Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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)

| nten | nal Rev | enue Servi | ce | The organization may have to use a copy of this return to satisfy sta | te reportir | ng requirements. | Inspection |
|--------------------------------|------------------------|------------------------|---------------------------------|--|----------------------|--|------------------------------|
| A F | or th | he 2012 | calen | dar year, or tax year beginning , 2012, and ending | q | | , 20 |
| | | | C Name | e of organization | | Employer identif | ication number |
| B c | heck if a | applicable: | | L, HILLARY & CHELSEA CLINTON FOUNDATION | | 15/ 15 | |
| Г | Addr | | 6070070.00 | Business As | | 21 150020 | 1 |
| \vdash | chan | | | | | 31-158020 | |
| \vdash | Nam | e change | | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | Telephone number | |
| \vdash | Initia | ıl return | | O PRESIDENT CLINTON AVENUE | (; | 501) 748- | 0471 |
| L | - | ninated | City o | r town, state or country, and ZIP + 4 | | | |
| X | Ame retur | | | TLE ROCK, AR 72201 | G | Gross receipts \$ | 56,640,301. |
| L | Appli | ication fing | F Na | me and address of principal officer:ANDREW KESSEL | H(a | a) Is this a group retreated affiliates? | um for Yes X No |
| | | | 120 | O PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201 | H(t | b) Are all affiliates in | cluded? Yes No |
| 1 | Tax-ex | xempt sta | | X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | | If "No," attach a lis | st. (see instructions) |
| J | Webs | ite: 🕨 | | CLINTONFOUNDATION.ORG | | c) Group exemption | number > |
| | | of organi | | | | | e of legal domicile: AR |
| | rt I | 7.103 | nmary | The control of the co | ioimation. | 1337 III Oldic | o legar definione. |
| ı u | 1200 | W407F 197 - 45847 | | | | | - |
| | 1 | | | e the organization's mission or most significant activities: IMPROVE GLOBAL HEALTH AND WELLNESS, INCREASE OPP | Ортин | | |
| 9 | | | | O GIRLS, REDUCE CHILDHOOD OBESITY, CREATE ECONOMI | | | |
| nan | | | | | | | |
| & Governance | | | | TH AND HELP COMMUNITIES ADDRESS THE EFFECTS OF CL | | | |
| ô | 2 | | | if the organization discontinued its operations or disposed of more than | | | i la |
| త | 3 | Numbe | r of vot | ing members of the governing body (Part VI, line 1a) | | 3 | 3. |
| ties | 4 | Numbe | r of ind | ependent voting members of the governing body (Part VI, line 1b) | | 4 | 2. |
| Activities | 5 | Total n | umber | of individuals employed in calendar year 2012 (Part V, line 2a) | | 5 | 275. |
| Act | 6 | Total n | umber | of volunteers (estimate if necessary) | | 6 | 400. |
| 0070270 | 7a | Total g | ross un | related business revenue from Part VIII, column (C), line 12 | | 7a | 1,050,393. |
| | b | Net un | related | business taxable income from Form 990-T, line 34 | | 7b | -180,700. |
| | | | | · | | rior Year | Current Year |
| | 8 | Contrib | utions | and grants (Part VIII, line 1h) | 65 | ,232,759. | 49,937,264. |
| Ž | 9 | Progra | m servi | ce revenue (Part VIII, line 2g) COPY FOR PUBLIC INSPECTION | | 399,737. | |
| Revenue | 10 | Investr | nent ind | come (Part VIII, column (A), lines 3, 4, and 7d) | | 68,305. | |
| ~ | 11 | Other r | evenue | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1 | ,619,752. | 2,970,315. |
| | 12 | Total re | evenue | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | ,320,553. | 54,589,351. |
| | 13 | | | nilar amounts paid (Part IX, column (A), lines 1-3) | | ,011,225. | 8,091,488. |
| | 14 | Benefit | s paid t | o or for members (Part IX, column (A), line 4) | | 0 | 0 |
| | 15 | Salarie | s other | compensation, employee benefits (Part IX, column (A), lines 5-10) | 1.8 | ,382,051. | 18,438,574. |
| Se | | Profess | sional fi | undraising fees (Part IX column (A) line 11e) | 10 | 183,000. | 204,179. |
| Expenses | l d | Total fu | ındraici | undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶ 5,251,268. | | 103,000. | 204/115. |
| ۵ | | | | on (Port IV column (A) lines 445 445 945 | 21 | ,709,273. | 29,614,417. |
| | | | | es (Part IX, column (A), lines 11a-11d, 11f-24f) | | | |
| | 18 19 | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | ,285,549. | 56,348,658. |
| - v | 19 | Revent | ie iess | expenses. Subtract line 18 from line 12 | | ,035,004. | -1,759,307. |
| Net Assets or Fund Balances | 00 | T-4 ' | | | | of Current Year | End of Year |
| 3338 | 20 | Total a | ssets (P | art X, line 16) | | ,890,114. | 225,703,274. |
| 뛜 | 21 | | | (Part X, line 26) | | ,261,131. | 42,113,239. |
| | The Real Property lies | | | fund balances. Subtract line 21 from line 20 | 187 | ,628,983. | 183,590,035. |
| | rt II | | nature | | | | |
| corr | ler pen ect, ar | nalties of nd compl | perjury, l ete. <i>De</i> çl | declare that I have examined this return, including accompanying schedules and statements, aration of preparer (other than officer) is based on all information of which preparer has any k | and to the nowledge. | best of my knowle | edge and belief, it is true, |
| - | | | 1 | | • | | _ |
| | ign | _ | ريز | -den du l'ester | | | |
| Н | ere | S | ignature | of officer | | Date | / _ |
| | | - | 14 N | unew M. (cessel, CFD | | 11/16 | 15 |
| | | | | rint name and title | | o* | |
| aid | | Print/T | pe prep | arer's name Preparer's signature Date | | heck if | PTIN |
| | arer | MICH | AEL V | VOLFE MARKEUSE 11/16/2 | | mployed ▶ | P01888810 |
| | Only | Firm's r | name | BKD, LLP | EIN | > | |
| 2000 | | | ddress | | | | -372-1040 |
| Лау | the II | RS disc | uss this | return with the preparer shown above? (see instructions) | | | X Yes No |

BILL, HILLARY & CHELSEA CLINTON FOUNDATION 31-1580204 Form 990 (2012) Page 2 Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: THE CLINTON FOUNDATION WORKS TO IMPROVE GLOBAL HEALTH AND WELLNESS, INCREASE OPPORTUNITY FOR WOMEN AND GIRLS, REDUCE CHILDHOOD OBESITY, CREATE ECONOMIC OPPORTUNITY AND GROWTH, AND HELP COMMUNITIES ADDRESS THE EFFECTS OF CLIMATE CHANGE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 6,019,000 including grants of \$ 1,014,646.) (Revenue \$ 4a (Code:) (Expenses \$ ___) CLINTON GIUSTRA SUSTAINABLE GROWTH INITIATIVE SEE SCHEDULE O FOR FURTHER DETAILS 14,025,000 including grants of \$ 4b (Code: THE CLINTON CLIMATE INITIATIVE SEE SCHEDULE O FOR FURTHER DETAILS) (Expenses \$ 7,931,000 including grants of \$ 398,267. (Revenue \$ CLINTON PRESIDENTIAL CENTER SEE SCHEDULE O FOR FURTHER DETAILS **4d** Other program services (Describe in Schedule O.)

(Expenses \$ 17,774,074. including grants of \$ 6,678,575.) (Revenue \$

4e Total program service expenses ► 45,749,074.

