

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2010****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

**A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization WILLIAM J. CLINTON FOUNDATION		<b>D</b> Employer identification number 31-1580204
	Doing Business As		<b>E</b> Telephone number (501) 748-0471
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1200 PRESIDENT CLINTON AVENUE		
	City or town, state or country, and ZIP + 4 LITTLE ROCK, AR 72201		
<b>F</b> Name and address of principal officer: ANDREW KESSEL 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201			<b>G</b> Gross receipts \$ 141,571,893.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>J</b> Website: WWW.CLINTONFOUNDATION.ORG			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1997 <b>M</b> State of legal domicile: AR

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE WILLIAM J. CLINTON FOUNDATION WORKS TO STRENGTHEN THE CAPACITY OF PEOPLE IN THE U.S. AND THROUGHOUT THE WORLD TO MEET THE CHALLENGES OF GLOBAL INTERDEPENDENCE.	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	2
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	354
	<b>6</b> Total number of volunteers (estimate if necessary)	375
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 242,377,043. Current Year: 136,869,303.
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,140,825. 1,506,856.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	196,780. 52,088.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,316,470. 1,450,013.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	249,031,118. 139,878,260.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,046,086. 73,668,652.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,212,782. 16,139,239.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	309,814. 201,000.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,725,861.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	192,646,100. 33,109,240.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	235,214,782. 123,118,131.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	13,816,336. 16,760,129.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 260,448,325. End of Year: 189,254,960.
	<b>21</b> Total liabilities (Part X, line 26)	78,511,711. 8,243,949.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	181,936,614. 181,011,011.

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer Andrew M. Kessel, CFO		Date 11/16/15
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Michael Wolfe	Preparer's signature Michael Wolfe	Date 11/16/2015
	Firm's name BKD, LLP	EIN ▶	Check if self-employed <input type="checkbox"/>
	Firm's address P.O. BOX 3667 LITTLE ROCK, AR 72203-3667	Phone no. ▶ 501-372-1040	PTIN P01888810
May the IRS discuss this return with the preparer shown above? (see instructions)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission:

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 51,280,910. including grants of \$ 51,280,910. ) (Revenue \$ 0. )RELIEF AND RECONSTRUCTION WORK ASSOCIATED WITH AFTERMATH OF THE  
EARTHQUAKE IN HAITI. SEE SCHEDULE O FOR FURTHER DETAILS**4b** (Code: ) (Expenses \$ 11,577,612. including grants of \$ 0. ) (Revenue \$ 0. )

THE CLINTON CLIMATE INITIATIVE SEE SCHEDULE O FOR FURTHER DETAILS

**4c** (Code: ) (Expenses \$ 8,257,407. including grants of \$ 881,739. ) (Revenue \$ 162,940. )

CLINTON PRESIDENTIAL CENTER SEE SCHEDULE O FOR FURTHER DETAILS

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 44,491,502. including grants of \$ 21,506,003. ) (Revenue \$ 2,655,123. )

**4e** Total program service expenses ► 115,607,431.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<b>11f</b> X	
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	X
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b>	X
<b>20 a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<input checked="" type="checkbox"/>	

Form **990** (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 167		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 354		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</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)? . . . . .	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	X	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 3		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 2		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . .	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>		X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>		X
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X	
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		X

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ANDREW KESSEL 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201  
501-748-0471

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week  (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 3										
(1) BRUCE R LINDSEY CEO/CHAIR	45.00	X		X				276,298.	0.	32,245.
(2) TERRENCE MCAULIFFE DIRECTOR	2.00	X						0.	0.	0.
(3) JAMES L RUTHERFORD DIRECTOR	2.00	X						0.	0.	0.
(4) ANDREW KESSEL CFO	45.00			X				155,438.	0.	26,250.
(5) STEPHANIE S STREETT EXECUTIVE DIRECTOR	50.00			X				118,558.	0.	28,432.
(6) LAURA A GRAHAM COO	45.00			X				131,144.	0.	301.
(7) MARGARET MARTINELLO DEVELOPMENT DIRECTOR	50.00					X		143,659.	0.	22,578.
(8) CARLOS FERNANDEZ MANZI CEO OF CGSGI	50.00					X		176,086.	0.	15,893.
(9) ALEXANDER CHAVAROT PROJECT DIRECTOR	50.00					X		162,440.	0.	0.
(10) VALERIE ALEXANDER MARKETING DIRECTOR	50.00					X		128,745.	0.	28,524.
(11) THERESE SHERIDAN HR DIRECTOR	50.00					X		123,484.	0.	23,440.
(12)										
(13)										
(14)										
(15)										
(16)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**(continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....								1,415,852.	0.	177,663.
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								1,415,852.	0.	177,663.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **11**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 62,722.				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 887,923.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b> 8,808,046.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b> 127,110,612.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ 4,257,174.					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		136,869,303.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	CHDI INCOME	900099	1,125,753.	1,125,753.	0.	0.
	<b>b</b>	CDI INCOME	900099	218,163.	218,163.	0.	0.
	<b>c</b>	LIBRARY ADMISSIONS	900099	129,689.	129,689.	0.	0.
	<b>d</b>	ACOUSTIGUIDE INCOME	900099	33,251.	33,251.		
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .				0.	0.
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		1,506,856.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		52,088.	0.	0.	52,088.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		0.			
	<b>5</b>	Royalties . . . . .		0.			
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross Rents. . . . .					
	<b>b</b>	Less: rental expenses . . .					
	<b>c</b>	Rental income or (loss) . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0.			
		(i) Securities	(ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . .		0.			
	<b>8a</b>	Gross income from fundraising events (not including \$ 887,923. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 730,865.				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b> 1,042,000.				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		-311,135.	0.	-311,135.	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0.			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 706,998.				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b> 651,633.					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .	<b>ATCH. 5.</b>	55,365.	55,365.	0.	0.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	SPEECH REVENUE	900099	1,134,443.	1,134,443.	0.	0.	
<b>b</b>	PRESIDENTIAL CENTER REVENUE	900099	671,239.	671,239.	0.	0.	
<b>c</b>	PROGRAM INVESTMENTS	900099	-118,740.	-118,740.	0.	0.	
<b>d</b>	All other revenue . . . . .	900099	18,841.	18,841.	0.	0.	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,705,783.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		139,878,260.	3,268,004.	0.	-259,047.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	64,109,244.	64,109,244.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	9,559,408.	9,559,408.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	768,666.	146,993.	621,673.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	11,995,174.	9,397,120.	1,939,846.	658,208.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	515,566.	507,670.		7,896.
<b>9</b> Other employee benefits . . . . .	1,482,742.	1,044,311.	342,141.	96,290.
<b>10</b> Payroll taxes . . . . .	1,377,091.	1,139,425.	186,952.	50,714.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	365,466.	0.	365,466.	0.
<b>c</b> Accounting . . . . .	333,299.	0.	333,299.	0.
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	201,000.			201,000.
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other . . . . .	4,417,686.	3,688,091.	503,575.	226,020.
<b>12</b> Advertising and promotion . . . . .	815,845.	792,385.	18,747.	4,713.
<b>13</b> Office expenses . . . . .	3,185,951.	2,890,494.	154,652.	140,805.
<b>14</b> Information technology . . . . .	476,803.	440,939.	13,807.	22,057.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	2,094,687.	2,016,986.	47,956.	29,745.
<b>17</b> Travel . . . . .	4,860,788.	4,483,099.	134,962.	242,727.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	98,738.	95,546.	1,565.	1,627.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,075,183.	3,956,316.	118,867.	0.
<b>23</b> Insurance . . . . .	63,065.	59,675.	1,331.	2,059.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES . . . . .	103,973.	103,973.	0.	0.
<b>b</b> PARTNER EXPENSES . . . . .	2,427,726.	2,427,726.	0.	0.
<b>c</b> PROVISION FOR UNCOL. PLEDGES . . . . .	921,840.	921,840.	0.	0.
<b>d</b> OTHER PROGRAM EXPENSES . . . . .	6,433,794.	6,433,794.	0.	0.
<b>e</b> . . . . .				
<b>f</b> All other expenses . . . . .	2,434,396.	1,392,396.	0.	1,042,000.
<b>25</b> Total functional expenses. Add lines 1 through 24f . . . . .	123,118,131.	115,607,431.	4,784,839.	2,725,861.
<b>26</b> Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	49,101,535.	<b>2</b>	62,130,588.
	<b>3</b> Pledges and grants receivable, net . . . . .	16,359,872.	<b>3</b>	8,966,200.
	<b>4</b> Accounts receivable, net . . . . .	6,264,323.	<b>4</b>	1,173,276.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	809,874.	<b>8</b>	1,055,874.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	491,059.	<b>9</b>	507,541.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 139,032,248.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 24,256,397.		
		119,384,515.	<b>10c</b>	114,775,851.
	<b>11</b> Investments - publicly traded securities . . . . .	468,304.	<b>11</b>	468,304.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	177,326.
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	67,568,843.	<b>15</b>	0.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	260,448,325.	<b>16</b>	189,254,960.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,283,885.	<b>17</b>	1,317,774.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	69,870,274.	<b>19</b>	1,596,931.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	167,581.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	357,552.	<b>25</b>	5,161,663.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	78,511,711.	<b>26</b>	8,243,949.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	153,604,763.	<b>27</b>	162,717,464.
	<b>28</b> Temporarily restricted net assets . . . . .	28,081,851.	<b>28</b>	18,043,547.
	<b>29</b> Permanently restricted net assets . . . . .	250,000.	<b>29</b>	250,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	181,936,614.	<b>33</b>	181,011,011.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	260,448,325.	<b>34</b>	189,254,960.

