING CONCERTS, LECTURES, AND SPECIAL EXHIBITS THROUGHOUT THE YEAR, MAKING IT ONE OF THE MOST POPULAR EVENT VENUES IN ARKANSAS.

IN 2005, THE UNIVERSITY OF ARKANSAS CLINTON SCHOOL OF PUBLIC SERVICE WELCOMED ITS FIRST CLASS OF TALENTED AND DIVERSE STUDENTS. THE SCHOOL, LOCATED ON THE GROUNDS OF THE CLINTON PRESIDENTIAL CENTER, BUILDS LEADERSHIP IN CIVIC ENGAGEMENT AND CITIZEN SERVICE BY ENHANCING THE STUDENTS' CAPACITY TO WORK ACROSS DISCIPLINARY, RACIAL, ETHNIC, AND GEOGRAPHICAL BOUNDARIES. THE MASTER OF PUBLIC SERVICE DEGREE PROGRAM CONSISTS OF 22 CLASSROOM CREDIT HOURS AND 14 PUBLIC SERVICE PROJECT CREDIT HOURS.

THE CLINTON FOUNDATION INTERNSHIP PROGRAM OFFERS UNDERGRADUATE AND GRADUATE STUDENTS PRACTICAL WORKPLACE EXPERIENCE AND AN OPPORTUNITY TO CONTRIBUTE TO THE DEVELOPMENT AND IMPLEMENTATION OF CLINTON FOUNDATION PROGRAMS.

IN ADDITION TO THE ABOVE ACTIVITIES, THE CLINTON FOUNDATION HAS WORKED IN PARTNERSHIP WITH A NUMBER OF OTHER ORGANIZATIONS TO FURTHER ITS MISSION.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FOREIGN BANK ACCOUNTS AND OFFICES
PART VI, QUESTIONS 91B & 91C

FOREIGN COUNTRIES IN WHICH A BANK ACCOUNT AND OFFICE WAS MAINTAINED:

CAMBODIA
CHINA
DOMINICAN REPUBLIC
INDIA
KENYA
LESOTHO
MOZAMBIQUE
RWANDA
SOUTH AFRICA
TANZANIA
OECS (ST. LUCIA)

FORM 990 - GENERAL EXPLANATION ATTACHMENT

STOCKS CONTRIBUTED
SCHEDULE B, PART III

THE FOLLOWING STOCKS WERE CONTRIBUTED

# SHARES	NAME OF STOCK	VALUE
16,407	CINTAS CORP	728,963.
18,857	CITIGROUP	824,051.
8,921	COCA COLA	391,364.
19,200	COLGATE-PALMOLIVE	1,018,560.
23,000	HOME DEPOT	985,780.
17,800	KELLOGG CO	801,000.
16,000	LOWES COMPANIES	1,057,760.
2,500	NOKIA CORP	39,825.
32,000	COMMERCE BANCORP	1,080,640.
7,318	COSTCO WHOLESALE	333,994.
20,000	ELECTRONIC DATA SYS	413,400.
8,700	EMERSON ELECTRIC	572,460.
14,220	EQUITY RESIDENTIAL	571,075.
11,400	GENERAL MILLS	539,334.
9,400	GUIDANT CORP	670,408.
	TOTAL	\$10,028,614.

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES
=====

DESCRIPTION -----	AMOUNT -----
MUSEUM STORE SALES	2,130,554.
TOTAL	----- 2,130,554. =====

FORM 990, PART I - COST OF GOODS SOLD

=====

INVENTORY AT BEGINNING OF YEAR	NONE
PURCHASES	1,806,655.
SALARIES AND WAGES	
OTHER COSTS	

SUBTOTAL	1,806,655.
MINUS ENDING INVENTORY	744,112.

COST OF GOODS SOLD	1,062,543.
	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION	AMOUNT
-----	-----
CHANGE IN UNREALIZED GAIN/LOSS	116,981.
SECTION 481(A) ADJUSTMENT	25,544,449.