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Form 990 (2012) Page **3**

| Part | t IV Checklist of Required Schedules | | | |
|------------|--|------------|-----|------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | 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? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| Ü | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | 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> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | | | |
| 0 | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a | _ | | - 21 |
| 9 | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | - | | 21 |
| 10 | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | 21 | |
| | | | | |
| _ | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | 110 | х | |
| | complete Schedule D, Part VI | 11a | Λ | |
| D | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | 446 | | Х |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Λ |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | 44. | | Х |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Λ |
| a | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 44.1 | 77 | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Λ | |
| T | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 446 | 77 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| ıza | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | 42- | | v |
| | complete Schedule D, Parts XI and XII | 12a | | X |
| α | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | 12b | Х | |
| 4.0 | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | 24 | X |
| 13 14 a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 14a | Х | Λ |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 144 | 21 | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | 14b | Х | |
| 15 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 140 | 21 | |
| 13 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 15 | Х | |
| 16 | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 13 | 21 | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | 16 | | Х |
| 17 | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 10 | | 27 |
| . / | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | 17 | Х | |
| 10 | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | Λ | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 18 | Х | |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 10 | Λ | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 19 | | Х |
| 20 - | If "Yes," complete Schedule G, Part III | | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | Λ |
| p | , ii - roo to iine zoa, ulu the organization attaon a copy oi ito auulteu iirlaheldi õlalentehtö te tiilo tetuill? | UD | 1 | |

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| Par | Checklist of Required Schedules (continued) | | | |
|--------------|---|-----|-----|----|
| | . , , | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | | | ~ |
| 00 | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | 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? If "Yes," complete Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | 21 | |
| 2 4 a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| 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? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | 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? If "Yes," complete Schedule L, Part II. | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | 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): | 20- | | X |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | |
| D | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV | 28b | | Х |
| _ | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 200 | | |
| · | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | X | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | 37 | |
| 20 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 26 | | v |
| 27 | related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | X |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | ļ , | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

Form 990 (2012) Page **5**

| Par | | | | |
|-----|--|------|-----|-----|
| | Check if Schedule O contains a response to any question in this Part V | | | . X |
| _ | | | Yes | No |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 78 | | | |
| | Effect the number of Forms W-20 included in line 1a. Effect-0- in not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 10 | 21 | |
| Za | Statements, filed for the calendar year ending with or within the year covered by this return 2275 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| ~ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Х | |
| | 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)? | 4a | Х | |
| b | If "Yes," enter the name of the foreign country: ► | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6a | 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 as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | C.L. | | |
| 7 | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | 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? | 7a | Х | |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12 | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| 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 | | | |
| | Enter the amount of reserves on hand | 4.4 | | 37 |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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Page 6 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

| Soci | ion A. Governing Body and Management | | | Δ. |
|--------|---|----------|--------|----------|
| 360 | non A. Governing Body and Management | | Yes | No |
| | 10 | | 163 | 140 |
| 1a | Enter the number of voting members of the governing body at the end of the tax year |] | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 1 | | |
| 2 | 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? | 2 | | X |
| 3 | 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? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Х |
| 9 | 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 | 9 | | X |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | .) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| - | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i> | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| - | rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| 15 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| 2 | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| a b | Other officers or key employees of the organization | 15b | Х | |
| b | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | .00 | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| IVa | with a taxable entity during the year? | 16a | Х | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | iou | | |
| b | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | Х |
| Sect | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1 | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 | 01(c)(| 3)s o | nlv) |
| .0 | available for public inspection. Indicate how you made these available. Check all that apply. | (0)(| J, J U | · ··y / |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or | f intor | aet r | olicy |
| 13 | and financial statements available to the public during the tax year. | ı ıııteı | σοι μ | oncy, |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | 20 | | |
| 20 | Organization: ▶ Andrew Kessel 1200 president clinton avenue little Rock, ar 72201 501-748-0471 | Ю | | |

JSA 2E1042 1.000

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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 (list an) | · | | | | is both | an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|----------------------------------|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) BRUCE R LINDSEY | 50.00 | | | | | | | | | |
| CEO/CHAIR | 5.00 | Х | | Х | | | | 348,646. | ol | 27,535. |
| (2) TERRENCE MCAULIFFE | 2.00 | | | | | | | | | |
| DIRECTOR | 2.00 | Х | | | | | | 0 | 0 | 0 |
| (3) CHELSEA V. CLINTON | 30.00 | | | | | | | | | _ |
| VICE CHAIR | 5.00 | Х | | | | | | 0 | 0 | 0 |
| (4) ANDREW KESSEL | 45.00 | | | | | | | | | _ |
| CFO | 5.00 | | | Х | | | | 168,310. | 0 | 28,481. |
| (5) STEPHANIE S STREETT | 50.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | -† | | | Х | | | | 129,700. | 0 | 26,293. |
| (6) MARK GUNTON | 50.00 | | | | | | | | | |
| CEO, CGSGI | - | | | Х | | | | 225,369. | 0 | 30,085. |
| (7) SCOTT TAITEL | 50.00 | | | | | | | | | |
| COO OF CGSGI | | | | | | X | | 173,874. | 0 | 24,877. |
| (8) THERESE SHERIDAN HR DIRECTOR | 50.00 | | | | | х | | 148,462. | 0 | 24,014. |
| (9) DENNIS CHENG | 50.00 | | | | | | | | | · |
| CDO | -† | | | | | X | | 206,014. | 0 | 19,432. |
| (10)VALERIE ALEXANDER | 50.00 | | | | | | | | | |
| MARKETING DIRECTOR | -† | | | | | X | | 144,300. | 0 | 27,629. |
| (11)MARK DUNKELMAN SENIOR FELLOW | 50.00 | | | | | Х | | 135,750. | 0 | 25,245. |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Form **990** (2012)

JSA

| | rt VII Section A. Officers, Directors, Tru | istees Ka | v Fr | nnlo |)VP4 | 96 | and F | lini | hest Compensat | ed Employees (c | ontinu | | Page 8 |
|---|--|---|--------------------------------|-----------------------|----------------------|------------------------|----------------------------------|---------------|----------------------------------|--|-----------|---|---------------|
| та | (A) | (B) | , y <u>- 11</u> | ·Pic | | 53, C) | unu I | ııyı | (D) | (E) | <u> </u> | (F) | |
| | Name and title | | box, | unles | Pos heck ss pe | more rson lirect | e than o is both or/truste | an ee) | Reportable compensation from the | Reportable compensation from related organizations | an com | stimated mount of other npensation | f |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | org an | ganization d related anization | b |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b | Sub-total Total from continuation sheets to Part VII, S | ootion A | | | | | | > | 1,680,425. | 0 | 2 | 233,5 | 91. |
| | Total (add lines 1b and 1c) | | | | | · · | · · · | <u></u> | 1,680,425. | 0 | 2 | 233,5 | |
| 2 | Total number of individuals (including but not reportable compensation from the organization | | hose 26 | | d al | bove | e) who | re | ceived more than | \$100,000 of | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former office employee on line 1a? <i>If</i> "Yes," complete Schedu | | | | | | | | | | 3 | | X |
| 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. | | | | | | | | le J for such | 4 | X | | | |
| 5 | Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | | | | | | | | | | 5 | | X |
| | ction B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest com- compensation from the organization. Report of year. | | | | | | | | | | | | |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|-------------------------------|-----------------------------|---------------------|
| ATTACHMENT 2 | | |
| | | |
| | | |
| | | |

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 ▶

Page 9

Part VIII Statement of Revenue Χ Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Unrelated Revenue Related or Total revenue business excluded from tax exempt revenue function under sections 512, 513, or 514 revenue Contributions, Gifts, Grants and Other Similar Amounts 123,208 1a Federated campaigns 1b Membership dues С Fundraising events 8,076,510 1d 12,678,524 1e 3,866,187 Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above . 1f 25,192,835 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 49,937,264 Program Service Revenue **Business Code** 900099 500,000 PROGRAM REVENUE FROM AFFILIATES 500,000 2a 900099 315,045 315,045 CDI INCOME h c LIBRARY ADMISSIONS 900099 138,243 138,243 d LIBRARY ACOUSTIGUIDE RENTALS 900099 31,458 31,458 900099 26,152 26,152 154,823 154,823 All other program service revenue Total. Add lines 2a-2f 1,165,721 Investment income (including dividends, interest, and 60,308. Income from investment of tax-exempt bond proceeds . . . > 0 4 0 5 (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses Rental income or (loss) . . d Net rental income or (loss) . . (i) Securities (ii) Other Gross amount from sales of 1,002,039. 7,743 assets other than inventory **b** Less: cost or other basis and sales expenses 554,039. 448,000. 7,743 c Gain or (loss) 455,743 7,743 448,000. Other Revenue Gross income from fundraising events (not including \$ ___8,076,510. of contributions reported on line 1c). See Part IV, line 18 a 121,653 Less: direct expenses c Net income or (loss) from fundraising events. -422,681 -422,681. 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, less returns and allowances 2,002,970 **b** Less: cost of goods sold . ATCH . 3 . 952,577 Net income or (loss) from sales of inventory 1,050,393 1,050,393 Miscellaneous Revenue **Business Code** SPEECH REVENUE 900099 1,482,088 1,482,088 11a PRESIDENTIAL CENTER REVENUE 900099 1,000,402 1,000,402 b PROGRAM INVESTMENTS 900099 -179,533. -179,533 С 900099 39,646 39,646 All other revenue 2,342,603 e Total. Add lines 11a-11d Total revenue. See instructions 54,589,351 3,516,067 1,050,393 85,627.