Form **990** (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	139,878,260.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	123,118,131.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	16,760,129.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	181,936,614.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-17,685,732.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	181,011,011.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

WILLIAM J. CLINTON FOUNDATION

Employer identification number

31-1580204

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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 exempt 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)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	135,817,368.	89,393,842.	101,406,541.	126,979,554.	136,869,303.	590,466,608.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	135,817,368.	89,393,842.	101,406,541.	126,979,554.	136,869,303.	590,466,608.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						103,079,742.
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						487,386,866.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	135,817,368.	89,393,842.	101,406,541.	126,979,554.	136,869,303.	590,466,608.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	926,928.	3,436,903.	2,779,487.	364,211.	52,088.	7,559,617.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . <b>ATTCH. 1</b> . . . . .	1,767,843.	1,764,604.	1,457,152.	5,774,084.	2,530,765.	13,294,448.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						611,320,673.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	4,669,083.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	79.73 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	78.58 %
<b>16a 33 1/3 % support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3 % support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10 a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19 a 33 1/3 % support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3 % support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

## UNUSUAL GRANTS

SCHEDULE A, PART II, SECTION A, LINE 1

2006: NONE

2007: \$34,743,141

2008: \$82,740,318

2009: \$115,397,489

2010: NONE

=====

TOTAL: \$232,880,948

ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
INVENTORY SALES	1,566,291.	1,207,765.	1,025,628.	1,847,883.	706,998.	6,354,565.
MISCELLANEOUS	135,083.	547,841.	320,049.	384,201.	77,199.	1,464,373.
FUNDRAISING REVENUE	0.	0.	111,475.	3,542,000.	730,865.	4,384,340.
SPEECH REVENUE	0.	0.	0.	0.	1,134,443.	1,134,443.
PARTNERSHIP REVENUE	0.	0.	0.	0.	-118,740.	-118,740.
LIST RENTAL	66,469.	8,998.	0.	0.	0.	75,467.
TOTALS	<u>1,767,843.</u>	<u>1,764,604.</u>	<u>1,457,152.</u>	<u>5,774,084.</u>	<u>2,530,765.</u>	<u>13,294,448.</u>



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

**Name of the 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 an organization 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 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization WILLIAM J. CLINTON FOUNDATION

Employer identification number

31-1580204

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 3,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 3,720,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 3,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 3,040,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 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.)

Name of organization WILLIAM J. CLINTON FOUNDATION

Employer identification number

31-1580204

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 2,850,825.	Person <input checked="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.)
			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.)

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization

WILLIAM J. CLINTON FOUNDATION

Employer identification number

31-1580204

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2010

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition                      **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research                      **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ **Yes** ☐ **No**

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XI V.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	260,804.	233,301.	227,051.		
<b>b</b> Contributions . . . . .	0.	0.	50,000.		
<b>c</b> Net investment earnings, gains, and losses . . . . .	43,222.	27,503.	-43,750.		
<b>d</b> Grants or scholarships . . . . .	0.	0.	0.		
<b>e</b> Other expenditures for facilities and programs . . . . .	0.	0.	0.		
<b>f</b> Administrative expenses . . . . .	0.	0.	0.		
<b>g</b> End of year balance . . . . .	304,026.	260,804.	233,301.		

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
**b** Permanent endowment ▶ 82.0000 %  
**c** Term endowment ▶ 18.0000 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .  
**(ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		943,690.		943,690.
<b>b</b> Buildings . . . . .		134,390,906.	22,382,450.	112,008,456.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		3,697,652.	1,873,947.	1,823,705.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				114,775,851.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) AGENCY FUNDS	0.	
(3) INTRA-ORG PAYABLE, NET	5,161,663.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		5,161,663.

**2. FIN 48 (ASC 740) Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	139,878,260.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	123,118,131.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	16,760,129.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-2,829.
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	-17,682,903.
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	-17,685,732.
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	-925,603.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	321,772,692.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-2,829.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,115,233.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	178,969,655.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	180,082,059.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	141,690,633.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	-1,812,373.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-1,812,373.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	139,878,260.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	304,282,682.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,115,233.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	215,054,829.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	216,170,062.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	88,112,620.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	35,005,511.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	35,005,511.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	123,118,131.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

## INTENDED USES OF ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE INTENDED USE OF THE ENDOWMENT FUND IS TO SUPPORT BRINGING SPEAKERS TO  
THE CLINTON PRESIDENTIAL CENTER.

## FIN 48 DISCLOSURE

FORM 990, SCHEDULE D, PART X, LINE 2

THE FOUNDATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH A  
FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL  
EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007.

## RECONCILIATION OF CHANGE IN NET ASSETS

FORM 990, SCHEDULE D, PART XI, LINE 8

INTERCOMPANY GRANT ADJUSTMENT	\$ (73,583)
PROGRAM RELATED INVESTMENT REVENUE	118,740
TRANSFER OF ASSETS TO CHAI	(17,728,060)
=====	
TOTAL	\$ (17,682,903)



**Part XIV Supplemental Information** (continued)

## REVENUE RECONCILIATION

FORM 990, SCHEDULE D, PART XII, LINE 2D

RELATED ORGANIZATIONS REVENUE	\$214,319,810
INTERCOMPANY ELIMINATION	(271,061)
INTERCOMPANY GRANTS NETTED ON FINANCIAL STATEMENTS	(35,005,511)
GRANT ADJUSTMENT	(73,583)

=====

TOTAL	\$178,969,655
-------	---------------

## REVENUE RECONCILIATION

FORM 990, SCHEDULE D, PART XII, LINE 4B

COST OF GOODS SOLD	\$ (651,633)
FUNDRAISING EXPENSES	(1,042,000)
PROGRAM RELATED INVESTMENT REVENUE	(118,740)

=====

TOTAL	\$ (1,812,373)
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## EXPENSE RECONCILIATION

FORM 990, SCHEDULE D, PART XIII, LINE 2D

RELATED ORGANIZATIONS EXPENSES	\$195,904,197
FUNDRAISING EXPENSES	1,042,000
COST OF GOODS SOLD	651,633
INTERCOMPANY ELIMINATION	(271,061)
TRANSFER OF ASSETS TO CHAI	17,728,060

=====

TOTAL	\$215,054,829
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**Part XIV** Supplemental Information *(continued)*

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## EXPENSE RECONCILIATION

FORM 990, SCHEDULE D, PART XIII, LINE 4B

INTERCOMPANY GRANTS NETTED ON FINANCIAL STATEMENTS \$35,005,511

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

WILLIAM J. CLINTON FOUNDATION

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

31-1580204

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN	1.	2.	PROGRAM SERVICES	EARTHQUAKE RELIEF	9,162,000.
<b>(2)</b> EAST ASIA AND THE PACIFIC	12.	23.	PROGRAM SERVICES	CLIMATE	3,809,000.
<b>(3)</b> EUROPE	2.	12.	PROGRAM SERVICES	CLIMATE	312,000.
<b>(4)</b> MIDDLE EAST AND NORTH AFRICA	1.	1.	PROGRAM SERVICES	CLIMATE	84,000.
<b>(5)</b> NORTH AMERICA	0.	2.	PROGRAM SERVICES	CLIMATE	206,000.
<b>(6)</b> SOUTH AMERICA	5.	20.	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	4,287,000.
<b>(7)</b> SOUTH ASIA	0.	4.	PROGRAM SERVICES	CLIMATE	149,000.
<b>(8)</b> SUB-SAHARAN AFRICA	7.	57.	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	3,925,000.
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .	28.	121.			21,934,000.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	28.	121.			21,934,000.

