

Return of Organization Exempt From Income Tax

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

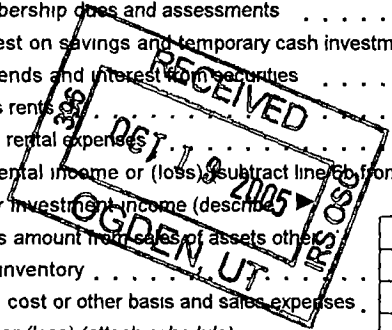
A For the 2004 calendar year, or tax year beginning 03/24, 2004, and ending 12/31/2004

Header section containing organization name (CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC.), address (1200 PRESIDENT CLINTON AVENUE, P.O. BOX 104, LITTLE ROCK, AR 72203), and identification numbers (EIN 20-0921629, phone (501) 371-0808).

Sections B through M: B (Check if applicable), C (Name of organization), D (Employer identification number), E (Telephone number), F (Accounting method), G (Website: WWW.CLINTONFOUNDATION.ORG), H (Affiliates), I (Group Exemption Number), J (Organization type), K (Check here), L (Gross receipts: 5,909,560), M (Check if organization is not required).

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

Main table with 21 rows. Columns include description, sub-rows (a, b, c), and totals. Revenue section (lines 1-12) shows total revenue of 5,909,560. Expenses section (lines 13-17) shows total expenses of 6,187,749. Net Assets section (lines 18-21) shows a deficit of -278,189.



SCANNED NOV 03 2005

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

Form 990 (2004)

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.)

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 \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	270,834.	241,042.	29,792.
26 Other salaries and wages	26	902,348.	803,090.	99,258.
27 Pension plan contributions	27			
28 Other employee benefits	28	79,500.	70,755.	8,745.
29 Payroll taxes	29	236,807.	210,758.	26,049.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32	8,362.	5,017.	3,345.
33 Supplies	33	1,792.	896.	878.
34 Telephone	34	72,427.	49,562.	21,728.
35 Postage and shipping	35	5,851.	2,925.	2,867.
36 Occupancy	36	126,130.	83,246.	41,623.
37 Equipment rental and maintenance	37			
38 Printing and publications	38	1,467.	1,247.	220.
39 Travel	39	2,369,202.	2,321,818.	40,926.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize) STMT 2	43a	2,113,029.	1,994,445.	108,431.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	6,187,749.	5,784,801.	383,862.

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 III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? **STMT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

a STMT 4			
	(Grants and allocations \$ _____)		
b			
	(Grants and allocations \$ _____)		5,784,801.
c			
	(Grants and allocations \$ _____)		
d			
	(Grants and allocations \$ _____)		
e Other program services (attach schedule)	(Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)			5,784,801.

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

		(A) Beginning of year	(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45	Cash - non-interest-bearing	NONE 45	-5,537.
	46	Savings and temporary cash investments	46	
	47a	Accounts receivable	47a	
	b	Less allowance for doubtful accounts	47b	47c
	48a	Pledges receivable	48a	
	b	Less allowance for doubtful accounts	48b	48c
	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	
	53	Prepaid expenses and deferred charges	53	
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a	Investments - land, buildings, and equipment basis	55a	
	b	Less accumulated depreciation (attach schedule)	55b	55c
	56	Investments - other (attach schedule)	56	
	57a	Land, buildings, and equipment basis	57a	77,348.
	b	Less accumulated depreciation (attach schedule)	57b	NONE 57c
58	Other assets (describe <input type="checkbox"/>)	58		
59	Total assets (add lines 45 through 58) (must equal line 74)	NONE 59	71,811.	
Liabilities	60	Accounts payable and accrued expenses	60	
	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 5	NONE 64b	350,000.
65	Other liabilities (describe <input type="checkbox"/>)	65		
66	Total liabilities (add lines 60 through 65)	NONE 66	350,000.	
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	NONE 67	-278,189.
	68	Temporarily restricted	68	
	69	Permanently restricted	69	
	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)	NONE 73	-278,189.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	NONE 74	71,811.	

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.)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements . . ▶	a 5,909,560.		a Total expenses and losses per audited financial statements ▶	a 6,187,749.	
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) _____ \$ _____			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) _____ \$ _____		
Add amounts on lines (1) through (4) ▶	b		Add amounts on lines (1) through (4) . . ▶	b	
c Line a minus line b ▶	c 5,909,560.		c Line a minus line b ▶	c 6,187,749.	
d 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) _____ \$ _____			d 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) . . ▶	d		Add amounts on lines (1) and (2) . . ▶	d	
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 5,909,560.		e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 6,187,749.	

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
SEE STATEMENT 6		270,834.	8,717.	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 VII Other Information (See page 28 of the instructions.)

Table with columns for question number, description, and Yes/No responses. Includes questions 76 through 92 regarding organizational activities, expenditures, and tax status.

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			14	7,297.	
96 Dividends and interest from securities					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b MISCELLANEOUS			01	38,914.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				46,211.	
105 Total (add line 104, columns (B), (D), and (E))					46,211.

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)
▼	

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 and belief, it is true, correct, and complete. Declaration of preparer (other than agent) under penalty of perjury that the information is true, correct, and complete.