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).

| Do | Check if Schedule O contains a respo | (A) | | (C) | (D) |
|--------|--|----------------|------------------------------|---------------------------------|-------------------------|
| | 9b, and 10b of Part VIII. | Total expenses | (B) Program service expenses | Management and general expenses | Fundráising expenses |
| 1 | Grants and other assistance to governments and | | 5.75.000 | general expenses | |
| • | organizations in the United States. See Part IV, line 21 | 6,655,750. | 6,655,750. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | 1 425 520 | 1 425 520 | | |
| | United States. See Part IV, lines 15 and 16 | 1,435,738. | 1,435,738. | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, | 984,419. | 374,447. | 609,972. | |
| _ | trustees, and key employees | 904,419. | 3/4,44/. | 009,972. | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| | persons (as defined under section 4958(I)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 13,451,109. | 9,458,619. | 2,250,569. | 1,741,921 |
| 8 | Pension plan accruals and contributions (include section | 20, 201, 200, | 2,200,022. | _,, | -,.11,221 |
| 0 | 401(k) and 403(b) employer contributions (include section | 545,187. | 493,792. | 48,228. | 3,167 |
| 9 | Other employee benefits | 2,100,664. | 1,534,152. | 398,304. | 168,208 |
| 0 | Payroll taxes | 1,357,195. | 1,001,556. | 219,375. | 136,264 |
| 1 | Fees for services (non-employees): | | | | |
| | Management | 0 | | | |
| | Legal | 374,834. | 195,184. | 179,650. | |
| | Accounting | 513,051. | 40,326. | 472,725. | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services. See Part IV, line 17 | 204,179. | | | 204,179 |
| f | Investment management fees | 0 | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 5,653,777. | 4,436,522. | 401,727. | 815,528 |
| 2 | Advertising and promotion | 1,164,391. | 1,102,472. | 46,434. | 15,485 |
| 3 | Office expenses | 1,238,810. | 1,077,353. | 14,250. | 147,207 |
| 4 | Information technology | 661,925. | 472,791. | 62,918. | 126,216 |
| 5 | Royalties | 1,899,214. | 1,685,180. | 146,119. | 67,915 |
| 6 7 | Occupancy | 4,568,450. | 3,250,026. | 148,819. | 1,169,605 |
| 8 | Travel | 4,300,430. | 3,230,020. | 140,017. | 1,100,000 |
| 0 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 9 | Conferences, conventions, and meetings | 986,750. | 473,200. | | 513,550 |
| 0 | Interest | 0 | 210,200 | | , |
| 1 | Payments to affiliates | 0 | | | |
| 2 | Depreciation, depletion, and amortization | 4,314,822. | 4,253,921. | 44,107. | 16,794 |
| 3 | Insurance . | 477,990. | 383,175. | 83,861. | 10,954 |
| 4 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | PROVISION FOR UNCOL. PLEDGES | 721,861. | 721,861. | | |
| | OTHER PROGRAM EXPENSES | 4,295,622. | 4,295,622. | | |
| С | CLOTHING | 34,465. | 34,465. | | |
| | · | 0.500.155 | 0.070.000 | 001 070 | 444 6== |
| | All other expenses | 2,708,455. | 2,372,922. | 221,258. | 114,275 |
| 5 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 56,348,658. | 45,749,074. | 5,348,316. | 5,251,268 |
| 26 | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) | 0 | | | |
| ISA | | υ | | | |

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Part X **Balance Sheet**

| | | Check if Schedule O contains a response t | to an | v question in this Part | t X | | |
|------------------|----------|---|----------|-------------------------|-------------------|-------------|--------------|
| _ | | Officer in Octrodule O contains a response i | o an | y question in this ran | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | 0 | 1 | 0 |
| | 2 | Savings and temporary cash investments | | | 66,674,712. | 2 | 89,498,607. |
| | 3 | Pledges and grants receivable, net | | | 15,321,589. | 3 | 8,610,879. |
| | 4 | Accounts receivable, net | | | 370,614. | 4 | 569,780. |
| | 5 | Loans and other receivables from current and the | forme | r officers, directors, | | | |
| | | trustees, key employees, and highest co | ompe | nsated employees. | | | |
| | | Complete Part II of Schedule L | | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B). | | | | | |
| | | and sponsoring organizations of section 501(c)(9) volu | | | | | |
| Ø | | organizations (see instructions). Complete Part II of Sche | | | 0 | | 0 |
| Assets | 7 | Notes and loans receivable, net | | | 0 | 7 | 0 |
| As | 8 | Inventories for sale or use | | | 805,084. | 8 | 1,473,836. |
| | 9 | Prepaid expenses and deferred charges | | | 63,060. | 9 | 90,136. |
| | 10 a | Land, buildings, and equipment: cost or | | 120 455 000 | | | |
| | | | 10a | | 110 014 050 | | 100 204 056 |
| | | Less: accumulated depreciation | | | 112,014,959. | | 109,394,076. |
| | 11 | Investments - publicly traded securities | | | 474,991. 0 | 11 | 274,991. |
| | 12 | Investments - other securities. See Part IV, line 11 | | | 2,165,105. | | 1,363,066. |
| | 13 | Investments - program-related. See Part IV, line 11 | | i i | 2,105,105. | 13 | 1,363,066. |
| | 14 15 | Intangible assets Other assets See Part IV line 11 | | 0 | 14 15 | 14,427,903. | |
| | 16 | Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal | | | 197,890,114. | 16 | 225,703,274. |
| _ | 17 | Accounts payable and accrued expenses | | | 2,329,116. | 17 | 4,021,194. |
| | 18 | Grants payable | 0 | | 0 | | |
| | 19 | Deferred revenue | 438,673. | 19 | 984,288. | | |
| | 20 | Tax-exempt bond liabilities | | | 0 | | 0 |
| Ś | 21 | Escrow or custodial account liability. Complete Pa | art IV | of Schedule D | 0 | | 0 |
| Liabilities | 22 | Loans and other payables to current and for | | | | | |
| abi | | trustees, key employees, highest compen | | | | | |
| = | | disqualified persons. Complete Part II of Schedule | L | | | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelate | | | 104,234. | 23 | 74,985. |
| | 24 | Unsecured notes and loans payable to unrelated | third p | arties | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, | | l l | | | |
| | | parties, and other liabilities not included on lines | | ' ' | | | |
| | | of Schedule D | | | 7,389,108. | 25 | 37,032,772. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 10,261,131. | 26 | 42,113,239. |
| S | | Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and | | k here X and | | | |
| Š | 27 | Unrestricted net assets | | | 159,276,096. | 27 | 159,044,754. |
| 3ala | 28 | Temporarily restricted net assets | | | 28,102,887. | 28 | 24,295,281. |
| 힏 | 29 | Permanently restricted net assets | | | 250,000. | 29 | 250,000. |
| or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34. | | | | | |
| ts c | 30 | Capital stock or trust principal, or current funds | | | 30 | | |
| set | 31 | Paid-in or capital surplus, or land, building, or equ | | | 31 | | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated inco | | | | 32 | |
| Net | 33 | Total net assets or fund balances | | | 187,628,983. | 33 | 183,590,035. |
| _ | 34 | Total liabilities and net assets/fund balances | | <u> </u> | 197,890,114. | 34 | 225,703,274. |
| | | | | | | | |

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| | · · (- · · -) | | | | | 3 - | |
|------|--|-------|-------|-------|------|----------------|--|
| Part | XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | X | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 54,5 | 89,3 | 351. | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 56,3 | 48,6 | 558. | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -1,7 | 59,3 | 307. | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1 | 187,6 | 28,9 | 983. | |
| 5 | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | 0 | |
| 7 | Investment expenses | 7 | | | | 0 | |
| 8 | Prior period adjustments | 8 | | | | 0 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | -2,2 | 23, | 707. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | |
| | 33, column (B)) | 10 | 1 | 183,5 | 90,0 | 35. | |
| Part | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | Щ | | |
| | | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplai | in in | | | | |
| | Schedule O. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npile | d or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud | ted (| on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | _ | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accou | | | 2c | X | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | xpla | in in | | | | |
| | Schedule O. | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | t for | th in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | _ | the | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | dits | | 3b | 1 | 1 | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Employer identification number Name of the organization HILLARY & CHELSEA CLINTON FOUNDATION 31-1580204 BILL. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 Χ 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. Type II c Type III-Functionally integrated **d** Type III-Non-functionally integrated 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (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? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary (iv) Is the (v) Did you notify (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 2