TOTAL	25,661,430.
	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION	AMOUNT
-----	-----
TRANSFER OF FUNDS FROM HIV/AIDS FDNTN.	641,501.
TOTAL	-----
	641,501.
	=====

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
-----	-----	-----	-----
GRANTS PAID =====			
MILLER CENTER FOUNDATION 2201 OLD IVY ROAD CHARLOTTESVILLE, VA 22904	NONE EXEMPT	CHARITABLE	172,700.
CLINTON FOUNDATION AIDS INITIATIVE P.O. BOX 1104 LITTLE ROCK, AR 72203	SUPPORT ORGANIZATION EXEMPT	CHARITABLE	17,855.
BUSH-CLINTON KATRINA FUND	NONE EXEMPT	CHARITABLE	15,000.
		TOTAL CONTRIBUTIONS PAID	----- 205,555. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
PROV FOR UNCOLLECTIBLE PLEDGES	110,718.	399.	1,661.	108,658.
CONSULTING FEES	1,669,745.	388,879.	353,579.	927,287.
REPAIRS AND MAINTENANCE	629,845.	542,720.	87,125.	
OTHER FUNDRAISING	463,994.			463,994.
MEDIA & PHOTOGRAPHY EXPENSE	108,452.	50,539.		57,913.
BANK FEES	102,061.	51,281.	330.	50,450.
MINOR OFFICE EQUIPMENT	72,441.	51,912.	12,954.	7,575.
EVENT EXPENSE	580,867.	528,973.	34,255.	17,639.
LIBRARY ADMISSIONS	64,501.	64,501.		
SECURITY	88,209.	74,978.	13,231.	
MISCELLANEOUS EXPENSE	185,405.	112,797.	8,075.	64,533.
CLINTON GLOBAL INITIATIVE CONF	8,312,538.	8,312,538.		
TOTALS	12,388,776.	10,179,517.	511,210.	1,698,049.

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

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
EQUITY SECURITIES	648,723.	181,750.
CERTIFICATES OF DEPOSIT	NONE	100,000.
ENDOWMENTS	NONE	102,814.
	-----	-----
TOTALS	648,723.	384,564.
	=====	=====

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

BEGINNING BALANCE DUE 10,000,000.
 ENDING BALANCE DUE NONE

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

BEGINNING BALANCE DUE 1,980,000.
 ENDING BALANCE DUE 1,925,440.

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

BEGINNING BALANCE DUE 26,499,870.
 ENDING BALANCE DUE 14,900,000.

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

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 16,825,440.
 =====

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	1,062,543.
TOTAL	----- 1,062,543. =====

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	1,062,543.
TOTAL	1,062,543.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JAMES L. "SKIP" RUTHERFORD P.O. BOX 1104 LITTLE ROCK, AR 72203	DIRECTOR 2			
TERENCE MCAULIFFE P.O. BOX 1104 LITTLE ROCK, AR 72203	DIRECTOR 2			
CHERYL MILLS P.O. BOX 1104 LITTLE ROCK, AR 72203	DIRECTOR 2			
BRUCE R. LINDSEY P.O. BOX 1104 LITTLE ROCK, AR 72203	CEO 50	200,000.	19,538.	
ANDREW KESSEL P.O. BOX 1104 LITTLE ROCK, AR 72203	CFO 50	125,000.	19,000.	
STEPHANIE S. STREETT P.O. BOX 1104 LITTLE ROCK, AR 72203	EXECUTIVE DIRECTOR 50	112,000.	20,220.	
LAURA A GRAHAM P.O. BOX 1104 LITTLE ROCK, AR 72203	CHIEF OF STAFF 50	74,161.	7,500.	
	GRAND TOTALS	511,161.	66,258.	

FORM 990, PART VI - CHANGES TO ORGANIZING OR GOVERNING DOCUMENT

=====

THE WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION AMENDED AND RESTATED
THE BYLAWS EFFECTIVE APRIL 25, 2005.

FORM 990, PART VI, LINE 90A - STATES

=====

AL, AK, AZ, AR, CA, CO, CT, FL, GA,
IL, IN, KS, KY, ME, MD, MA, MI, MS, NH, NJ, NM,
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VT, VA, WA, WV, WI,