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

Schedule F (Form 990) 2010

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐   
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	SUPPORT	601,450.	WIRE XFER	0.	NA	NA
(2)			EUROPE/ICELAND/GREENLAND	RELIEF	250,000.	WIRE XFER	0.	NA	NA
(3)			EUROPE/ICELAND/GREENLAND	RELIEF	250,000.	WIRE XFER	0.	NA	NA
(4)			EUROPE/ICELAND/GREENLAND	RELIEF	250,000.	WIRE XFER	0.	NA	NA
(5)			CENT. AMERICA/CARIBBEAN	RELIEF	600,000.	WIRE XFER	0.	NA	NA
(6)			CENT. AMERICA/CARIBBEAN	RELIEF	1,000,000.	WIRE XFER	0.	NA	NA
(7)			CENT. AMERICA/CARIBBEAN	RELIEF	1,505,000.	WIRE XFER	0.	NA	NA
(8)			EUROPE/ICELAND/GREENLAND	RELIEF	250,000.	WIRE XFER	0.	NA	NA
(9)			EUROPE/ICELAND/GREENLAND	RELIEF	750,000.	WIRE XFER	0.	NA	NA
(10)			SOUTH AMERICA	SUPPORT	106,908.	WIRE XFER	0.	NA	NA
(11)			SOUTH AMERICA	SUPPORT	215,730.	WIRE XFER	0.	NA	NA
(12)			SOUTH AMERICA	SUPPORT	257,320.	WIRE XFER	0.	NA	NA
(13)			CENT. AMERICA/CARIBBEAN	RELIEF			3,523,000.	CLOTHES/CARS	FMV
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ☐ 13.

3 Enter total number of other organizations or entities ☐

Schedule F (Form 990) 2010

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2010

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . . ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . . ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2010

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

## MONITORING PROCEDURES FOR USE OF GRANT FUNDS

FORM 990, SCHEDULE F, PART I, LINE 2

THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS  
DETAILING THE USE OF GRANT FUNDS. THE RELEVANT GROUP INITIATIVE WITHIN  
THE FOUNDATION REVIEWS THESE REPORTS FOR PROPER USE OF GRANT FUNDS AND  
CONTINUED FUNDING.

## GRANT ACCOUNTING METHOD

FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN (F)  
EXPENDITURES ARE REPORTED ON AN ACCRUAL-BASIS CONSISTENT WITH THE  
ORGANIZATION'S FINANCIAL STATEMENTS.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

WILLIAM J. CLINTON FOUNDATION

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public  
Inspection

Employer identification number

31-1580204

Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants  
b ☒ Internet and email solicitations f ☐ Solicitation of government grants  
c ☐ Phone solicitations g ☒ Special fundraising events  
d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 AMERICAN MARKETING	DIRECT MARKETING		X	510,000.	89,000.	421,000.
2 M&R STRATEGIES	EMAIL MARKETING		X	1,205,000.	112,000.	1,093,000.
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,715,000.	201,000.	1,514,000.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN,  
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY,



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 MILLENNIUM (event type)	(b) Event #2 GALA (event type)	(c) Other Events 0. (total number)	(d) Total events (add col. (a) through col. (c))
	<b>Revenue</b>			
1 Gross receipts . . . . .	475,788.	1,143,000.		1,618,788.
2 Less: Charitable contributions . . . . .	284,148.	603,775.		887,923.
3 Gross income (line 1 minus line 2) . . . . .	191,640.	539,225.		730,865.
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .		2,500.		2,500.
6 Rent/facility costs . . . . .		108,000.		108,000.
7 Food and beverages . . . . .	10,147.	163,962.		174,109.
8 Entertainment . . . . .	25,000.	99,522.		124,522.
9 Other direct expenses . . . . .	159,853.	473,016.		632,869.
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 1,042,000.)
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				-311,135.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

HIGHEST PAID FUNDRAISERS

FORM 990, SCHEDULE G, PART I, LINE 2B

AMERICAN MARKETING

400 N. WASHINGTON ST. #300, ALEXANDRIA, VA 22314

M&R STRATEGIES

2120 L STREET, NW, SUITE 400, WASHINGTON, DC 20037

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

WILLIAM J. CLINTON FOUNDATION

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

31-1580204

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE GIVING BACK FUND 6033 WEST CENTURY BLVD, STE 350	04-3367888	501(C)(3)	50,000.	0.	NA	NA	HAITI RELIEF
(2)	AMERICAN JEWISH WORLD SERVICE 45 W 36TH ST NEW YORK, NY 10018	22-2584370	501(C)(3)	100,000.	0.	NA	NA	HAITI RELIEF
(3)	PLAN INTERNATIONAL USA 1730 RHODE ISLAND AVENUE NW	13-5661832	501(C)(3)	115,000.	0.	NA	NA	HAITI RELIEF
(4)	CARE 151 ELLIS STREET ATLANTA, GA 30303	13-1685039	501(C)(3)	250,000.	0.	NA	NA	HAITI RELIEF
(5)	DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE, 2ND FLOOR	13-3433452	501(C)(3)	250,000.	0.	NA	NA	HAITI RELIEF
(6)	INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	250,000.	0.	NA	NA	HAITI RELIEF
(7)	OXFAM 355 LEXINGTON AVENUE NEW YORK, NY 10017	23-7069110	501(C)(3)	250,000.	0.	NA	NA	HAITI RELIEF
(8)	PARTNERS IN HEALTH 888 COMMONWEALTH AVE, 3RD FL	04-3567502	501(C)(3)	250,000.	0.	NA	NA	HAITI RELIEF
(9)	SAVE THE CHILDREN FEDERATION INC 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501(C)(3)	250,000.	0.	NA	NA	HAITI RELIEF
(10)	CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE, MD 21201	13-5563422	501(C)(3)	300,000.	0.	NA	NA	HAITI RELIEF
(11)	HABITAT FOR HUMANITY 270 PEACHTREE STREET NW ATLANTA, GA 30303	91-1914868	501(C)(3)	300,000.	0.	NA	NA	HAITI RELIEF
(12)	EPISCOPAL RELIEF & DEVELOPMENT 815 2ND AVE NEW YORK, NY 10017	73-1635264	501(C)(3)	315,000.	0.	NA	NA	HAITI RELIEF

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) (2010)**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

WILLIAM J. CLINTON FOUNDATION

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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31-1580204

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BLVD	95-3949646	501(C)(3)	500,000.	0.	NA	NA	HAITI RELIEF
(2)	J/P HAITIAN RELIEF ORGANIZATION 149 S. BARRINGTON AVENUE #364	27-1703237	501(C)(3)	500,000.	0.	NA	NA	HAITI RELIEF
(3)	UNIVERSITY OF MIAMI 1320 S. DIXIE HWY CORAL GABLES, FL 33146	59-0624458	501(C)(3)	500,000.	0.	NA	NA	HAITI RELIEF
(4)	AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	705,166.	0.	NA	NA	CHILDHOOD OBESITY
(5)	CONCERN 104 EAST 40TH STREET, ROOM 903	13-3712030	501(C)(3)	750,000.	0.	NA	NA	HAITI RELIEF
(6)	UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE, 11TH FLOOR	13-1760110	501(C)(3)	750,000.	0.	NA	NA	HAITI RELIEF
(7)	ALLIANCE FOR A HEALTHIER GENERATION 609 SE 9TH AVE PORTLAND, OR 97214	27-2028308	501(C)(3)	1,621,528.	0.	NA	NA	CHILDHOOD OBESITY
(8)	CLINTON BUSH HAITI FUND PO BOX 632454 BALTIMORE, MD 21263	27-2122785	501(C)(3)	37,188,311.	0.	NA	NA	HAITI RELIEF
(9)	INTERFAITH COMMITTEE 40 WEST 37TH STREET, SUITE 803	13-3628207	501(C)(3)	10,000.	0.	NA	NA	HAITI RELIEF
(10)	CITY OF LITTLE ROCK 500 WEST MARKHAM LITTLE ROCK, AR 72201	71-6014465	GOVERNMENT	867,580.	0.	NA	NA	PRESIDENTIAL CENTER
(11)	HENDRIX COLLEGE 1600 WASHINGTON AVE CONWAY, AR 72032	71-0236897	501(C)(3)	187,500.	0.	NA	NA	EDUCATION
(12)	THE GLOBAL FAIRNESS INSTITUTE 1225 EYE STREET, NW WASHINGTON, DC 20005	05-0563219	501(C)(3)	500,000.	0.	NA	NA	GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

WILLIAM J. CLINTON FOUNDATION

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public  
Inspection

Employer identification number

31-1580204

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CLINTON GLOBAL INITIATIVE 3200 PRESIDENT CLINTON AVE	27-1551550	501 (C) (3)	14,927,451.	0.	NA	NA	GENERAL SUPPORT
(2)	CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE BOSTON, MA 02127	27-1414646	501 (C) (3)	2,350,000.	0.	NA	NA	GENERAL SUPPORT
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations ☐ 26.

3 Enter total number of other organizations ☐ 0.

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

Schedule I (Form 990) (2010)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.