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.)

| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | Sec | tion A. Public Support | | | | | | |
|--|------|--|-------------------------|------------------|----------------|----------------|-----------------|--------------|
| membership fees received. (Do not include any 'unusual grants.') | Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| organization's benefit and either paid to or expended on its behalf | 1 | membership fees received. (Do not | 101,406,541. | 126,979,554. | 136,869,303. | 65,232,759. | 49,937,264. | 480,425,421. |
| turnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on the supported organization included on the support subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) \(\bar{\text{P}} \) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total version of the supported sources and income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources, or total from unrelated business activities, whether or not the business is regularly carried on total control to see from the sale of capital assets (Explain in Part IV). ATCH: 1. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). ATCH: 1. 11 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). 12 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage for 2011 Schedule A, Part II, line 14. 16 331/3% support test - 2012. If the organization did not check the box on line 13, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 16 Dividents-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 0.0% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. 18 Private foundation. If the organization did not check a box on | 2 | organization's benefit and either paid | | | | | | 0 |
| 5 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 of public support. Subtract line 5 from line 4. 6 Public support. Subtract line 5 from line 4. 8 Caction B. Total Support 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, received on securities loans | 3 | furnished by a governmental unit to the | | | | | | 0 |
| 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), | 4 | Total. Add lines 1 through 3 | 101,406,541. | 126,979,554. | 136,869,303. | 65,232,759. | 49,937,264. | 480,425,421. |
| Section B. Total Support Calendar year (or fiscal year beginning in) April | 5 | each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 | _ | | | | | | | 66,539,280. |
| Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 Amounts from line 4 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total (e) 2012 (f) Total (f) Total Amounts from line 4 (a) 2018 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total (e) 2012 (f) Total (f) 2011 (f) Total (f) Total (f) Total (f) Total (f) Total (f) 2011 (f) 2012 (f) Total (f) Total (f) 2018 (f) Total (f) Total (f) 2019 (f) 2019 (f) Total (f) Total (f) 2019 (f) 201 | 6 | | | | | | | 413,886,141. |
| 7 Amounts from line 4 | | | (=) 2000 | (h) 2000 | (a) 2010 | (4) 2044 | (2) 2012 | (f) Total |
| 8 Gross income from interest, dividends payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on | _ | | | . , | . , | . , | . , | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar | | | | | | |
| loss from the sale of capital assets (Explain in Part IV.) ATCH 1 1,457,152. 5,774,084. 2,530,765. 5,329,830. 2,464,256. 17,556,087 11 Total support. Add lines 7 through 10 501,306,025 12 Gross receipts from related activities, etc. (see instructions) 12 5,666,518 13 First five years. 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 stop here. The Organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \$\int 331/3\%\$ support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3\% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 331/3\% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 331/3\% or more, check this box and stop here. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. \$\int \text{15}\$ | 9 | Net income from unrelated business activities, whether or not the business | | | | | | 0 |
| 12 | 10 | loss from the sale of capital assets | 1,457,152. | 5,774,084. | 2,530,765. | 5,329,830. | 2,464,256. | 17,556,087. |
| First five years. 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 stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 11 | Total support. Add lines 7 through 10 | | | | | | 501,306,025. |
| Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 12 | Gross receipts from related activities, etc. (| see instructions) . | | | | 12 | 5,666,518. |
| Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2011 Schedule A, Part II, line 14 15 82.48 % 16a 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2011. If the organization qualifies as a publicly supported organization check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. 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. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | | organization, check this box and stop here | | | | | | |
| Public support percentage from 2011 Schedule A, Part II, line 14 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. | Sec | | • | | | | | |
| 16a 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | 14 | • • • • | | • | | | | |
| this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | _ | | | | | | | |
| b 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | 16a | | = | | | | | |
| check this box and stop here . The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2012. 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 stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. 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 stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | | | - | | _ | | | |
| 17a 10%-facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | b | | _ | | | | | |
| 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | 4-7- | | • | | | | | |
| Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | 1/a | | | | | | | |
| b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | | = | | | | | - | • |
| b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | | | | | _ | · · | | upported |
| Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | b | 10%-facts-and-circumstances test - | 2011. If the org | ganization did n | ot check a box | on line 13, 16 | a, 16b, or 17a, | |
| supported organization | | | | | | | | • |
| instructions | 18 | supported organization | | | | | | ▶ 📖 |
| | | instructions | | | | | | <u></u> ▶∟ |

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

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.)

| Sac | tion A Public Support | | C 13010 Hotou be | 5.511, p.0000 0 | opioto i ait | ··· <i>,</i> | |
|----------|--|---------------|------------------|-----------------|----------------|-----------------|---------------|
| | tion A. Public Support | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees | (4) 2000 | (3) 2003 | (0) 2010 | (4) 2011 | (6) 2012 | (i) i otai |
| 1 | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | 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 | | | | | | |
| 2 | | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| _ | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| /a | Amounts included on lines 1, 2, and 3 | | | | | | |
| h | received from disqualified persons 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 | | | | | | |
| | Add lines 7a and 7b. | | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | | |
| <u></u> | line 6.) | | | | | | |
| | tion B. Total Support | (=) 2000 | (h) 2000 | (2) 2010 | (4) 2011 | (=) 2012 | (f) Total |
| Caler | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6. Gross income from interest, dividends, | | | | | | |
| iva | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 4.5 | (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | 1 0 | 4.1.4 | | | () (0) |
| 14 | First five years. If the Form 990 is for | ū | | | • | | ` ` ` ` _ |
| <u> </u> | organization, check this box and stop here. | | | | | | ▶ ∟ |
| | Tublic support parentage for 2012 (line 9 | | | mn (f)) | | 45 | 21 |
| 15 | Public support percentage for 2012 (line 8, | | | | | 15 | % |
| 16 | Public support percentage from 2011 Sche | | | | | 16 | % |
| | tion D. Computation of Investmer | | | 10 1 (0) | | 1 | 0.4 |
| 17 | Investment income percentage for 2012 (lin | | | | | 17 | % |
| 18 | Investment income percentage from 2011 | | | | | 18 | % |
| 19 a | 331/3% support tests - 2012. If the org | | | | | | |
| | 17 is not more than 331/3%, check this | | | • | | • | • |
| b | 331/3% support tests - 2011. If the orga | | | | | | |
| | line 18 is not more than 331/3%, check | | - | • | | | |
| 20 | Private foundation If the organization | aia not check | a how on line | 1⊿ 1Կa ∩r 19h | n check this h | ny and see inst | riictions - I |

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ATTACHMENT 1

Page 4

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

UNUSUAL GRANTS

SCHEDULE A, PART II, SECTION A, LINE 1

2008: \$82,740,318

2009: \$115,397,489

2010: NONE

2011: NONE

2012: NONE

TOTAL: \$198,137,807

SCHEDULE A, PART II - OTHER INCOME

| SCHEDULE A, PART II - OTHER INCOME | | | | | | | |
|------------------------------------|------------|------------|------------|------------|------------|-------------|--|
| DESCRIPTION | 2008 | 2009 | 2010 | 2011 | 2012 | TOTAL | |
| INVENTORY SALES | 1,025,628. | 1,847,883. | 706,998. | | | 3,580,509. | |
| MISCELLANEOUS | 320,049. | 384,201. | 77,199. | 21,287. | 39,646. | 842,382. | |
| FUNDRAISING REVENUE | 111,475. | 3,542,000. | 730,865. | 3,252,600. | 121,653. | 7,758,593. | |
| SPEECH REVENUE | | | 1,134,443. | 978,464. | 1,482,088. | 3,594,995. | |
| PRESIDENTIAL CENTER REVENUE | | | | 1,138,822. | 1,000,402. | 2,139,224. | |
| PARTNERSHIP REVENUE | | | -118,740. | -61,343. | -179,533. | -359,616. | |
| TOTALS | 1,457,152 | 5,774,084. | 2,530,765. | 5,329,830. | 2,464,256. | 17,556,087. | |

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2012

Internal Revenue Service **Employer identification number** Name of the organization BILL, HILLARY & CHELSEA CLINTON FOUNDATION 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** | X | 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, total 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 total 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

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 Part I, 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number 31-1580204