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
---	-----
102	REVENUE FROM THE SALE OF MERCHANDISE FROM THE MUSEUM STORE SUPPORTS RESEARCH AND EDUCATIONAL ACTIVITIES ON POLICY AND HISTORICAL ISSUES RELATED TO THE LIFE AND WORK OF PRESIDENT CLINTON.
103B	REVENUE FROM THE MUSEUM LIBRARY ADMISSIONS ALLOWS THE ORGANIZATION TO SUPPORT RESEARCH AND EDUCATIONAL ACTIVITIES ON POLICY AND HISTORICAL ISSUES RELATED TO THE LIFE AND WORK OF PRESIDENT CLINTON.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
EUGENIE BISULCO 245 W. 120TH STREET NEW YORK, NY 10027	DIRECTOR 50	79,114.	10,650.
HANNAH L. RICHERT 201 E. 12TH STREET NEW YORK, NY 10003	DIRECTOR 50	79,114.	7,500.
ERIC NONACS 449A SACKETT STREET BROOKLYN, NY 11231	ADVISOR 50	109,346.	19,700.
JAMES E KENNEDY 1160 FIFTH AVENUE #104 NEW YORK, NY 10029	COMMUNICATIONS DIREC 50	72,511.	5,700.
SHANNON TANNER 6518 ALLWOOD DRIVE NORTH LITTLE ROCK, AR 72118	COMPTRROLLER 50	80,000.	14,300.
	TOTAL COMPENSATION	420,085.	57,850.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
PHELPS PROGRAM MANAGEMENT, LLC 420 SIXTH AVENUE GREELEY, CO 80631	CONSULTING	2,092,738.
POLSHEK PARTNERSHIP 320 WEST 13TH STREET NEW YORK, NY 10014	ARCHITECT	727,242.
RALPH APPELBAUM 133 SPRING STREET NEW YORK, NY 10012	DESIGNER	595,979.
O'BRIEN MCCONNELL PEARSON 1726 M STREET, NW, SUITE 300 WASHINGTON, DC 20036-4502	FUNDRAISER	552,881.
PUBLISUS EVENTS USA, INC. 825 EIGTON AVENUE NEW YORK, NY 10019	EVENT PRODUCER	2,750,000.
	TOTAL COMPENSATION	----- 6,718,840. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
CDI CONTRACTORS, INC 3000 CANTRELL RD LITTLE ROCK, AR 72202	CONSTRUCTION	10,574,736.
G & C EQUIPMENT P.O. BOX 5419 GARDENA, CA 90249	CONSTRUCTION	998,103.
MALTBIE, INC. 708 FELLOWSHIP ROAD MOUNT LAUREL, NY 08054	CABINET MAKERS	790,485.
SUNDIAL MANAGEMENT & CONSTRUCTION CORP 1304 WRIGHT AVENUE, SUITE B LITTLE ROCK, AR 72206	CONSTRUCTION	750,120.
DOYNE CONSTRUCTION CO., INC 719 N. MAIN STREET NORTH LITTLE ROCK, AR 72119-5820	CONSTRUCTION	615,779.
TOTAL COMPENSATION		----- 13,729,223. =====

SCHEDULE A, PART IV-A - OTHER INCOME
 =====

DESCRIPTION -----	2004 -----	2003 -----	2002 -----	2001 -----	TOTAL -----
ROYALTIES	NONE	34,001.	34,809.	NONE	68,810.
LIST RENTAL	108,085.				108,085.
	-----	-----	-----	-----	-----
TOTALS	108,085.	34,001.	34,809.	NONE	176,895.
	=====	=====	=====	=====	=====

WILLIAM J. CLINTON FOUNDATION
 Schedule D Detail of Short-term Capital Gains and Losses