FORM 990, SCHEDULE I, PART I

THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS

DETAILING THE USE OF GRANT FUNDS. THE RELEVANT GROUP INITIATIVE WITHIN

THE FOUNDATION REVIEWS THESE REPORTS FOR PROPER USE OF GRANT FUNDS AND

CONTINUED FUNDING.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

WILLIAM J. CLINTON FOUNDATION

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

31-1580204

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☐ Compensation committee  
☐ Independent compensation consultant  
☐ Form 990 of other organizations

- ☐ Written employment contract  
☐ Compensation survey or study  
☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?  
If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?  
**b** Any related organization?  
If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRUCE R LINDSEY	(i)	276,298.	0.	0.	16,799.	15,446.	308,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ANDREW KESSEL	(i)	152,438.	3,000.	0.	9,266.	16,981.	181,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARGARET MARTINELLO	(i)	143,659.	0.	0.	8,756.	13,822.	166,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 CARLOS FERNANDEZ MANZI	(i)	173,586.	2,500.	0.	0.	15,893.	191,979.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ALEXANDER CHAVAROT	(i)	162,440.	0.	0.	0.	0.	162,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 VALERIE ALEXANDER	(i)	124,595.	4,150.	0.	8,179.	20,345.	157,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2010



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

BONUS COMPENSATION

FORM 990, SCHEDULE J, PART I, LINE 7

THE AMOUNTS INCLUDED ON PART II, B(II), REPRESENTS BONUSES THAT WERE  
INCLUDED IN THE 2010 W-2.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

WILLIAM J. CLINTON FOUNDATION

Employer identification number

31-1580204

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		1,688,000.	THRIFT SHOP VALUE
6 Cars and other vehicles . . . . .	X	15.	1,835,000.	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	4.	255,274.	STOCK MARKET QUOTE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( SOFTWARE ) . . . . .	X	1.	442,500.	FMV
26 Other ► ( FURNITURE ) . . . . .	X	1.	36,400.	FMV
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 3.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

---

COLUMN B

FORM 990, SCHEDULE M, PART I, COLUMN B

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**  
**▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

WILLIAM J. CLINTON FOUNDATION

Employer identification number

31-1580204

AMENDED RETURN

FORM 990, PAGE 1, ITEM B

THE FOUNDATION IS VOLUNTARILY AMENDING THE FORM 990 FOR 2010.

EXPLANATION OF CHANGES REPORTED ON AMENDED FORM 990

=====

CHANGES TO PART VIII, AND SCHEDULE A, "GOVERNMENT GRANTS

(CONTRIBUTIONS)":

THE FORM 990, AS AMENDED, LISTS THE AMOUNT OF GOVERNMENT GRANTS AND  
CONTRIBUTIONS RECEIVED BY THE FOUNDATION AT PART VIII, LINE 1E. IN THE  
ORIGINAL FORM 990, LINE 1E WAS LEFT BLANK AND THE AMOUNT HAD BEEN  
INCLUDED ON THE NEXT LINE OF THE RETURN, AT PART VIII, LINE 1F. THE  
CHANGE TO PART VIII, LINE 1E HAS RESULTED IN CORRESPONDING CHANGES TO  
PART VIII, LINE 1F, AND SCHEDULE A, PART II, LINES 5 AND 14.

CHANGES TO PART I, PART IV, PART VI, PART VIII, PART XI, SCHEDULE D,  
SCHEDULE F, SCHEDULE O, AND SCHEDULE R RELATING TO RELATED ENTITIES:

THE FORM 990, AS AMENDED, LISTS ACCESO FUND LLC AND FONDO ACCESO SAS AS  
RELATED ENTITIES AND INCLUDES ADDITIONAL INFORMATION RELATING TO THESE  
ENTITIES, WHICH IS SHOWN ON PART VI, LINES 16A AND 16B; PART VIII, LINE  
11, PART X, LINES 11 AND 13; SCHEDULE D, PART XI, LINES 1, 3, 4, 8 AND 9,  
PART XII, LINE 4B AND PART XIV; SCHEDULE F, PART IV, LINES 1 AND 3; AND  
SCHEDULE R, PARTS III, IV AND V, LINE 2. IN ADDITION, A PORTION OF THE  
DECREASE IN PART I, LINES 11, 12, AND 19, AND A PORTION OF THE LOSS

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

REPORTED ON PART XI, LINE 3, ARE ATTRIBUTABLE TO THESE ADJUSTMENTS. ALSO, THE AMOUNT SHOWN ON PART XI, LINE 5, FOR "OTHER CHANGES IN NET ASSETS OR FUND BALANCES" HAS BEEN CHANGED IN PART AS A RESULT OF THESE ADJUSTMENTS, AS SET OUT IN THE ADDITIONAL EXPLANATION ON SCHEDULE O. THE AMENDED FORM 990 INCLUDES A FORM 926 IN CONNECTION WITH TRANSFERS OF CAPITAL TO FONDO ACCESO SAS. ON SCHEDULE R, PART I, ONE ENTITY WAS ADDED AS A DISREGARDED ENTITY. THIS CHANGE IS ALSO REFLECTED IN PART IV, LINE 33.

CHANGES TO PART I, PART IX, PART XI, SCHEDULE D, SCHEDULE I AND SCHEDULE R RELATING TO TRANSACTIONS WITH RELATED ENTITIES:

THE AMENDED FORM 990 MOVES GRANTS MADE TO CLINTON GLOBAL INITIATIVE ("CGI") AND CLINTON HEALTH ACCESS INITIATIVE ("CHAI") TO PART IX, LINE 1 FROM PART XI LINE 5, AND A CORRESPONDING CHANGE HAS BEEN MADE TO PART I, LINE 13. ALSO THE AMOUNT SHOWN ON PART XI, LINE 5, FOR "OTHER CHANGES IN NET ASSETS OR FUND BALANCES" HAS BEEN CHANGED IN PART AS A RESULT OF THE ADJUSTMENTS TO PART IX, LINE 1, AS SET OUT IN THE ADDITIONAL EXPLANATION ON SCHEDULE O, AND CHANGES HAVE BEEN MADE TO SCHEDULE D, PART XII, LINE 2D, PART XIII, LINE 4B, AND PART XIV, AND SCHEDULE I, PART II. A PORTION OF THE INCREASE IN EXPENSES REPORTED ON PART XI, LINE 2, AND A PORTION OF THE LOSS REPORTED ON PART XI, LINE 3, ARE ATTRIBUTABLE TO THE CHANGE IN THE PRESENTATION OF GRANTS MADE TO CGI AND CHAI. ALSO AS A RESULT OF THESE CHANGES, THE AMOUNTS SHOWN ON PART I, LINES 18 AND 19, PART IX, LINE 25, AND SCHEDULE D, PART XI, LINES 2, 3, 8 AND 9 HAVE BEEN CHANGED.

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CHANGES TO PART III, PART IX, SCHEDULE F, SCHEDULE I, AND SCHEDULE M,  
RELATING TO DONATIONS AND GRANTS OF GOODS:

DURING 2010, THE FOUNDATION RECEIVED IN-KIND DONATIONS OF VEHICLES AND  
CLOTHING IN CONNECTION WITH RELIEF AND RECONSTRUCTION WORK ASSOCIATED  
WITH THE AFTERMATH OF THE EARTHQUAKE IN HAITI. PART III, LINE 4A, HAS  
BEEN CHANGED TO PROPERLY REFLECT THE FAIR MARKET VALUE OF THE GOODS  
RECEIVED AND INCLUDED IN THE GRANTS. A CHANGE HAS BEEN MADE TO THE  
AMOUNT SHOWN AS "OTHER EXPENSES" ON PART IX, LINE 24F, AND A  
CORRESPONDING CHANGE HAS BEEN MADE TO PART I, LINE 17. BECAUSE THE FORM  
990 AS ORIGINALLY FILED REPORTED THAT THE NONCASH GRANT WAS MADE THROUGH  
ANOTHER NOT-FOR-PROFIT ORGANIZATION RATHER THAN DIRECTLY TO HAITI,  
CHANGES HAVE BEEN MADE TO SCHEDULE F, PART II, AND SCHEDULE I, PART II.  
SCHEDULE M, PART I, HAS BEEN CHANGED TO REFLECT THE NUMBER OF  
CONTRIBUTIONS (AS DISTINCT FROM THE NUMBER OF VEHICLES) IN THIS CATEGORY,  
AND AN ADDITIONAL EXPLANATION IS SET OUT IN SCHEDULE M, PART II.