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1_ | | \$1,000,000. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 2 _ | | \$6,188,329. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 3 _ | | \$1,000,000. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 4 _ | | \$1,000,000. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 5 _ | | \$1,025,000. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 6_ | | \$8,975,872. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Employer identification number 31-1580204

| | | | 31-1580204 | | | | |
|--------|--|-----|------------|--|--|--|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | |
| (a) | (b) | (c) | (d) | | | | |

| (a) | (b) | (c) | (d) | | | |
|-----|----------------------------|---------------------|--|--|--|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | |
| 7 _ | | \$3,484,726. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) | | | |
| (a) | (b) | (c) | (d) | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | |
| 8 | | \$1,219,190. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) | | | |
| (a) | (b) | (c) | (d) | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | |
| 9 _ | | \$3,702,652. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) | | | |
| (a) | (b) | (c) | (d) | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) | | | |
| (a) | (b) | (c) | (d) | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) | | | |
| (a) | (b) | (c) | (d) | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) | | | |

Employer identification number

31-1580204

| Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | |
|---|--|--|----------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | | | | | | |

Employer identification number

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| Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) of that total more than \$1,000 for the year. Complete columns (a) through (e) and the following limits to the section 501(c)(7), (8), or (10) or that total more than \$1,000 for the year. | | | | | | | |
|--|---|--------------------------|--|--|--|--|--|
| | For organizations completing Part III, e contributions of \$1,000 or less for the | e year. (Enter this info | ormation once. Se | haritable, etc., e instructions.) ►\$ | | | |
| | Use duplicate copies of Part III if addition | onal space is neede | d | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relation | nship of transferor to transferee | | | |
| | | | | | | | |
| (a) No. | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, at | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | (a) Transfer of sife | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, at | nd ZIP + 4 | Relation | Relationship of transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, at | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| Nam | e of the organization | | | Employer identification number |
|-----|---|--|--|---|
| _ | LL, HILLARY & CHELSEA CLINTON FOUNDA | | | 31-1580204 |
| Pa | organizations Maintaining Donor Advorganization answered "Yes" to Form 9 | | Similar Funds or | Accounts. Complete if the |
| | | (a) Donor adv | ised 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 tha | t the assets held in | donor advised |
| | funds are the organization's property, subject to the | e organization's exclus | ive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, ar | | | |
| | only for charitable purposes and not for the benefi | | | |
| | conferring impermissible private benefit? | | | |
| Pa | rt Conservation Easements. Complete if | | | orm 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the | organization (check al | that apply). | |
| | Preservation of land for public use (e.g., recre | eation or education) | | f an historically important land area |
| | Protection of natural habitat | | Preservation o | f a certified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization he | eld a qualified conserv | ation contribution in | the form of a conservation |
| | easement on the last day of the tax year. | | ı | |
| | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easements | 3 | | 2b |
| С | Number of conservation easements on a certified | historic structure inclu | ded in (a) | 2c |
| d | Number of conservation easements included in (c) | acquired after 8/17/0 | 6, and not on a | |
| | historic structure listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, tran | sferred, released, ext | nguished, or termina | ated by the organization during the |
| | tax year ▶ | | | |
| 4 | Number of states where property subject to conse | rvation easement is loo | ated > | |
| 5 | Does the organization have a written policy regard | ing the periodic monit | oring, inspection, ha | ndling of |
| | violations, and enforcement of the conservation ea | sements it holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, in | nspecting, and enforci | ng conservation eas | ements during the year |
| | > | | | - |
| 7 | Amount of expenses incurred in monitoring, inspec | cting, and enforcing co | nservation easemer | nts during the year |
| | ►\$ | | | · |
| 8 | Does each conservation easement reported on lin | e 2(d) above satisfy th | e requirements of se | ction 170(h)(4)(B) |
| | (i) and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports | | | |
| | balance sheet, and include, if applicable, the text of | of the footnote to the o | rganization's financi | al statements that describes the |
| | organization's accounting for conservation easeme | ents. | | |
| Pa | rt III Organizations Maintaining Collections Complete if the organization answered | of Art, Historical T | reasures, or Other | r Similar Assets. |
| _ | | | | |
| 1a | If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form | -AS 116 (ASC 958), ar assets held for pu cotnote to its financial | not to report in its in blic exhibition, educe statements that des | revenue statement and balance sheet cation, or research in furtherance of cribes these items. |
| b | If the organization elected, as permitted under | SFAS 116 (ASC 958) | , to report in its re | evenue statement and balance sheet |
| | works of art, historical treasures, or other similar public service, provide the following amounts relati | | blic exhibition, edu | cation, or research in furtherance of |
| | (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 a | | | |
| _ | following amounts required to be reported under S | | | |
| а | Revenues included in Form 990, Part VIII, line 1. | | and to those tells | . |
| b | Assets included in Form 990, Part X | | | · · · · · · · > \$ |

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

Schedule D (Form 990) 2012

| Sche | dule D (Form 990) 2012 | | | | | | | | | | Page 2 |
|---------|--|---------------------------|------------------|--------------|-----------|--------|------------------|----------------------|--------|--------------|------------------|
| Par | t III Organizations Maintaining | Collections of | f Art, His | torical 1 | Treasu | ıres, | or Otl | ner Simila | r Asse | ets (con | tinued) |
| 3 | Using the organization's acquisition, a collection items (check all that apply): | accession, and c | other recor | ds, check | any c | of the | followi | ng that are | a sign | ificant us | se of its |
| а | Public exhibition | | d | Loan | r exch | ange | progran | าร | | | |
| b | Scholarly research | | e | | | | | | | | |
| С | Preservation for future generation | ons | | | | | | | | | |
| 4 | Provide a description of the organiza | | and expla | ain how t | hev fu | rther | the org | anization's | exemp | purpose | in Part |
| | XIII. | | · | | , | | · | | · | | |
| 5 | During the year, did the organization se | olicit or receive d | lonations c | f art, histo | orical tr | easu | res, or c | ther similar | | | |
| | assets to be sold to raise funds rather t | han to be mainta | ained as pa | rt of the c | organiz | ation' | s collec | tion? | [| Yes | No |
| Par | t IV Escrow and Custodial Arra line 9, or reported an amour | | | | janizat | tion a | answer | ed "Yes" to | Form | n 990, F | Part IV, |
| 1a | Is the organization an agent, trustee, c | ustodian or other | · intermedi | ary for co | ntributi | ions o | or other | assets not | | | |
| | included on Form 990, Part X? | | | | | | | | [| Yes | No |
| b | If "Yes," explain the arrangement in Pa | rt XIII and comple | ete the foll | owing tab | le: | | | | | | |
| | | | | | | | | Am | ount | | |
| С | Beginning balance | | | | | 1c | | | | | |
| d | Additions during the year | | | | | 1d | | | | | |
| е | Distributions during the year | | | | | 1e | | | | | |
| f | Ending balance | | | | | 1f | | | | | |
| 2a | | it on Form 990, F | Part X, line | 21? | | | | | L | Yes | U No |
| | If "Yes," explain the arrangement in Pa | | | | | | | | | | |
| Par | | | | | | | | | | (-) F | |
| 12 | | (a) Current year 267,491. | (b) Prio | | | | s back , 804. | (d) Three year | | (e) Four y | |
| 1a b | Beginning of year balance Contributions | 207,491. | 30 | 4,026. | | 200 | , 804. | 233, | 301. | | 27,051 50,000 |
| | Net investment earnings, gains, | | | | | | | | | | 50,000 |
| C | and losses | 24,811. | 2 | 6,535. | | 12 | ,222. | 27 | 503. | | 43,750 |
| ч | Grants or scholarships | 24,011. | - 3 | 0,333. | | 43 | , 444. | ۷1, | 503. | | 43,750 |
| | Other expenditures for facilities | | | | | | | | | | |
| - | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| q | End of year balance | 292,302. | 26 | 7,491. | | 201 | ,026. | 260 | 804. | 2 | 33,301 |
| _ | Provide the estimated percentage of the | | | | | | | | 004. | | 33,301 |
| 2 | Board designated or quasi-endowment | - | | | COIGITII | 1 (a)) | neiu as. | | | | |
| b | Permanent endowment > 85.000 | | _ ^0 | | | | | | | | |
| c | Temporarily restricted endowment ► | | | | | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2 | | nn% | | | | | | | | |
| 3a | Are there endowment funds not in the | - | | ation that | are hel | ld and | d admini | stered for th | e | | |
| | organization by: | poodoodon or an | io organiza | ation that | 410 1101 | ia and | a aarriii i | | Ü | Y | es No |
| | (i) unrelated organizations | | | | | | | | | 3a(i) | X |
| | (ii) related organizations | | | | | | | | | 3a(ii) | X |
| b | If "Yes" to 3a(ii), are the related organization | | | | | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses | | • | | | | | | | | |
| Par | t VI Land, Buildings, and Equipr | | | | | | | | | | |
| | Description of property | (a) Cost or (invest | other basis | (b) Cost o | | asis | | umulated eciation | (d | l) Book valu | е |
| 1a | Land | | | 9 | 43,69 | 90. | | | | 94 | 3,690. |
| b | Buildings | | | 130,4 | | _ | 26,74 | 13,876. | , | 103,74 | |
| С | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | 3,1 | .77,73 | 33. | 1,18 | 32,809. | | 1,99 | 4,924. |
| е | Other | | | | 47,52 | _ | | 34,447. | | | 3,080. |
| Tota | Add lines 1a through 1e (Column (d) | must equal Form | 1990 Part | X column | (R) lir | ne 10 | (c)) | | | 109 394 | 1 076 |