31-1580204

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
5003 SH DIGITAS INC	05/11/2005	05/12/2005	49,433.	49,780.	-347.
130 SH RELIANCE STEEL & ALUMINUM CO	07/18/2005	07/27/2005	5,831.	5,010.	821.
16407 SH CINTAS CORP	08/01/2005	08/02/2005	722,782.	728,963.	-6,181.
18857 SH CITIGROUP INC	08/01/2005	08/02/2005	824,240.	824,051.	189.
8921 SH COCA COLA CO	08/01/2005	08/02/2005	393,026.	391,364.	1,662.
19200 SH COLGATE-PALMOLIVE CO	08/01/2005	08/02/2005	1,015,082.	1,018,560.	-3,478.
32000 SH COMMERCEBANCORP INC	08/01/2005	08/02/2005	1,069,832.	1,080,640.	-10,808.
7318 SH COSTCO WHOLESALE CORP	08/01/2005	08/02/2005	333,499.	333,994.	-495.
20000 SH ELECTRONIC DATA SYS CORP NEW	08/01/2005	08/02/2005	412,398.	413,400.	-1,002.
8700 SH EMERSON ELECTRIC CO.	08/01/2005	08/02/2005	599,609.	572,460.	27,149.
14220 SH EQUITY RESIDENTIAL PROPERTIES TRUST	08/01/2005	08/02/2005	573,809.	571,075.	2,734.
11400 SH GENERAL MILLS INC.	08/01/2005	08/02/2005	537,630.	539,334.	-1,704.
9400 SH GUIDANT CORPORATION	08/01/2005	08/02/2005	672,170.	670,408.	1,762.
23000 SH HOME DEPOT INCORPORATED	08/01/2005	08/02/2005	975,320.	985,780.	-10,460.
17800 SH KELLOGG CO	08/01/2005	08/02/2005	798,765.	801,000.	-2,235.
16000 SH LOWES COMPANIES INC	08/01/2005	08/02/2005	1,048,617.	1,057,760.	-9,143.
2500 SH NOKIA CORP SPONS ADR	08/01/2005	08/02/2005	39,906.	39,825.	81.
21 SH WAL-MART STORES INC	08/10/2005	08/23/2005	970.	1,026.	-56.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			10,072,919.	10,084,430.	-11,511.
CAPITAL GAINS (LOSSES) FROM OTHER ASSETS					
REAL ESTATE	04/25/2004	02/14/2005	172,294.	172,294.	
TOTAL CAPITAL GAINS (LOSSES) FROM OTHER ASSETS			172,294.	172,294.	
Totals			10,245,213.	10,256,724.	-11,511.

WILLIAM J. CLINTON FOUNDATION
 Schedule D Detail of Long-term Capital Gains and Losses

31-1580204

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
400 SH LUCENT TECHNOLOGIES INC	12/31/1999	08/02/2005	1,080.	23,171.	-22,091.
1418 SH TIME WARNER INC	03/27/2000	08/02/2005	24,008.	105,552.	-81,544.
1550 SH SOUTHWESTERN ENERGY	VARIOUS	09/22/2005	100,617.	100,617.	
18 SH MERCK & CO INC	VARIOUS	09/27/2005	422.	422.	
11 SH TXU CORP	VARIOUS	09/29/2005	1,141.	1,141.	
10 SH MEDTRONIC INC	VARIOUS	10/27/2005	490.	490.	
73 SH MICROSOFT CORP	VARIOUS	12/01/2005	1,963.	1,963.	
200 SH AT&T INC	VARIOUS	12/14/2005	4,861.	4,861.	
79 SH UNITED HEALTH GROUP INC	VARIOUS	12/20/2005	4,887.	4,887.	
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			139,469.	243,104.	-103,635.
Totals			139,469.	243,104.	-103,635.

EIN: 31-1580204
FYE:

FORM 990, PART II, LINE 42 - DEPRECIATION

<u>Description</u>	<u>Current Depreciation</u>
Land Improvements	
Buildings	3,301,906.
Leasehold Improvements	
Equipment	307,596.
Furniture & Fixtures	
Total Depreciation Expense	<u>3,609,502.</u>
Amortization Expense	
Total Depreciation & Amortization line 42	<u><u>3,609,502.</u></u>

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

Application for Change in Accounting Method

Department of the Treasury
Internal Revenue Service

Name of filer (name of parent corporation if a consolidated group) (see instructions) WILLIAM J. CLINTON FOUNDATION Number, street, and room or suite no. If a P.O. box, see the instructions. P.O. BOX 1104 City or town, state, and ZIP code LITTLE ROCK AR 72203	Identification number (see instructions) 31-0580204 Principal business activity code number (see instructions) NONE Tax year of change begins (MM/DD/YYYY) 01/01/2005 Tax year of change ends (MM/DD/YYYY) 12/31/2005 Name of contact person (see instructions) Contact person's telephone number 501-371-9544
Name of applicant(s) (If different than filer) and identification number(s) (see instructions)	Contact person's telephone number

If the applicant is a member of a consolidated group, check this box ▶
 If Form 2848, Power of Attorney and Declaration of Representative, is attached, check this box ▶

Check the box to indicate the applicant. <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Controlled foreign corporation (Sec. 957) <input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E)) <input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2)) <input checked="" type="checkbox"/> Exempt organization. Enter Code section ▶ 501 (C) (3)	Check the appropriate box to indicate the type of accounting method change being requested. (see instructions) <input type="checkbox"/> Depreciation or Amortization <input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions <input type="checkbox"/> Other (specify) ▶ _____
<input type="checkbox"/> Cooperative (Sec. 1381) <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Insurance Co. (Sec. 816(a)) <input type="checkbox"/> Insurance Co. (Sec. 831) <input type="checkbox"/> Other (specify) ▶ _____	

Caution: The applicant must provide the requested information to be eligible for approval of the requested accounting method change. The applicant may be required to provide information specific to the accounting method change such as an attached statement. The applicant must provide all information relevant to the requested accounting method change even if not specifically requested by the Form 3115.