ADDITIONAL CHANGES TO PART III (STATEMENT OF PROGRAM SERVICE  
ACCOMPLISHMENTS):

CHANGES HAVE BEEN MADE TO PART III, LINES 4C AND 4D, TO REFLECT REVENUES  
ASSOCIATED WITH THE CLINTON PRESIDENTIAL CENTER AND ADJUSTMENTS TO  
REVENUES AND EXPENSES FOR OTHER PROGRAM SERVICES.

CHANGES TO PART V (STATEMENTS REGARDING OTHER IRS FILINGS AND TAX  
COMPLIANCE) AND RELATED CHANGES TO SCHEDULE O:

A CHANGE HAS BEEN MADE TO PART V, LINE 1A, RELATING TO THE AMOUNT SHOWN

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ON THE FOUNDATION'S FORM 1096, CONCERNING THE TOTAL NUMBER OF U.S.  
INFORMATION RETURNS FILED BY THE FOUNDATION.

PART V, LINE 4B, INSTRUCTS THAT THE NAMES OF FOREIGN COUNTRIES IN WHICH  
THE FOUNDATION HAS AN INTEREST IN, OR SIGNATURE OR OTHER AUTHORITY OVER,  
A FINANCIAL ACCOUNT SHOULD BE LISTED ON SCHEDULE O. CHANGES HAVE BEEN  
MADE TO THE LIST AS SET OUT ON SCHEDULE O TO MAKE THE LIST CONSISTENT  
WITH THE FOREIGN COUNTRIES THAT HAVE BEEN REPORTED ON THE FOUNDATION'S  
FOREIGN BANK ACCOUNT REPORT (FBAR) FORMS TD F 90-22.1.

CHANGE TO PART VI (GOVERNANCE, MANAGEMENT, AND DISCLOSURE):

PART VI, SECTION C, LINE 18, HAS BEEN CHANGED TO REFLECT THAT THE  
FOUNDATION'S FORMS 1023 AND 990 WERE AVAILABLE UPON REQUEST FOR PUBLIC  
INSPECTION.

CHANGES TO PART VII (COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY  
EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS):  
PART VII, SECTION A, WAS AMENDED TO CLARIFY A DIRECTOR'S TITLE.

PART VII, SECTION B, CALLS FOR INFORMATION REGARDING THE "FIVE HIGHEST  
INDEPENDENT CONTRACTORS THAT RECEIVED MORE THAN \$100,000 OF COMPENSATION  
FROM THE ORGANIZATION." THIS LIST HAS BEEN REVISED TO EXCLUDE  
CORPORATIONS FROM THE LIST OF INDEPENDENT CONTRACTORS AND TO INCLUDE  
INDEPENDENT CONTRACTORS WHO NOW QUALIFY FOR THE LIST. CORRESPONDING  
CHANGES HAVE BEEN MADE TO PART VII, SCHEDULE B, LINES 1 AND 2, AND TO

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SCHEDULE O.

ADDITIONAL CHANGES TO PART VIII (STATEMENT OF REVENUES) AND RELATED

CHANGES TO PART I, SCHEDULE A, AND SCHEDULE D:

THE FORM 990 AS ORIGINALLY FILED REPORTED PAYMENTS FOR SPEECHES AS

DONATIONS IN PART VIII, LINE 1F. THESE AMOUNTS HAVE BEEN RECLASSIFIED AS

"OTHER" INCOME, AND A SPECIFIC LINE TO REFLECT REVENUE FROM SPEECHES HAS

BEEN ADDED ON PART VIII, LINE 11 AND RELATED CHANGES HAVE BEEN MADE TO

PART I, LINES 8 AND 11, AND SCHEDULE A, PART II, LINES 1 AND 10.

CHANGES HAVE BEEN MADE BOTH TO CLARIFY THE PRESENTATION AND TO CORRECT

CERTAIN AMOUNTS SET OUT IN PART VIII, LINES 2A - 2G (PROGRAM SERVICE

REVENUE), LINES 6A - 6D (GROSS RENTS), LINES 10A - 10C (GROSS SALES/COST

OF GOODS SOLD), AND LINE 11A - 11D (MISCELLANEOUS INCOME). CORRESPONDING

CHANGES HAVE BEEN MADE TO PART I, LINES 7A, 8, 11, AND SCHEDULE A, PART

II, LINE 10, AND PART IV.

ADDITIONAL CHANGES TO PART IX (STATEMENT OF FUNCTIONAL EXPENSES):

RECLASSIFICATIONS HAVE BEEN MADE TO MORE CLEARLY REFLECT OFFICERS'

COMPENSATION ON PART IX, LINES 5, 7, 8, AND 9; NO CHANGE IS BEING MADE TO

THE AGGREGATE REPORTING FOR OFFICERS' COMPENSATION.

ADDITIONAL CHANGES TO PART X (BALANCE SHEET):

A RECLASSIFICATION WAS MADE TO MOVE A GRANT RECEIVABLE FROM LINE 4 TO

LINE 3.



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AMENDED RETURN CONTINUED

FORM 990, PAGE 1, ITEM B

ADDITIONAL CHANGES TO SCHEDULE A (PUBLIC CHARITY STATUS AND PUBLIC SUPPORT) :

CERTAIN CHANGES TO SCHEDULE B HAVE RESULTED IN A CORRESPONDING CHANGE TO SCHEDULE A, PART II, LINES 5, 6, 11, AND 14, AND TO THE NON-PUBLIC PORTION OF THE BREAKDOWN ON SCHEDULE A, PART II, LINE 5. PART IV HAS BEEN UPDATED TO PROVIDE INFORMATION ABOUT GRANTS EXCLUDED FROM PART II, SECTION A, LINE 2.

SCHEDULE A, PART II, LINE 12, WAS PREVIOUSLY LEFT BLANK BUT NOW REFLECTS TOTAL GROSS RECEIPTS FROM RELATED ACTIVITIES.

ADDITIONAL CHANGES TO SCHEDULE B (SCHEDULE OF CONTRIBUTORS) :

THE AMENDED FORM 990 REFLECTS CHANGES TO SCHEDULE B. DONORS TO THE CLINTON FOUNDATION ARE PUBLICLY DISCLOSED ON THE FOUNDATION'S WEBSITE.

INFORMATION REPORTING CERTAIN AGGREGATE CASH AND NON-CASH DONATIONS HAS BEEN DELETED AS IT NOT REQUIRED TO BE REPORTED ON SCHEDULE B.

ADDITIONAL CHANGES TO SCHEDULE D (SUPPLEMENTAL FINANCIAL STATEMENTS) :

SCHEDULE D, PART V, LINES 2B AND 2C, HAVE BEEN CHANGED TO REFLECT ALLOCATION OF ENDOWMENT FUNDS.

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SCHEDULE D, PARTS XI, XII, AND XIII, CALL FOR CERTAIN RECONCILIATIONS BETWEEN THE FOUNDATION'S AUDITED FINANCIALS AND INFORMATION REPORTED ON THE FORM 990. THE ATTACHED AMENDED FORM 990 REFLECTS THE RECONCILIATIONS FROM THE CONSOLIDATED TOTALS IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART X, LINE 2, CALLS FOR A RECITATION IN SCHEDULE D, PART XIV, OF "THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740)." THE FORM 990 AS FILED DID NOT INCLUDE THIS RECITATION, WHICH HAS BEEN INCLUDED IN THE ATTACHED AMENDED FORM 990. THIS HAS BEEN INCLUDED IN THE ATTACHED AMENDED FORM 990. THIS CHANGE IS ALSO REFLECTED IN PART IV, LINE 11F.

ADDITIONAL CHANGES TO SCHEDULE F (STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES):

SCHEDULE F, PART II, LINE 1 HAS BEEN AMENDED TO REFLECT UPDATED INFORMATION ON GRANTS.

CHANGES TO SCHEDULE G (SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING OR GAMING ACTIVITIES):

SCHEDULE G, PART I, LINE 1F AND LINE 3, HAVE BEEN ADJUSTED FOR ACCURACY.

SCHEDULE G, PART IV, HAS BEEN ADJUSTED FOR ACCURACY.

CHANGES TO SCHEDULE J (COMPENSATION INFORMATION):

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THE AMENDED FORM 990 NO LONGER REFLECTS PAYMENT FOR TRAVEL FOR COMPANIONS ON SCHEDULE J, PART I, LINE 1A AND 2 (WHICH IS CONSISTENT WITH THE NOTE ON THE FORM 990 AS ORIGINALLY FILED THAT STATED THAT THERE WERE NO SUCH PAYMENTS IN 2010), AND SCHEDULE J, PART III, NO LONGER INCLUDES EXPLANATIONS THAT RELATED TO COMPANION TRAVEL.

SCHEDULE J, PART I, LINE 3, NO LONGER REFLECTS USE OF A COMPENSATION SURVEY OR STUDY.

SCHEDULE J, PART I, LINE 7, AND PART III ADDS INFORMATION RELATING TO THE REPORTING OF BONUSES.