Page 3 Schedule D (Form 990) 2012

| Part VII | Investments - Other Securities. See | Form 990, Part X, Iir | e 12. | | <u> </u> |
|---------------------|--|------------------------|--------------------|--|---------------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valuat Cost or end-of-year mark | ion: et value |
| (1) Financia | al derivatives | | | | |
| (2) Closely- | -held equity interests | | | | |
| (3) Other | | | | | |
| | | | | | |
| (B) | | | | | |
| (C) | | _ | | | |
| <u>(D)</u> | | _ | | | |
| (E) (F) | | - | | | |
| (i_) (G) | | | | | |
| (H) | | + | | | |
| (l) | | + | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| Part VIII | Investments - Program Related. See | Form 990, Part X, lii | ne 13. | | |
| | (a) Description of investment type | (b) Book value | | (c) Method of valuat Cost or end-of-year mark | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) (10) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX | Other Assets. See Form 990, Part X, | line 15 | | | |
| Tartix | | a) Description | | | (b) Book value |
| (1) BEN. | INT RELATED ORG. | , | | | 2,330,345 |
| (2) FUNDS | S DUE FROM RELATED ORG. | | | | 12,097,558. |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | (1) 15 000 B 11/1 1 (B | " (E) | | | 14 405 000 |
| | umn (b) must equal Form 990, Part X, col. (B) | | | | 14,427,903. |
| Part X | Other Liabilities. See Form 990, Part | · 1 | | | |
| 1. (1) Fodor | (a) Description of liability | (b) Book val | ie | | |
| | ral income taxes S HELD FOR BENEFIT OF REL. ORG | 37,032, | 772 | | |
| (3) | S HELD FOR BENEFIT OF REE. ORG | 37,032, | 772. | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25 | | | | |
| 2. FIN 48 (A | ASC 740) Footnote. In Part XIII, provide the text | of the footnote to the | organization's fin | ancial statements that re | eports the organization's |

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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Schedule D (Form 990) 2012 Page **4**

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | | | |
|--|---|--------|---|--|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 234,169,266. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | • | | | |
| a | Net unrealized gains on investments 2a -55,934. | | | | |
| b | Donated services and use of facilities 2b 5,245,518. | | | | |
| C | Recoveries of prior year grants 2c | | | | |
| d | Other (Describe in Part XIII.) 2d 173,299,692. | | | | |
| e | Add lines 2a through 2d | 2e | 178,489,276. | | |
| 3 | Subtract line 2e from line 1 | 3 | 55,679,990. | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | 3370737330. | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) 4b -1,090,639. | | | | |
| C | Add lines 4a and 4b | 4c | -1,090,639. | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 54,589,351. | | |
| Part | | _ | 01/002/001 | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 226,636,573. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| а | Donated services and use of facilities 2a 5,245,518. | | | | |
| b | Prior year adjustments 2b | | | | |
| C | Other losses | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| e | Add lines 2a through 2d | 2e | 174,287,915. | | |
| 3 | Subtract line 2e from line 1 | 3 | 52,348,658. | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | , , , , , , , , , , , , , | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) 4b 4,000,000. | : | | | |
| С | Add lines 4a and 4b | 4c | 4,000,000. | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 56,348,658. | | |
| Part | | | | | |
| | ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I | | | | |
| | line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro | vide a | any additional | | |
| inform | ation. | | | | |
| SE | E PAGE 5 | | | | |
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| | | | | | |

Page 5

Part XIII 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 2009.

REVENUE RECONCILIATION

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

RELATED ORGANIZATION REVENUE \$110,118,109

RELATED ORGANIZATION ELIMINATIONS 67,181,583

INTERCOMPANY GRANTS NETTED ON FINANCIAL STATEMENTS (4,000,000)

TOTAL \$173,299,692

Page 5

Part XIII Supplemental Information (continued)

| REVENUE REC | ONCILIATION | 1 |
|-------------|-------------|---|
|-------------|-------------|---|

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

COST OF GOODS SOLD \$(366,772)

FUNDRAISING EXPENSES (544,334)

PROGRAM RELATED INVESTMENT REVENUE (179,533)

TOTAL \$(1,090,639)

EXPENSE RECONCILIATION

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

RELATED ORGANIZATIONS EXPENSES \$98,546,468

PROVISION FOR UNCOLLECTIBLE PLEDGES 2,403,240

FUNDRAISING EXPENSES 544,334

COST OF GOODS SOLD 366,772

RELATED ORGANIZATION ELIMINATIONS 67,181,583

TOTAL \$169,042,397

EXPENSE RECONCILIATION

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

INTERCOMPANY GRANTS NETTED ON FINANCIAL STATEMENTS

\$4,000,000

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

| Par | General Information of Form 990, Part IV, line 14 | | Outside the l | Jnited States. Complete | if the organization answe | ered "Yes" to | | | | | | |
|------|---|---|---|---|--|---|--|--|--|--|--|--|
| 1 | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the | | | | | | | | | | | |
| | grants or assistance? | | | | [| X Yes No | | | | | | |
| 2 | For grantmakers. Describe in | Part V the or | ganization's p | rocedures for monitoring | the use of its grants a | and other | | | | | | |
| | assistance outside the United Sta | ntmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other control of the United States. | | | | | | | | | | |
| 3 | Activities per Region (The follow | vina Part I line | 3 table can be | a dunlicated if additional sr | 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 | | | | | | |
| | | | | | | | | | | | | |
| (1) | CENTRAL AMERICA/CARIBBEAN | 1. | 2. | PROGRAM SERVICES | CLIMATE, ECON DVLPMNT | 1,133,974. | | | | | | |
| (2) | EAST ASIA AND THE PACIFIC | 2. | 7. | PROGRAM SERVICES | CLIMATE | 2,239,991. | | | | | | |
| | | | | | | | | | | | | |
| (3) | EUROPE | 1. | 5. | PROGRAM SERVICES | CLIMATE | 1,381,009. | | | | | | |
| (4) | MIDDLE EAST AND NORTH AFRICA | | | PROGRAM SERVICES | CLIMATE | 19,758. | | | | | | |
| (5) | NORTH AMERICA | | | DDOGDAM GEDVI GEG | GI TMARIE | 174 774 | | | | | | |
| (3) | NORTH AMERICA | | | PROGRAM SERVICES | CLIMATE | 174,774. | | | | | | |
| (6) | SOUTH AMERICA | 3. | 14. | PROGRAM SERVICES | CLIMATE, ECON DEV. | 12,102,489. | | | | | | |
| (7) | SOUTH ASIA | | | PROGRAM SERVICES | CLIMATE | 121,321. | | | | | | |
| (8) | SUB-SAHARAN AFRICA | 4. | 43. | PROGRAM SERVICES | CLIMATE, ECON. DEV. | 4,257,344. | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| 3a | Sub-total | 11. | 71. | | | 21,430,660. | | | | | | |
| b | | | | | | | | | | | | |
| С | sheets to Part I Totals (add lines 3a and 3b) | 11. | 71. | | | 21,430,660. | | | | | | |