Part I Information For Automatic Change Request	Yes	No
1 Enter the requested designated accounting method change number from the List of Automatic Accounting Method Changes (see instructions). Enter only one method change number, except as provided for in the instructions. If the requested change is not included in that list, check "Other," and provide a description. ▶ (a) Change No. <u>30</u> (b) Other <input type="checkbox"/> Description ▶ _____		
2 Is the accounting method change being requested one for which the scope limitations of section 4.02 of Rev. Proc. 2002-9 (or its successor) do not apply? If "Yes," go to Part II.		X
3 Is the tax year of change the final tax year of a trade or business for which the taxpayer would be required to take the entire amount of the section 481(a) adjustment into account in computing taxable income? If "Yes," the applicant is not eligible to make the change under automatic change request procedures.		X

Part II Information For All Requests	Yes	No
4a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)? If you answered "No," go to line 5.		X
b Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under consideration or (ii) placed in suspense (see instructions)?		X

Signature (see instructions)

Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete. Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge.

Filer _____ Signature and date _____ Name and title (print or type)	Preparer (other than filer/applicant) _____ Signature of individual preparing the application and date _____ Name of individual preparing the application (print or type)
	_____ Name of firm preparing the application

Part II Information For All Requests (continued)		Yes	No
4 c	Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)?		X
d	Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)? If "Yes," attach the consent statement from the director.		X
e	Is the request to change the method of accounting being filed under the 90-day or 120-day window period? If "Yes," check the box for the applicable window period and attach the required statement (see instructions). <input type="checkbox"/> 90 day <input type="checkbox"/> 120 day		X
f	If you answered "Yes," to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination. Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____		
g	Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?		X
5 a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, and the tax year(s) before Appeals and/or a Federal court. Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____		X
b	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a?		X
c	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member)? If "Yes," attach an explanation.		X
6	If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, provide each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court.		
7	If the applicant is an entity (including a limited liability company) treated as a partnership or S corporation for Federal income tax purposes, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member or shareholder of that entity? If "Yes," the applicant is not eligible to make the change.		X
8	Is the applicant making a change to which audit protection does not apply (see instructions)?		X
9 a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in accounting method within the past 5 years (including the year of the requested change)?		X
b	If "Yes," attach a description of each change and the year of change for each separate trade or business and whether consent was obtained.		
c	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement was sent to the taxpayer but was not signed and returned to the IRS, or if the change was not made or not made in the requested year of change, include an explanation.		
10 a	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in accounting method, or technical advice?		X
b	If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in accounting method, or technical advice), and the specific issue(s) in the request(s).		
11	Is the applicant requesting to change its overall method of accounting? If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of the form.	X	
	Present method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)		
	Proposed method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)		
12	If the applicant is not changing its overall method of accounting, attach a detailed and complete description for each of the following: a The item(s) being changed. b The applicant's present method for the item(s) being changed. c The applicant's proposed method for the item(s) being changed. d The applicant's present overall method of accounting (cash, accrual, or hybrid).		

Schedule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)

Part I Change in Overall Method (see instructions)

1 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g.

	Amount
a Income accrued but not received. SEE STATEMENT 2	25,504,038.
b Income received or reported before it was earned. Attach a description of the income and the legal basis for the proposed method	
c Expenses accrued but not paid SEE STATEMENT 2	-11,878,696.
d Prepaid expenses previously deducted	
e Supplies on hand previously deducted and/or not previously reported	
f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II . . . *	562,146.
g Other amounts (specify) ► SEE STATEMENT 2	11,356,961.
h Net section 481(a) adjustment (Combine lines 1a-1g.)	25,544,449.

- 2 Is the applicant also requesting the recurring item exception under section 461(h)(3)? **Yes** **No**
- 3 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. On a separate sheet, state the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, explain the differences on a separate sheet.