ADDITIONAL CHANGES TO SCHEDULE M (NONCASH CONTRIBUTIONS):

SCHEDULE M, PART II ADDS THE EXPLANATION THAT THE INFORMATION ON SCHEDULE M, PART I, COLUMN B, REPORTS NON-CASH CONTRIBUTIONS BASED ON THE NUMBER OF CONTRIBUTIONS AND NOT THE NUMBER OF ITEMS.

ADDITIONAL CHANGES TO SCHEDULE O (SUPPLEMENTAL INFORMATION):

A NOTE HAS BEEN ADDED FROM PART IX, LINE 18, CONCERNING ENTERTAINMENT EXPENSES.

NEW PROGRAM SERVICES

FORM 990, PART III, LINES 2

THE CLINTON FOUNDATION WAS ENGAGED IN RELIEF AND RECONSTRUCTION IN HAITI AFTER THE JANUARY 2010 EARTHQUAKE.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINES 4A - 4D

ABOUT THE CLINTON FOUNDATION

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BUILDING ON A LIFETIME OF PUBLIC SERVICE, PRESIDENT BILL CLINTON ESTABLISHED THE WILLIAM J. CLINTON FOUNDATION WITH THE MISSION TO IMPROVE GLOBAL HEALTH, STRENGTHEN ECONOMIES, PROMOTE HEALTHIER CHILDHOODS, AND PROTECT THE ENVIRONMENT BY FOSTERING PARTNERSHIPS AMONG GOVERNMENTS, BUSINESSES, NONGOVERNMENTAL ORGANIZATIONS (NGOS), AND PRIVATE CITIZENS.

PRESIDENT CLINTON'S VISION AND LEADERSHIP HAVE RESULTED IN NEARLY 4 MILLION PEOPLE BENEFITING FROM LIFESAVING HIV/AIDS TREATMENT; MORE THAN 12,000 U.S. SCHOOLS BUILDING HEALTHIER LEARNING ENVIRONMENTS; MORE THAN 26,000 MICRO-ENTREPRENEURS, SMALL BUSINESS OWNERS, AND SMALLHOLDER FARMERS IMPROVING THEIR LIVELIHOODS AND COMMUNITIES; AND MORE THAN 2.2 MILLION TONS OF GREENHOUSE GASES CUT OR ABATED IN SOME OF THE WORLD'S LARGEST CITIES. AND PRESIDENT CLINTON HAS REDEFINED THE WAY WE THINK ABOUT GIVING AND PHILANTHROPY THROUGH HIS CLINTON GLOBAL INITIATIVE, WHOSE MEMBERS HAVE MADE MORE THAN 2,000 COMMITMENTS THAT HAVE ALREADY IMPROVED THE LIVES OF 300 MILLION PEOPLE IN MORE THAN 180 COUNTRIES.

SEPARATE INITIATIVES ADDRESS TARGETED CHALLENGES WITHIN THE FOUNDATION'S FOUR AREAS OF FOCUS. WHILE EACH HAS A UNIQUE MISSION, THEY ALL REFLECT PRESIDENT CLINTON'S FOUNDING VISION: TO IMPLEMENT SUSTAINABLE SOLUTIONS THAT IMPROVE ACCESS WORLDWIDE TO INVESTMENT, OPPORTUNITY, AND LIFESAVING SERVICES AND TO ENSURE PEOPLE AND COMMUNITIES CAN ULTIMATELY TAKE CONTROL OF THEIR OWN FUTURES.

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## 2010 INITIATIVE ACTIVITY

THE CLINTON CLIMATE INITIATIVE (CCI) CREATES AND ADVANCES SOLUTIONS TO THE CORE PROBLEMS DRIVING CLIMATE CHANGE. WORKING WITH GOVERNMENTS AND BUSINESSES AROUND THE WORLD TO DEVELOP PROGRAMS THAT ARE ECONOMICALLY AND ENVIRONMENTALLY SUSTAINABLE, CCI FOCUSES ON THREE STRATEGIC GOALS: REDUCING EMISSIONS IN CITIES; CATALYZING THE LARGE-SCALE SUPPLY OF CLEAN ENERGY; AND WORKING TO MEASURE AND VALUE THE CARBON ABSORBED BY FORESTS. CCI'S PROGRAMS PROVE THAT REDUCING CARBON EMISSIONS CAN ALSO CREATE JOBS AND LIFT ECONOMIES. CCI IS WORKING ON 10 SUSTAINABLE FOREST MANAGEMENT PROJECTS, ENCOMPASSING 644,000 HECTARES OF LAND, WHICH WILL BENEFIT MORE THAN 353,000 PEOPLE. DURING 2010, CCI SUPPORTED THE VALIDATION PROCESS FOR THE 90,000-HECTARE RIMBA RAYA PROJECT IN INDONESIA, WHICH WILL PREVENT 96 MILLION TONS OF CARBON FROM BEING EMITTED INTO THE ATMOSPHERE ONCE COMPLETE. CCI ALSO COMPLETED PRE-FEASIBILITY STUDIES ASSESSING THE POTENTIAL TO DEPLOY SOLAR ENERGY ON A LARGE SCALE IN SOUTH AFRICA, AUSTRALIA, AND INDIA, WHICH WOULD PROVIDE THESE COUNTRIES WITH CLEAN, SECURE, AND AFFORDABLE ENERGY. AS OF 2010, CCI HAS HELPED TO INITIATE 250 INDIVIDUAL AND MULTI-BUILDING RETROFIT PROJECTS, 30 WASTE MANAGEMENT PROJECTS, AND 17 OUTDOOR LIGHTING RETROFIT PROJECTS IN CITIES ACROSS THE GLOBE THAT WILL REDUCE GREENHOUSE GAS EMISSIONS BY MORE THAN 2.2 MILLION TONS ANNUALLY UPON COMPLETION.

THE ALLIANCE FOR A HEALTHIER GENERATION, A PARTNERSHIP BETWEEN THE CLINTON FOUNDATION AND THE AMERICAN HEART ASSOCIATION, IS LEADING THE

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CHARGE AGAINST THE CHILDHOOD OBESITY EPIDEMIC BY ENGAGING DIRECTLY WITH INDUSTRY LEADERS, EDUCATORS, PARENTS, DOCTORS, AND KIDS THEMSELVES. THE GOAL OF THE ALLIANCE IS TO REDUCE THE NATIONWIDE PREVALENCE OF CHILDHOOD OBESITY BY 2015. IN 2010, THE ALLIANCE'S HEALTHY SCHOOLS PROGRAM REACHED ENROLLMENT WITH 10,000 SCHOOLS ACROSS ALL 50 STATES AND HEALTHIER SCHOOL MEALS AGREEMENTS WERE BROKERED TO REACH 30 MILLION STUDENTS ACROSS THE COUNTRY. ADDITIONALLY, THE ALLIANCE'S HEALTH CARE INITIATIVE REACHED MORE THAN 2 MILLION CHILDREN IN 2010.

THE CLINTON ECONOMIC OPPORTUNITY INITIATIVE (CEO) WORKS TO ACCELERATE ECONOMIC PROGRESS IN UNDERSERVED COMMUNITIES IN THE UNITED STATES BY PROMOTING ENTREPRENEURSHIP AND ADVANCING BUSINESS-TO-BUSINESS PUBLIC SERVICE. THROUGH PROGRAMS THAT PROVIDE ENTREPRENEURS WITH SUPPORT, IDEAS, AND TOOLS THAT CAN HELP THEM SUCCESS IN THE MARKETPLACE, CEO AIMS TO EMPOWER GROWING BUSINESSES, CREATE JOBS, GENERATE WEALTH, AND PROMOTE LASTING ECONOMIC DEVELOPMENT. IN 2010, THE AVERAGE GROWTH RATE FOR COMPANIES THAT WERE A PART OF CEO'S ENTREPRENEUR MENTORING PROGRAM (EMP) WAS 12 PERCENT AND THE AVERAGE JOB GROWTH WAS 20 PERCENT. BY 2010, THROUGH CEO'S CONSULTING PROGRAM, BUSINESS OWNERS HAVE PROVIDED MORE THAN 73,500 HOURS OF PRO BONO CONSULTING SERVICES, WORTH MORE THAN \$15 MILLION. ADDITIONALLY IN 2010, CEO LAUNCHED A STRATEGIC PARTNERSHIP WITH SEEDCO FINANCIAL SERVICES, A NOT-FOR-PROFIT COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION THAT PROMOTES ECONOMIC OPPORTUNITY IN UNDERSERVED COMMUNITIES. THE PARTNERSHIP WILL PROVIDE UP TO 20 SMALL BUSINESS OWNERS IN NEW YORK CITY WITH STRATEGIC ASSESSMENTS FROM BOOZ & COMPANY AND NEW

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YORK UNIVERSITY'S MBA STUDENTS WITH A LOAN OF UP TO \$750,000 FROM SEEDCO FINANCIAL.