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

Cahadula E (Form 000) 2012

| 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 valuation (book, FMV appraisal, other) |
|----|--------------------------|--|-------------------------|----------------------|--------------------------|---------------------------------------|-----------------------------------|--|---|
|) | | | SOUTH AMERICA | PROGRAM SER | 450,978. | WIRE | | N/A | N/A |
|) | | | SOUTH AMERICA | PROGRAM SER | 24,418. | WIRE | | N/A | N/A |
|) | | | SOUTH AMERICA | PROGRAM SER | 91,501. | WIRE | | N/A | N/A |
|) | | | SOUTH AMERICA | PROGRAM SER | 359,734. | WIRE | | N/A | N/A |
|) | | | SOUTH AMERICA | PROGRAM SER | 49,435. | WIRE | | N/A | N/A |
|) | | | CENT. AMERICA/CARIBBEAN | PROGRAM SER | 12,442. | WIRE | | N/A | N/A |
|) | | | CENT. AMERICA/CARIBBEAN | PROGRAM SER | 125,000. | WIRE | | N/A | N/A |
|) | | | CENT. AMERICA/CARIBBEAN | PROGRAM SER | 150,000. | WIRE | | N/A | N/A |
|) | | | CENT. AMERICA/CARIBBEAN | PROGRAM SER | 55,750. | WIRE | | N/A | N/A |
| 0) | | | NORTH AMERICA | PROGRAM SER | 86,480. | WIRE | | N/A | N/A |
| 1) | | | CENT. AMERICA/CARIBBEAN | PROGRAM SER | 30,000. | WIRE | | N/A | N/A |
| 2) | | | | | | | | | |
| 3) | | | | | | | | | |
| 4) | | | | | | | | | |
| 5) | | | | | | | | | |
| 6) | | | | | | | | | |

| 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 | 11. |
| 3 | Enter total number of other organizations or entities | |

Page 3

Schedule F (Form 990) 2012

| (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) | | | | | | | |
| ı) | | | | | | | |
| 5) | | | | | | | |
| 5) | | | | | | | |
| ") | | | | | | | |
| 3) | | | | | | | |
| 9) | | | | | | | |
|)) | | | | | | | |
|) | | | | | | | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| ·) | | | | | | | |
|) | | | | | | | |
|) | | | | | | | |
|) | | | | | | | |
| B) | | | | | | | |

Schedule F (Form 990) 2012

Part IV Foreign Forms Page 4

| I ait | 1 ordigit 1 ortilis | | | |
|-------|--|---|-----|------|
| 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) | X | 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 | X 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) | X | 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | | Yes | X 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) | X | 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 | X No |

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; amounts of investments vs. expenditures per region); 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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization Employer identification number BILL, HILLARY & CHELSEA CLINTON FOUNDATION 31-1580204 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations е Solicitation of non-government grants а Х Internet and email solicitations Solicitation of government grants X_{\perp} Phone solicitations Special fundraising events C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 AMERICAN MARKETING & DIRECT COMMUNICATIONS CORP MARKETING 425,318 96,100 329,218. Χ 2 ONLINE M&R STRATEGIES **FUNDRAISING** Χ 108,079 2,005,741. 2,113,820 3 6 7 8 9 10 Total 2,539,138. 204,179 2,334,959. 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,

Schedule G (Form 990 or 990-EZ) 2012 Page **2**

| 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 |

| | | gross receipts greater than \$5,0 | | | | |
|--------------------------|---------------------------------|--|---|-------------------------------|------------------|--|
| | | | (a) Event #1 MILLENNIUM | (b) Event #2 POKER NIGHTS | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| a) | | | (event type) | (event type) | (total number) | 00i. (0)) |
| Revenue | 1 | Gross receipts | 1,126,015. | 3,180,919. | 3,891,229. | 8,198,163. |
| œ | 2 | Less: Contributions | 1,049,537. | 3,141,919. | 3,885,054. | 8,076,510. |
| | | Gross income (line 1 minus | 2701570071 | 3/111/2121 | 3,003,001, | 370707020 |
| | | line 2) | 76,478. | 39,000. | 6,175. | 121,653. |
| | | | | | | |
| | 4 Cash prizes | | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | 5,223. | | 5,223. |
| S | | | | | | |
| nse | 6 | Rent/facility costs | 144,643. | | | 144,643. |
| Direct Expenses | _ | | 0.4.401 | 42 555 | 5 5 4 5 | E2 045 |
| ΉĒ | 7 | Food and beverages | 24,421. | 43,777. | 5,747. | 73,945. |
| irec | _ | Ententainment | | | | |
| Ω | 8 | Entertainment | | | | |
| | ۵ | Other direct expenses | 132,988. | 119,872. | 67,663. | 320,523. |
| | Э | Other direct expenses | 132,700. | 110,072. | 07,003. | 320,323. |
| | 10 | Direct expense summary. Add lines 4 | 1 through 9 in column (d) | | | (544,334.) |
| | 11 | Net income summary. Combine line | | | | -422,681. |
| | rt I | | | | | |
| | | than \$15,000 on Form 990-E | Z, line 6a. | | , | |
| en | | | () 5: | (b) Pull tabs/instant | (-) Oth | (d) Total gaming (add |
| en | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Reven | | | (a) Bingo | | (c) Other gaming | |
| Revenue | 1 | Gross revenue | (a) Bingo | | (c) Other gaming | |
| | | | (a) Bingo | | (c) Other gaming | |
| | | Gross revenue | (a) Bingo | | (c) Other gaming | |
| | 2 | Cash prizes | | | (c) Other gaming | |
| | 2 | | | | (c) Other gaming | |
| | 2 | Cash prizes | | | (c) Other gaming | |
| | 2 | Cash prizes | | | (c) Other gaming | |
| | 3 | Cash prizes | | | (c) Other gaming | |
| | 3 | Cash prizes | | bingo/progressive bingo | | |
| | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses | Yes% | bingo/progressive bingo Yes% | Yes% | |
| | 2 3 4 5 | Cash prizes | | bingo/progressive bingo | | |
| | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | Yes% | Yes% No | Yes% | |
| | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses | Yes% | Yes% No | Yes% | |
| | 2 3 4 5 6 7 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | Yes% No 2 through 5 in column (d) | Yes% | Yes%No | |
| | 2 3 4 5 6 7 8 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb | Yes% No 2 through 5 in column (d) ine line 1, column d, and | Yes% No | Yes% No | () |
| ω Direct Expenses | 2 3 4 5 6 7 8 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb | Yes% No 2 through 5 in column (d) ine line 1, column d, and tion operates gaming act | Yes% No line 7 | Yes% No | () |
| Direct Expenses | 2 3 4 5 6 7 8 E I Is | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Combinate the state(s) in which the organization licensed to operate of | Yes% No 2 through 5 in column (d) ine line 1, column d, and tion operates gaming act | Yes% No line 7 | Yes% No | () |
| Direct Expenses | 2 3 4 5 6 7 8 E I Is | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb nter the state(s) in which the organization licensed to operate g | Yes% No 2 through 5 in column (d) ine line 1, column d, and tion operates gaming act | Yes% No line 7 | Yes% No | () |
| Direct Expenses | 2 3 4 5 6 7 8 E I Is | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb nter the state(s) in which the organization licensed to operate g | Yes% No 2 through 5 in column (d) ine line 1, column d, and tion operates gaming act gaming activities in each | Yes% No line 7 | Yes% No | () |
| ם ש ה G | 2 3 4 5 6 7 8 E I Is | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb Inter the state(s) in which the organizate the organization licensed to operate of "No," explain: | Yes% No 2 through 5 in column (d) ine line 1, column d, and tion operates gaming act gaming activities in each | Yes% No line 7 | Yes% No | () |
| Direct Expenses | 2 3 4 5 6 7 8 EI IS DIF | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb Inter the state(s) in which the organizate the organization licensed to operate of "No," explain: Vere any of the organization's gaming organization | Yes% No 2 through 5 in column (d) ine line 1, column d, and tion operates gaming act gaming activities in each | Yes% No line 7 | Yes% No | () |
| Direct Expenses | 2 3 4 5 6 7 8 EI IS DIF | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb nter the state(s) in which the organization the organization licensed to operate of "No," explain: Vere any of the organization's gaming in the organization in the o | Yes% No 2 through 5 in column (d) ine line 1, column d, and tion operates gaming act gaming activities in each | Yes% No No line 7 | Yes% No | () Yes No |

| Sched | ule G (Form 990 or 990-EZ) 2012 Page 3 |
|----------|---|
| 11 12 | Does the organization operate gaming activities with nonmembers? 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? |
| 13 | Indicate the percentage of gaming activity operated in: |
| а | The organization's facility |
| b | An outside facility |
| 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? |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the |
| _ | amount of gaming revenue retained by the third party ▶ \$ |
| С | 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 |
| 17 | Mandatory distributions: |
| а | 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 > \$ |
| Par | 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). |
| HIG | HEST PAID FUNDRAISERS |
| | |
| FOR | M 990, SCHEDULE G, PART I, LINE 2B |
| AME | RICAN MARKETING |
| 400 | N. WASHINGTON ST. #300, ALEXANDRIA, VA 22314 |
| M&R | STRATEGIES |
| 212 | 0 L STREET, NW, SUITE 400, WASHINGTON, DC 20037 |
| | |