Part II Change to the Cash Method For Advance Consent Request (see instructions)

Applicants requesting a change to the cash method must attach the following information:

- 1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
- 2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations. **

Schedule B - Change in Reporting Advance Payments (see instructions)

- 1 If the applicant is requesting to defer advance payment for services under Rev. Proc. 71-21, 1971-2 C.B. 549, attach the following information:
- a Sample copies of all service agreements used by the applicant that are subject to the requested change in accounting method. Indicate the particular parts of the service agreement that require the taxpayer to perform services.
 - b If any parts or materials are provided, explain whether the obligation to provide parts or materials is incidental (of minor or secondary importance) to an agreement providing for the performance of personal services.
 - c If the change relates to contingent service contracts, explain how the contracts relate to merchandise that is sold, leased, installed, or constructed by the applicant and whether the applicant offers to sell, lease, install, or construct without the service agreement.
 - d A description of the method the applicant will use to determine the amount of income earned each year on service contracts and why that method clearly reflects income earned and related expenses in each year.
 - e An explanation of how the method the applicant will use to determine the amount of gross receipts each year will be no less than the amount included in gross receipts for purposes of its books and records. See section 3.11 of Rev. Proc. 71-21.
- 2 If the applicant is requesting a deferral of advance payments for goods under Regulations section 1.451-5, attach the following information:
- a Sample copies of all agreements for goods or items requiring advance payments used by the applicant that are subject to the requested change in accounting method. Indicate the particular parts of the agreement that require the applicant to provide goods or items.
 - b A statement providing that the entire advance payment is for goods or items. If not entirely for goods or items, a statement that an amount equal to 95% of the total contract price is properly allocable to the obligation to provide activities described in Regulations section 1.451-5(a)(1)(i) or (ii) (including services as an integral part of those activities).
 - c An explanation of how the method the applicant will use to determine the amount of gross receipts each year will be no less than the amount included in gross receipts for purposes of its books and records. See Regulations section 1.451-5(b)(1).

* **SEE STATEMENT 2**

**

Schedule C - Changes Within the LIFO Inventory Method (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970, Application To Use LIFO Inventory Method**, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a Valuing inventory (e.g., unit method or dollar-value method).
 - b Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIIC) pools, etc.).
 - c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIIC method, etc.).
 - d Determining the current year cost of goods in the ending inventory (e.g., most recent purchases, earliest acquisitions during the year, average cost of purchases during the year, etc.).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, specify the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, specify the LIFO pool(s) to which the change is applicable. *
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, the applicant should identify which inventory items are valued under each method.
- 6 If changing to the IPIIC method, attach a completed Form 970 and a statement indicating the indexes, tables, and categories the applicant proposes to use.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
 - a A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b A description of the types of processes and raw materials used to produce the products in each proposed pool.
 - c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, the applicant should explain the reasons for the separate facilities, indicate the location of each facility, and provide a description of the products each facility produces.
 - d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
 - f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
 - g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

*

Form 3115 (Rev. 12-2003)

Schedule D - Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.)

- 1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts.
2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)?
2b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)?
2c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)?
2d If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)?
3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)?
3b If "Yes," explain the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts.
3c Describe the applicant's manufacturing activities, including any required installation of manufactured goods.
4 To determine a contract's completion factor using the percentage-of-completion method:
4a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)?
4b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1.460-5(c))?
5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts.

Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on page 7 and 8.)

- 1 Attach a description of the inventory goods being changed.
2 Attach a description of the inventory goods (if any) NOT being changed.
3 If the applicant is subject to section 263A, is its present inventory valuation method in compliance with section 263A (see instructions)?

4a Check the appropriate boxes below.

Identification methods:

- Specific identification
FIFO
LIFO
Other (attach explanation)

Valuation methods:

- Cost
Cost or market, whichever is lower
Retail cost
Retail, lower of cost or market
Other (attach explanation)

b Enter the value at the end of the tax year preceding the year of change

5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).

- a Copies of Form(s) 970 filed to adopt or expand the use of the method.
b Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
c Only for applicants requesting an automatic change. Attach the statement required by section 10.01(4) of the Appendix of Rev. Proc. 2002-9 (or its successor).

Table with 3 columns: Inventory Being Changed (Present Method, Proposed Method), Inventory Not Being Changed (Present Method). Rows correspond to identification and valuation methods.

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions).)

Section A - Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B - Direct and Indirect Costs Required To Be Allocated (Check the appropriate boxes in Section B showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.)