THE CLINTON DEVELOPMENT INITIATIVE (CDI) WORKS TO GIVE SMALLHOLDER FARMERS IN RWANDA AND MALAWI THE TOOLS THEY NEED TO INCREASE THEIR HARVESTS AND INCOMES AND SUPPORT THEIR FAMILIES AND COMMUNITIES. IN CLOSE COLLABORATION WITH FARMERS AND NONGOVERNMENTAL ORGANIZATIONS AND AT THE INVITATION OF THE GOVERNMENTS OF MALAWI AND RWANDA, THESE PROGRAMS PROVIDE ACCESS TO BETTER FARMING INPUTS AND MORE STABLE MARKETS - AND ENSURE THAT COMMUNITIES CAN ULTIMATELY SUSTAIN THEMSELVES. CDI IN MALAWI IS SUPPORTED FINANCIALLY BY THE SALIDA CAPITAL FOUNDATION, AND THE CLINTON HUNTER DEVELOPMENT INITIATIVE (CHDI) IN RWANDA IS A PARTNERSHIP BETWEEN THE CLINTON FOUNDATION AND THE HUNTER FOUNDATION.

IN 2010, CDI EXPANDED THE ANCHOR FARM'S OUTREACH TO 2,505 SMALLHOLDER FARMERS. THROUGH THE ANCHOR FARM PROJECT, SMALLHOLDER FARMERS HAVE EXPERIENCED A 271 PERCENT INCREASE IN YIELDS, 111 PERCENT INCREASE IN THE SALE PRICE OF HARVESTS, AND A 185 PERCENT INCREASE IN PROFITABILITY. IN 2010, CDHI ADVANCED TWO MAJOR AGRIBUSINESSES, SOYCO LTD AND RWANDAN FARMERS COFFEE COMPANY (RFCC). CDHI AND RFCC INITIATED CONSTRUCTION ON A COFFEE ROASTING AND PACKAGING FACILITY IN 2010, IMPROVING THE INCOMES FOR UP TO 50,000 LOCAL COFFEE FARMERS. SOYCO IS CONTRACTING WITH AN ESTIMATED 30,000 LOCAL FARMERS TO GROW SOYBEANS AND PROVIDING INPUTS TO SUPPORT THEM. AS PART OF THE TREES OF HOPE PROJECT IN MALAWI, IN 2010 CDI HELPED ESTABLISH 102 COMMUNITY NURSERIES AND PLANTED 1 MILLION TREES. SINCE

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2007, MORE THAN 2 MILLION TREES HAVE BEEN PLANTED BY 2,000 SMALLHOLDER FARMERS, SEQUESTERING 248,000 OF CO<sub>2</sub>, HELPING TO REVERSE DEFORESTATION.

## PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

FORM 990, PART III, LINES 4A - 4D

THE CLINTON GIUSTRA SUSTAINABLE GROWTH INITIATIVE (CGSGI) WAS LAUNCHED IN 2007 BY PRESIDENT CLINTON AND PHILANTHROPIST FRANK GIUSTRA AND SEEKS TO NARROW THE WEALTH GAP IN THE DEVELOPING WORLD BY EMPOWERING INDIVIDUALS WITH THE SKILLS, ACCESS, AND OPPORTUNITIES NEEDED TO SUSTAIN A LIVELIHOOD. AN INNOVATIVE PARTNERSHIP AMONG THE CLINTON FOUNDATION, THE PRIVATE SECTOR, GOVERNMENTS, LOCAL COMMUNITIES, AND OTHER NGOS, CGSGI FOCUSES ON ALLEVIATING POVERTY THROUGH MARKET-DRIVEN DEVELOPMENT THAT CREATES JOBS AND INCREASES INCOMES AND ON STRENGTHENING FACTORS THAT ENABLE ECONOMIC GROWTH SUCH AS HEALTH AND EDUCATION. AS PART OF CGSGI'S INCOME-GENERATION PROGRAMS IN COLOMBIA IN 2010, 717 MICROENTREPRISES CREATED 2,160 JOBS AND THROUGH THE HOTEL SUPPLIER NETWORK PROJECT, 23 LOCAL SMALL SUPPLIERS REPRESENTING 193 HOUSEHOLDS AND PRODUCERS HAVE GENERATED \$910,000 IN SALES THROUGH TRANSACTIONS WITH SIX LARGE LOCAL HOTELS AND NINE SMALL LOCAL HOTELS. IN PERU, 3,959 PRODUCERS HAVE RECEIVED TECHNICAL ASSISTANCE AND HAVE REPORTED \$2.6 MILLION IN INCREMENTAL SALES. CGSGI ALREADY OPERATES A CHILD NUTRITION PROGRAM IN COLOMBIA THAT HAS SERVED 2 MILLION MEALS TO PRIMARY SCHOOL STUDENTS IN PIES DESCALZOS SCHOOLS. FINALLY, IN 2010, CGSGI'S CATARACTS PROGRAM PROVIDED NEARLY 16,053 CATARACT SURGERIES TO UNDERSERVED POPULATIONS IN PERU AND GENERATED MORE THAN \$6.7 MILLION IN POST-SURGICAL ECONOMIC IMPACT.



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THE CLINTON PRESIDENTIAL CENTER, LOCATED IN LITTLE ROCK, ARKANSAS, IS COMMITTED TO SUPPORTING THE WORK OF THE CLINTON FOUNDATION AND SERVING THE COMMUNITY BY PROVIDING A FIRST-CLASS VENUE FOR EXHIBITS, EVENTS, AND EDUCATIONAL PROGRAMS. THE CENTER HAS WELCOMED 2 MILLION VISITORS FROM AROUND THE WORLD AND PROVIDED FREE SCHOOL TOURS TO MORE THAN 100,000 ARKANSAS STUDENTS. IN ADDITION TO SERVING AS A MAJOR TOURIST ATTRACTION, THE CENTER HAS DRIVEN ECONOMIC DEVELOPMENT THROUGHOUT THE CITY AND THE STATE BY INITIATING MORE THAN \$2 BILLION IN REVITALIZATION AND REINVESTMENT IN THE COMMUNITY. IN 2010, THE CLINTON FOUNDATION SECURED FUNDING NEEDED TO CONVERT THE FORMER ABANDONED ROCK ISLAND RAILROAD BRIDGE INTO A PEDESTRIAN AND BICYCLE PATHWAY. ALSO, THE CLINTON FOUNDATION OFFICES IN LITTLE ROCK AND THE CLINTON SCHOOL OF PUBLIC SERVICE AT THE UNIVERSITY OF ARKANSAS HAVE REDUCED THEIR ENERGY USE BY 60 PERCENT.

THE CLINTON FOUNDATION HAITI FUND WAS ESTABLISHED BY PRESIDENT CLINTON IN THE IMMEDIATE AFTERMATH OF THE 7.0 MAGNITUDE EARTHQUAKE THAT STRUCK HAITI ON JANUARY 12, 2010. THE FUND WAS FORMED TO TURN DONATIONS OF MONEY AND SUPPLIES INTO DIRECT RELIEF FOR THE PEOPLE AND GOVERNMENT OF HAITI. MORE THAN 100,000 INDIVIDUALS DONATED MORE THAN \$16.4 MILLION TO THE FUND. THE FOUNDATION SPENT NEARLY \$2.5 MILLION TO DIRECTLY PURCHASE RELIEF SUPPLIES AND SPENT MORE THAN \$1.7 MILLION TO DELIVER AND DISTRIBUTE GOODS DONATED BY OTHER ORGANIZATIONS, BRINING THE TOTAL VALUE OF THE FOUNDATION'S EFFORT TO NEARLY \$28 MILLION. THE FOUNDATION HAS ALSO ISSUED \$5.3 MILLION

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IN EMERGENCY GRANTS TO 16 ORGANIZATIONS, INCLUDING \$1 MILLION FOR OPERATIONAL SUPPORT OF THE INTERIM HAITI RECOVERY COMMISSION. TO JUMP-START HAITI'S ECONOMIC GROWTH, THE FOUNDATION DONATED \$2.5 MILLION TO LONG-TERM PROJECTS AND FACILITATED ADDITIONAL PROJECTS, INVESTMENTS, AND PARTNERSHIPS. THROUGH THE HAITI RECOVERY COMMISSION TO SUPPORT THE BUILDING BACK BETTER COMMUNITIES INITIATIVE, THE FOUNDATION PROVIDED A \$500,000 GRANT TO THE HAITIAN GOVERNMENT. AND IN JUNE 2010, THE FOUNDATION COMMITTED \$1 MILLION TO CONSTRUCT EMERGENCY COMMUNAL SHELTERS IN LÉOGÂNE, HAITI, THE FIRST FINANCIAL COMMITMENT MADE TO THE INTERIM HAITI RECONSTRUCTION COMMISSION. THE FOUNDATION HAS ALSO FACILITATED INVESTMENTS ACROSS AGRICULTURAL AND RETAIL SECTORS, AND HAS NEW INVESTMENTS IN ARTISANS FROM LARGE INTERNATIONAL RETAILERS SUCH AS MACY'S, WEST ELM, AND DONNA KARAN. ADDITIONALLY, THE FOUNDATION COMMITTED \$1.5 MILLION TO THE HAITIAN MINISTRY OF HEALTH FOR CHOLERA PREVENTION IN 2010 AND HAS SINCE BUILT UPON THIS COMMITMENT. ALSO, AS PART OF ITS IMMEDIATE ASSISTANCE, THE FOUNDATION COMMITTED \$1 MILLION FOR THE TRAINING OF 10,000 COMMUNITY PUBLIC HEALTH WORKERS ACROSS THE COUNTRY, AS WELL AS THE PURCHASE OF 10,000 PORTABLE TREATMENT PACKS FOR THOSE IN NEED.

