

Taxpayer Copy

CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC.  
Form 990  
Tax Year 2005

• 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.**

<b>Type or print</b>	Name of Exempt Organization <b>CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC.</b>	Employer identification number <b>20-0921629</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1200 PRESIDENT CLINTON AVENUE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LITTLE ROCK, AR 72203</b>	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T(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  **TOBY DOUTHWRIGHT**  
Telephone No.  **617 774-0110** 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.

**4** I request an additional 3-month extension of time until 11/15/2006 .

**5** For calendar year 2005 , or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_ .

**6** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**7** State in detail why you need the extension \_\_\_\_\_

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

**8a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . \$ \_\_\_\_\_

**b** 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 . . . . . \$ NONE

**c 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  Title  Date

**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.

<b>Type or print</b>	Name <b>BKD, LLP</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>P.O. BOX 3667</b>
	City or town, province or state, and country (including postal or ZIP code) <b>LITTLE ROCK, AR 72203-3667</b>



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

INSTRUCTIONS FOR FILING  
CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC.  
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.

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.

\*\*\*\*\*

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: CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC.
Number and street (or P.O. box if mail is not delivered to street address): 1200 PRESIDENT CLINTON AVENUE
Room/suite:
P.O. BOX 104
City or town, state or country, and ZIP + 4: LITTLE ROCK, AR 72203

D Employer identification number: 20-0921629
E Telephone number: (501) 371-0808
F Accounting method: Cash, Accrual, Other (specify)

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.

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

I Group Exemption Number

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

G Website: WWW.CLINTONFOUNDATION.ORG

J Organization type (check only one) 501(c) (3) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 15,878,498.

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

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

**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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>				
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25</b> Compensation of officers, directors, etc.	<b>25</b>	250,000.	226,000.	24,000.	
<b>26</b> Other salaries and wages	<b>26</b>	3,927,584.	3,611,463.	316,121.	
<b>27</b> Pension plan contributions	<b>27</b>				
<b>28</b> Other employee benefits	<b>28</b>	13,460.	12,168.	1,292.	
<b>29</b> Payroll taxes	<b>29</b>				
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>				
<b>32</b> Legal fees	<b>32</b>	6,874.	6,737.	137.	
<b>33</b> Supplies	<b>33</b>				
<b>34</b> Telephone	<b>34</b>	234,842.	162,721.	69,782.	2,339.
<b>35</b> Postage and shipping	<b>35</b>	4,282.	2,912.	1,328.	42.
<b>36</b> Occupancy	<b>36</b>	169,130.	138,914.	30,112.	104.
<b>37</b> Equipment rental and maintenance	<b>37</b>				
<b>38</b> Printing and publications	<b>38</b>				
<b>39</b> Travel	<b>39</b>	2,242,833.	2,118,979.	113,792.	10,062.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>				
<b>41</b> Interest	<b>41</b>				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	25,944.	7,755.	18,189.	
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> STMT 4	<b>43a</b>	9,287,178.	9,162,563.	115,107.	9,508.
<b>b</b> _____	<b>43b</b>				
<b>c</b> _____	<b>43c</b>				
<b>d</b> _____	<b>43d</b>				
<b>e</b> _____	<b>43e</b>				
<b>f</b> _____	<b>43f</b>				
<b>g</b> _____	<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	<b>44</b>	16,162,127.	15,450,212.	689,860.	22,055.

**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	
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	-5,537.	<b>45</b>	NONE	
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>		
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	<b>47c</b>		
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>	<b>48c</b>		
	<b>49</b> Grants receivable . . . . .		<b>49</b>		
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>		
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>		
	<b>54</b> Investments - securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>		
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>		
	<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>		
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	77,348.	<b>57c</b>	
	<b>58</b> Other assets (describe <input type="checkbox"/> )		<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	71,811.	<b>59</b>	NONE		
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	NONE	<b>60</b>	NONE	
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	\$TMT. 6	350,000.	<b>64b</b>	NONE
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )		<b>65</b>		
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .	350,000.	<b>66</b>	NONE		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	<b>67</b> Unrestricted . . . . .	-278,189.	<b>67</b>		
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>		
	<b>69</b> Permanently restricted . . . . .		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	-278,189.	<b>73</b>			
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	71,811.	<b>74</b>	NONE		





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 N/A
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 AR,
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 32
91 a The books are in care of TOBY DOUTHWRIGHT Telephone no. 617-774-0110
Located at 225 WATER STREET QUINCY, MA ZIP + 4 02169
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 1
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 1
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	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .			14	36,869.	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> MISCELLANEOUS			01	2,694.	
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				39,563.	
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					39,563.

**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).
▼	

**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

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
SEE STATEMENT 11				

Total number of other employees paid over \$50,000 . . ▶ 16

**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 13		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ 0

**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
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	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.) . . . . .		<b>X</b>
	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.		
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .		<b>X</b>
<b>b</b>	Lending of money or other extension of credit? . . . . . <b>STMT 14</b>	<b>X</b>	
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . <b>SEE 990, PART V</b> . . . . .	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets? . . . . .		<b>X</b>
<b>3a</b>	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.) . . . . .		<b>X</b>
<b>b</b>	Do you have a section 403(b) annuity plan for your employees? . . . . .		<b>X</b>
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .		<b>X</b>
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		<b>X</b>
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		<b>X</b>

**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). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
THE WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION	11A

**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. NOT APPLICABLE

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows 15-25 include categories like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE... 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: Enter line 24, column (e)... 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." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

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: Enter amount from line 23, column (e)... 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 2001 through 2004, 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. Do not file this list with your return. Do not include these grants in line 15.

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

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

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

Table with 3 columns: Line number, Description, and Amount. Section: Limits on Lobbying Expenditures. Includes lines 36-44 and a caution note.