	Present method	Proposed method
1 Direct material		
2 Direct labor		
3 Indirect labor		
4 Officers' compensation (not including selling activities)		
5 Pension and other related costs		
6 Employee benefits		
7 Indirect materials and supplies		
8 Purchasing costs		
9 Handling, processing, assembly, and repackaging costs		
10 Offsite storage and warehousing costs		
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12 Depletion		
13 Rent		
14 Taxes other than state, local, and foreign income taxes		
15 Insurance		
16 Utilities		
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18 Engineering and design costs (not including section 174 research and experimental expenses)		
19 Rework labor, scrap, and spoilage		
20 Tools and equipment		
21 Quality control and inspection		
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23 Licensing and franchise costs		
24 Capitalizable service costs (including mixed service costs)		
25 Administrative costs (not including any costs of selling or any return on capital)		
26 Research and experimental expenses attributable to long-term contracts		
27 Interest		
28 Other costs (Attach a list of these costs.)		

Part III Method of Cost Allocation (see instructions) (continued)

Schedule C - Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

Table with 3 columns: Line number, Description, Present method, Proposed method. Rows include Marketing, selling, advertising, and distribution expenses; Research and experimental expenses; Bidding expenses; General and administrative costs; Income taxes; Cost of strikes; Warranty and product liability costs; Section 179 costs; On-site storage; Depreciation, amortization, and cost recovery allowance; Other costs.

Schedule E - Change in Depreciation or Amortization (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants must provide this information for each item or class of property for which a change is requested.

Note: See the List of Automatic Accounting Method Changes in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations (see instructions).

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?
2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)?
3 Has a depreciation or amortization election been made for the property (e.g., the election under section 168(f)(1))?
4 a To the extent not already provided, attach a statement describing the property being changed.
b If the property is residential rental property, did the applicant live in the property before renting it?
c Is the property public utility property?
5 To the extent not already provided in the applicant's description of its present method, explain how the property is treated under the applicant's present method.
6 If the property is not currently treated as depreciable or amortizable property, provide the facts supporting the proposed change to depreciate or amortize the property.
7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information under both the present (if applicable) and proposed methods:
a The Code section under which the property is or will be depreciated or amortized.
b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
c The facts to support the asset class for the proposed method.
d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)).
e The useful life, recovery period, or amortization period of the property.
f The applicable convention of the property.

FORM 3115, PAGE 3 DETAIL

LINE 13, DESCRIPTION OF TRADE OR BUSINESS

 THE APPLICANT IS A TAX EXEMPT NOT-FOR-PROFIT ORGANIZATION. THE
 PRIMARY INCOME IS FROM CONTRIBUTIONS. THE ORGANIZATION ALSO EARNS
 REVENUE FROM ADMISSIONS TO THE WILLIAM J. CLINTON PRESIDENTIAL
 LIBRARY AND FROM SALE OF RELATED ITEMS IN ITS MUSEUM STORE.

LINE 15B, METHODS USED BY PARTIES TO SECTION 381(A) TRANSACTION

 THE CLINTON FOUNDATION HIV/AIDS INITIATIVE WAS MERGED INTO THE
 WILLIAM J. CLINTON FOUNDATION AS OF DECEMBER 31, 2005. THIS
 ENTITY WAS USING THE ACCRUAL METHOD OF ACCOUNTING.

LINE 25, SUMMARY OF SECTION 481(A) COMPUTATION

 PLEDGES AND ACCOUNTS RECEIVABLE - \$25,504,038
 INVESTMENTS - (453,514)
 INVENTORY - 562,146
 FIXED ASSETS - 11,810,475
 ACCOUNTS PAYABLE (11,878,696)

 TOTAL 25,544,449

FORM 3115, PAGE 4 DETAIL

PART I, LINE 1A, INCOME ACCRUED BUT NOT RECEIVED

ACCOUNTS AND PLEDGES RECEIVABLE

25,504,038.

TOTAL

25,504,038.
=====

PART I, LINE 1C, EXPENSES ACCRUED BUT NOT PAID

ACCOUNTS PAYABLE

-11,878,696.

TOTAL

-11,878,696.
=====

PART I, LINE 1F, INVENTORY ON HAND PREVIOUSLY DEDUCTED

INVENTORY

562,146.

TOTAL

562,146.
=====

PART I, LINE 1G, OTHER AMOUNTS

INVESTMENTS
FIXED ASSETS

-453,514.

11,810,475.

TOTAL

11,356,961.
=====