FOREIGN FINANCIAL ACCOUNTS

FORM 990, PART V, LINE 4B

AUSTRALIA

BURUNDI

CAMBODIA

CHINA

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COLOMBIA

DOMINICAN REPUBLIC

ETHIOPIA

HAITI

INDIA

INDONESIA

KENYA

LESOTHO

LIBERIA

MALAWI

MOZAMBIQUE

NIGERIA

PAPUA-NEW GUINEA

PERU

RWANDA

SOUTH AFRICA

SWAZILAND

TANZANIA

UGANDA

UKRAINE

UNITED KINGDOM

VIETNAM

ZAMBIA

ZIMBABWE

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## DOCUMENTATION OF COMMITTEE MEETINGS

FORM 990, PART VI, SECTION A, LINE 8B

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY; THEREFORE, THE MEETINGS ARE NOT CONTEMPORANEOUSLY DOCUMENTED.

## FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B

A COPY OF FORM 990 IS CIRCULATED TO THE BOARD, AMONG THE VARIOUS OFFICERS, AND AMONG THE VARIOUS INITIATIVE HEADS FOR REVIEW PRIOR TO FILING.

## CONFLICT OF INTEREST POLICY MONITORING PROCEDURES

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO DISCLOSE ANY POTENTIAL CONFLICTS ANNUALLY. THE ANNUAL DISCLOSURES ARE REVIEWED BY COUNSEL AND IF ANY POTENTIAL CONFLICT EXISTS, IT WOULD BE EXAMINED AND APPROPRIATE ACTION WOULD BE TAKEN.

## COMPENSATION DETERMINATION PROCEDURES

FORM 990, PART VI, SECTION B, LINE 15A &amp; 15B

BEGINNING IN 2011, THE ORGANIZATION BEGAN AN ANNUAL COMPENSATION STUDY THAT REVIEWS THREE SURVEYS TO DETERMINE THE REASONABLENESS OF ALL STAFF COMPENSATION INCLUDING TOP MANAGEMENT. TOP MANAGEMENT'S SALARIES ARE REVIEWED BY THE BOARD ANNUALLY.

Name of the organization

WILLIAM J. CLINTON FOUNDATION

Employer identification number

31-1580204

## AVAILABILITY OF GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT AVAILABLE ON THEIR WEBSITE. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

## ENTERTAINMENT EXPENSES

FROM 990, PART IX, LINE 18

PART IX, LINE 18 WAS ZERO BECAUSE NO AMOUNT WAS PAID FOR TRAVEL OR ENTERTAINMENT EXPENSES FOR ANY FEDERAL, STATE, OR LOCAL PUBLIC OFFICIAL THAT MEETS THE THRESHOLD FOR REPORTING ON THIS LINE.

## RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

NET UNREALIZED LOSSES ON INVESTMENTS	\$ (2,829)
INTERCOMPANY GRANT ADJUSTMENT	(73,583)
PROGRAM RELATED INVESTMENT REVENUE	118,740
TRANSFER OF ASSETS TO CHAI	(17,728,060)
=====	
TOTAL	\$ (17,685,732)

## RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S BOARD, AS A WHOLE (INSTEAD OF A COMMITTEE), ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Name of the organization WILLIAM J. CLINTON FOUNDATION	Employer identification number 31-1580204
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## FUNDRAISING EXPENSES

FORM 990, SCHEDULE G, PART I

ALL FUNDRAISING AGREEMENTS ENTERED INTO BY THE ORGANIZATION STATE THAT FUNDRAISING EXPENSES WILL BE INVOICED SEPARATELY FROM FUNDRAISING FEES. BELOW ARE THE AMOUNTS PAID TO EACH PROFESSIONAL FUNDRAISER FOR FUNDRAISING EXPENSES.

AMERICAN MARKETING &amp; COMMUNICATIONS CORP \$13,954

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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

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

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,  
 FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,  
 MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
 RI, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY

Name of the organization

WILLIAM J. CLINTON FOUNDATION

Employer identification number

31-1580204

ATTACHMENT 3

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
BRUCE R LINDSEY CEO/CHAIR	6.00
ANDREW KESSEL CFO	5.00
LAURA A GRAHAM COO	5.00

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FRED POUST 277 WEST END AVENUE #4A NEW YORK, NY 10023	CONSULTING SERVICES	399,898.
BKD, LLP P.O. BOX 3667 LITTLE ROCK, AR 72203	ACCOUNTING SERVICES	249,078.
KUMIKI GIBSON 309 HICKS STREET, APT #4 BROOKLYN, NY 11201	CONSULTING SERVICES	199,992.
MCCULLAGH & COMPANY 1201 CALIFORNIA STREET #801 SAN FRANCISCO, CA 94109	FUNDRAISING SUPPORT	180,000.
TOTAL COMPENSATION		<u>1,028,968.</u>

Name of the organization

WILLIAM J. CLINTON FOUNDATION

Employer identification number

31-1580204

ATTACHMENT 5FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES .....	706,998.
INVENTORY AT BEGINNING OF YEAR .....	
PURCHASES .....	651,633.
SALARIES AND WAGES .....	
OTHER COSTS .....	
SUBTOTAL .....	<u>651,633.</u>
MINUS ENDING INVENTORY .....	
COST OF GOODS SOLD .....	<u><u>651,633.</u></u>



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

WILLIAM J. CLINTON FOUNDATION

Employer identification number

31-1580204

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CLINTON FOUNDATION HONG KONG 16/F, TAK SHING HOUSE THEATER HONG KONG, HK	CF PROGRAMS	HK	0.	0.	WJC FDN
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WILLIAM J CLINTON FOUNDATION UK 610 PRESIDENT CLINTON AVE 2ND LITTLE ROCK, AR 72201	FUNDRAISING	UK			WJC FDN	X	
(2) CLINTON GLOBAL INITIATIVE 27-1551550 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	INITIATIVE	AR	501 (C) (3)	11B	WJC FDN	X	
(3) CLINTON HEALTH ACCESS INITIATIVE 27-1414646 383 DORCHESTER AVE BOSTON, MA 02127	HEALTH	AR	501 (C) (3)	9	WJC FDN	X	
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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

Schedule R (Form 990) 2010

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ACCESO_FUND_LLC_27-2075171 1271 AVE OF AMER, NY, NY 10020	PROGRAM INVESTMNT	DE	N/A	RELATED	712.	108,035.		X		X		50.0000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) FONDO ACCESO S.A.S CALLE 93A NO. 14-17 OF 709 BOGOTA, CO	PROGRAM INVESTMNT	CO	N/A	C. CORP.	0.	0.	0.0000
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		X
<b>f</b> Sale of assets to other organization(s) . . . . .		X
<b>g</b> Purchase of assets from other organization(s) . . . . .		X
<b>h</b> Exchange of assets . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	X	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	X	
<b>n</b> Sharing of paid employees . . . . .		X
<b>o</b> Reimbursement paid to other organization for expenses . . . . .		X
<b>p</b> Reimbursement paid by other organization for expenses . . . . .		X
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .		X
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) CLINTON HEALTH ACCESS INITIATIVE	B	20,078,060.	AMT. PAID
(2) CLINTON GLOBAL INITIATIVE	B	14,927,451.	AMT. PAID
(3) ACCESO FUND LLC	B	225,000.	AMT. PAID
(4) CLINTON HEALTH ACCESS INITIATIVE	D	7,075,000.	YEAR END BAL.
(5) CLINTON HEALTH ACCESS INITIATIVE	I	182,313.	LEASE AGREEMENT
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership**(Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Schedule R (Form 990) 2010

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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