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 with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Section: Lobbying Expenditures During 4-Year Averaging Period. Includes lines 45-50.

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 with 3 columns: Question, Yes, No, Amount. Section: Lobbying Activity by Nonelecting Public Charities. Includes questions a-i and a final instruction.



**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

CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC.

Employer identification number

20-0921629

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (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 **CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC.**

Employer identification number  
**20-0921629**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		15,824,208.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		13,462.	Person <input checked="" 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.)
			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.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

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

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

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

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

-----

AMOUNT

TRANSFER FUNDS TO THE WILLIAM J. CLINTON  
PRESIDENTIAL FOUNDATION

641,501.

TOTAL

-----  
641,501.  
=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
ADJUSTMENT OF BEGINNING NET ASSETS	79,683.
	-----
TOTAL	79,683.
	=====

## FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
CONSULTING FEES	182,430.	178,567.	3,863.	
OFFICE SUPPLIES	617,059.	517,441.	90,110.	9,508.
OTHER ADMINISTRATIVE EXPENSE	121,009.	118,406.	2,603.	
PROGRAM EXPENSES:				
PHARMACEUTICALS	3,382,603.	3,364,072.	18,531.	
CARE PARTNER EXPENSE	4,737,852.	4,737,852.		
HEALTH CARE SUPPLEMENTAL PROG	19,998.	19,998.		
MINISTRY OF HEALTH & HIV/AIDS	226,227.	226,227.		
	-----	-----	-----	-----
TOTALS	9,287,178.	9,162,563.	115,107.	9,508.
	=====	=====	=====	=====

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 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 ..... 350,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 350,000.

=====

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
LYNN MARGHERIO 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	EXECUTIVE V.P. 40	125,000.		30,938.
ED WOOD 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	COO 40	125,000.		55,335.
MAGGIE WILLIAMS 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	DIRECTOR 1			
ERIC NONACS 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	DIRECTOR 1			
BRUCE LINDSEY 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	DIRECTOR 1			
IRA MAGAZINER 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	BOARD CHAIRMAN 40			150,965.



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

=====

A PLAN OF MERGER WITH THE WILLIAM J. CLINTON FOUNDATION, WITH THE FOUNDATION, FEIN: 31-1580204 BECOMING THE SURVIVING ENTITY. THE MERGER WILL BECOME EFFECTIVE DECEMBER 31, 2005. THE PLAN OF MERGER IS ON FILE AT THE REGISTERED OFFICE OF FOUNDATION LOCATED AT 1200 PRESIDENT CLINTON AVENUE, LITTLE ROCK, ARKANSAS 72201.

FORM 990, PART VI - LIQUIDATION, DISSOLUTION, TERMINATION

=====

A PLAN OF MERGER WITH THE WILLIAM J. CLINTON PRESIDENTIAL FOUNDATION,  
WITH THE FOUNDATION, FEIN: 31-1580204 BECOMING THE SURVIVING ENTITY.  
THE MERGER WILL BECOME EFFECTIVE DECEMBER 31, 2005. THE PLAN OF MERGER  
IS ON FILE AT THE REGISTERED OFFICE OF FOUNDATION LOCATED AT 1200  
PRESIDENT CLINTON AVENUE, LITTLE ROCK, ARKANSAS 72201.

## 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 -----	EXPENSE ACCOUNT -----
BELYNDA BADY 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	COUNTRY DIRECTOR 40	100,350.	4,129.	36,917.
GEORGE JAGOE 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	COUNTRY DIRECTOR 40	103,937.	12,322.	31,874.
BETH COLLINS 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	COUNTRY DIRECTOR 40	98,297.	4,129.	13,429.
DEEPAK VERMA 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	PEDIATRICS DIRECTOR 40	109,375.	12,322.	25,004.

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	EXPENSE ACCOUNT
----- BARBARA BULC 1200 PRESIDENT CLINTON AVENUE P.O. BOX 104 LITTLE ROCK, AR 72203	----- PROGRAM DIRECTOR 40	----- 100,000. -----	----- 4,129. -----	----- 43,514. -----
	TOTAL COMPENSATION	----- 511,959. =====	----- 37,031. =====	----- 150,738. =====

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

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
RAJAN PANDHARE 6 THORNBURY COURT, 36 CHEPSTOWE VILLAS LONDON, ENGLAND, W11 2RE5	PROGRAM ADVISOR	166,667.
TREVOR PETER P. BAG BO 320 GABORONE, BOTSWANA,	TECHNICAL CONSULTANT	72,333.
EDWIN MACHARIA PO BOX 77277 DAR ES SALAAM, TANZANI,	PROGRAM ADVISOR	68,125.
CRISPIN CARRASCO LEFT ORGANIZATION; NOTHING CURRENT ON FILE,	PROGRAM ADVISOR	56,850.
ROLLI ODEN 715 ALBANY ST, T4W BOSTON, MA 02118	AIDS CLINICAL TREATM	52,000.
	TOTAL COMPENSATION	----- 415,975. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

=====

A BOARD MEMBER PROVIDED A SHORT-TERM LOAN IN THE AMOUNT OF \$350,000 THAT WAS PAID IN FULL DURING 2005.

EIN: 20-0921629  
FYE:

FORM 990, PART II, LINE 42 - DEPRECIATION

---

<u>Description</u>	<u>Current Depreciation</u>
Land Improvements	
Buildings	
Leasehold Improvements	2,750.
Equipment	23,194.
Furniture & Fixtures	
Total Depreciation Expense	<u>25,944.</u>
Amortization Expense	
<b>Total Depreciation &amp; Amortization line 42</b>	<u><u>25,944.</u></u>

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