Please Sign Here

Signature of officer: Toby Douthright

Type or print name and title: Toby DOUTHRIGHT, CF

Paid Preparer's Use Only

Preparer's signature: [Signature]

Firm's name (or yours if self-employed), address, and ZIP + 4: BKD, LLP
P.O. BOX 3667
LITTLE ROCK, AR

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2004

Name of the organization **CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC.** Employer identification number **20-0921629**

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>BELYNDA BADY</u> 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72203	COUNTRY DIRECTOR 40 HRS/WK	77,214.	3,488.	NONE
<u>GEORGE JAGOE</u> 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72203	COUNTRY DIRECTOR 40 HRS/WK	68,531.	3,488.	NONE
<u>BETH COLLINS</u> 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72203	COUNTRY DIRECTOR 40 HRS/WK	58,453.	2,937.	NONE
<u>KATE CONDLIFFE</u> 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72203	PROGRAM DIRECTOR 40 HRS/WK	57,500.	4,471.	NONE
<u>CASSIA VAN DER HOFF-HOLSTEIN</u> 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR	IT DIRECTOR 40 HR/WEEK	57,500.	NONE	NONE
Total number of other employees paid over \$50,000 ▶	1			

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>NONE</u>		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?	X	
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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. Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 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) (See section 509(a)(3))

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

(a) Name(s) of supported organization(s)	(b) Line number from above
	11A

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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 NOT APPLICABLE

Table with columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (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 for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 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: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person"; b For any amount included in line 17 that was received from each person (other than "disqualified persons"); c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant.

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

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

Table with columns for line numbers (36-44) and descriptions of lobbying expenditures, including total lobbying expenditures, exempt purpose expenditures, and nontaxable amounts.

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 years 2004, 2003, 2002, 2001, and Total, and rows for various expenditure categories.

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 for Yes, No, and Amount, and rows for various activity types like volunteers, paid staff, media, mailings, etc.

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?

Table with columns: Question, Yes, No. Rows include: (i) Cash, (ii) Other assets, (i)-(vi) Other transactions, and (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

Schedule table with columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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 [x] No

b If "Yes," complete the following schedule

Schedule table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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.

Type or print	Name of Exempt Organization <i>Clinton Foundation HIV AIDS Initiative INC</i>	Employer identification number <i>20 : 0921629</i>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <i>225 Water St.</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>Quincy, MA 02169</i>	

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 ▶ *Jacquelyn Oliveri*

Telephone No. ▶ *(617) 774-0110* FAX No. ▶ *(617) 774-0220*

- 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 *August 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 _____, 20 ____ and ending _____, 20 ____

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 \$ 0
 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 \$ 0
 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 \$ 0

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.

- 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.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

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

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 _____
Telephone No. (_____) _____ 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 is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- 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 _____

- 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 \$ _____
- 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 \$ _____
- 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 *JM Wisler* Title CHIEF FINANCIAL OFFICER Date 4-27-05

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.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONSULTING FEES	1,475,875.	1,402,081.	73,794.	NONE
OFFICE EXPENSES	15,736.	7,868.	7,868.	NONE
BANK FEES	5,156.	NONE	5,156.	NONE
MISCELLANEOUS	55,604.	52,826.	2,778.	NONE
PROGRAM EXPENSES	558,684.	530,750.	17,781.	10,153.
REGISTRATION FEES	134.	NONE	134.	NONE
CLEANING	1,840.	920.	920.	NONE
TOTALS	2,113,029.	1,994,445.	108,431.	10,153.

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

THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF THE WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION, AND WILL CARRY OUT ONE OF THE FOUNDATION'S PROGRAMS TO BRING HIGH QUALITY MEDICAL CARE AND TREATMENT TO PEOPLE LIVING WITH HIV/AIDS AND TO IMPROVE HEALTH SYSTEMS IN RESOURCE POOR AREAS AND COUNTRIES.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

=====

ITEM	DESCRIPTION	EXPENSES
-----	-----	-----
A	THE INITIATIVE WORKED AT THE INVITATION OF GOVERNMENT LEADERS IN VARIOUS COUNTRIES HAVING LARGE POPULATIONS OF HIV/AIDS POSITIVE CITIZENS TO PROVIDE ASSISTANCE IN DEVELOPING AND ADMINISTERING HEALTH CARE PROGRAMS.	
B	THE INITIATIVE ALSO NEGOTIATED WITH PARTNERS TO PROVIDE THE MEDICAL AND OTHER EXPERTISE AND WITH DRUG MANUFACTURERS TO PROVIDE LOWER PRICED ESSENTIAL MEDICINES AND SUPPLIES TO CARRY OUT THE TREATMENT PROGRAM.	5,784,801.
TOTAL		----- 5,784,801. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: IRA MAGAZINER
ORIGINAL AMOUNT: 350,000.
REPAYMENT TERMS: DUE ON DEMAND
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: SHORT-TERM FINANCING

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	350,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	NONE
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	350,000.
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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 -----
LYNN MARGHERIO 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	EXECUTIVE V.P. 40 HRS/WK	119,792.	4,471.	NONE
ED WOOD 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	COO 40 HRS/WK	151,042.	4,246.	NONE
MAGGIE WILLIAMS 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	DIRECTOR 1 HR/WEEK	NONE	NONE	NONE
ERIC NONACS 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	DIRECTOR 1 HR/WEEK	NONE	NONE	NONE
BRUCE LINDSEY 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	DIRECTOR 1 HR/WEEK	NONE	NONE	NONE
IRA MAGAZINER 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	CHAIRMAN 40 HR/WEEK	NONE	NONE	NONE

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 -----
	GRAND TOTALS	270,834.	8,717.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

A BOARD MEMBER PROVIDED A SHORT-TERM LOAN IN THE AMOUNT OF \$350,000