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

| Name of the organization | | | | | | Employer identification | tion number |
|---|-----------------------------------|-------------------------------|--------------------------|---------------------------------------|---|--|------------------------------------|
| BILL, HILLARY & CHELSEA CLINTON E | FOUNDATION | | | | | 31-158020 | 4 |
| Part I General Information on Grants an | d Assistance |) | | | | • | |
| Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce | ts or assistance dures for mon | e? itoring the use o | of grant funds in the | United States. | | | X Yes No |
| Part II Grants and Other Assistance to Part IV, line 21, for any recipient to | | | | | | | es" to Form 990, |
| 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) ALLIANCE FOR A HEALTHIER GENERATION 1200 NW NAITO PARKWAY, SUITE 220 | | 501(C)(3) | 2,016,000. | | N/A | N/A | CHILDHOOD OBESITY |
| (2) CITY OF LITTLE ROCK | 27 2020300 | 301(0)(3) | 2,010,000. | | N/A | IV/A | CHIEDHOOD OBESITI |
| 500 WEST MARKHAM LITTLE ROCK, AR 72201 | 71-6014465 | GOVERNMENT | 398,267. | | N/A | N/A | PRESIDENTIAL CENTER |
| (3) ARCHITECTURE FOR HUMANITY | | | | | | | |
| 848 FOLSOM ST SAN FRANCISO, CA 94107 | 30-0038297 | 501 (C) (3) | 241,483. | | N/A | N/A | PROGRAM SERVICE |
| (4) CLINTON HEALTH ACCESS INITIATIVE, INC. | | | | | | | |
| 383 DORCHESTER AVE BOSTON, MA 02127 | 27-1414646 | 501 (C) (3) | 4,000,000. | | N/A | N/A | PROGRAM SERVICE |
| _(5) | | | | | | | |
| _(6) | | | | | | | |
| _(7) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| Enter total number of section 501(c)(3) and Enter total number of other organizations list | ted in the line | 1 table | | | | <u> </u> | 4. |
| For Danarwork Poduction Act Notice see the I | netrustione fo | r Earm 000 | | | | Cahar | dula I /Earm 000\ /2012 |

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

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

| 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 |
|---------------------------------|---------------------------------|--------------------------|-----------------------------------|---|--|
| _1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| _4 | | | | | |
| _ 5 | | | | | |
| _ 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

DETAILYNG 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)

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. 2012
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number 31-1580204

| Part | Questions Regarding Compensation | | | |
|--------|---|----|-----|----|
| | | , | Yes | No |
| 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 Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account 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 | 1b | | |
| 2 | explain | ID | | |
| 2 | directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | unectors, trustees, and the OLO/Executive Director, regarding the items checked in line 1a: | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the | | | |
| | organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a | | | |
| | related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X 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: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only position 504(a)(0) and 504(a)(4) approximations must be smalleted lines 5.0 | | | |
| _ | 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: The organization? | 5a | | X |
| a b | | 5b | | X |
| D | Any related organization? If "Yes" to line 5a or 5b, describe in Part III. | JD | | 71 |
| 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: | | | |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | X |
| | 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 | 7 | Х | |
| 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 | 8 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown | of W-2 and/or 1099-MIS | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|----------------------|------|--------------------------|-------------------------------------|---|-----------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | reported as deferred in prior Form 990 |
| BRUCE R LINDSEY | (i) | 323,646. | 25,000. | 0 | 13,265. | 14,270. | 376,181. | 0 |
| 1 CEO/CHAIR | (ii) | 0 | (| 0 | d | 0 | 0 | 0 |
| ANDREW KESSEL | (i) | 165,310. | 3,000. | 0 | 10,557. | 17,924. | 196,791. | 0 |
| 2 CFO | (ii) | 0 | (| 0 | 0 | 0 | 0 | 0 |
| STEPHANIE S STREETT | (i) | 126,700. | 3,000. | 0 | 8,369. | 17,924. | 155,993. | 0 |
| 3 EXECUTIVE DIRECTOR | (ii) | 0 | (| O | 0 | 0 | 0 | 0 |
| SCOTT TAITEL | (i) | 170,874. | 3,000. | 0 | 10,607. | 14,270. | 198,751. | 0 |
| 4 COO OF CGSGI | (ii) | 0 | (| C | 0 | 0 | O | 0 |
| MARK GUNTON | (i) | 222,919. | 2,450. | 0 | 13,441. | 16,644. | 255,454. | 0 |
| 5 CEO, CGSGI | (ii) | 0 | (| 0 | 0 | 0 | 0 | 0 |
| THERESE SHERIDAN | (i) | 145,462. | 3,000. | 0 | 9,444. | 14,570. | 172,476. | 0 |
| 6 HR DIRECTOR | (ii) | 0 | (| 0 | 0 | 0 | 0 | 0 |
| DENNIS CHENG | (i) | 203,014. | 3,000. | 0 | 12,701. | 6,731. | 225,446. | 0 |
| 7 CDO | (ii) | 0 | (| 0 | 0 | 0 | 0 | 0 |
| VALERIE ALEXANDER | (i) | 141,300. | 3,000. | 0 | 9,405. | 18,224. | 171,929. | 0 |
| 8 MARKETING DIRECTOR | (ii) | 0 | (| 0 | 0 | 0 | 0 | 0 |
| MARK DUNKELMAN | (i) | 133,400. | 2,350. | 0 | 8,004. | 17,241. | 160,995. | 0 |
| 9 SENIOR FELLOW | (ii) | 0 | (| 0 | 0 | 0 | 0 | 0 |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

Schedule J (Form 990) 2012

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION REVIEWS

FORM 990, SCHEDULE J, LINE 3

SEE SCHEDULE O DISCLOSURES FOR MORE 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 2012 W-2.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

Part 1 Excess Renefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

| 1 | (a) Name of disqualified | l nerson | (b) Relatio | | | en disqualified | person | (c) Desc | rintion (| of tran | sactio | 1 | (d |) Corrected |
|-------|---------------------------|-------------------|------------------|---------|----------|------------------|----------|-----------------------|--|---------|-------------|----------|---------|-------------|
| | (a) Name of disqualified | a person | | an | d orgar | nization | | (6) Desc | прион | Ji tran | Saction | ' | Y | es No |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| 2 | Enter the amount of ta | • | • | | | • | | | • | | | | | |
| | under section 4958 . | | | | | | | | | | \$ _ | | | |
| 3 | Enter the amount of ta | ax, if any, on I | ine 2, above | , reim | burse | d by the orga | nizatio | n | | > | \$ _ | | | |
| | | | | | | | | | | | | | | |
| Part | | | | | | | | | | | | | | |
| | | | | | | | | ne 38a or Form 99 | 0, Part | IV, lir | ne 26; | or if t | ne | |
| | organization repo | orted an amo | unt on Form | 990, | Part > | k, line 5, 6, or | 22. | | | | | | | |
| (a) N | lame of interested person | (b) Relationship | (c) Purpose of | (d) Lo | an to or | (e) Original | | (f) Balance due | (f) Balance due (g) In default? (h) Approved | | (i) W | ritten | | |
| | · | with organization | Ioan | | n the | principal am | ount | | | | | ard or | agree | ment? |
| | | | | organi | ization? | | | | | | comr | nittee? | | |
| | | | | То | From | | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| Total | | | | | | | ▶\$ | | | | | | | |
| Part | | istance Ben | efiting Inter | este | d Per | sons. | | | | | | | | |
| | Complete if the o | organization a | nswered "Ye | es" or | n Form | 990, Part IV | , line 2 | 7. | | | | | | |
| (a) N | lame of interested person | (b) Relationshi | p between intere | sted (c | c) Amou | nt of assistance | (0 | d) Type of assistance | | (e) l | urpos | se of as | ssistan | се |
| | | person and | the organization | | | | • | | | | | | | |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | _ | | | | | | | | | | |

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

Schedule L (Form 990 or 990-EZ) 2012

(5) (6) (7) (8) (9) (10) Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | naring of ization's nues? |
|-------------------------------|---|---------------------------|--------------------------------|--------|---------------------------------|
| | | | | Yes | No |
| (1) FONDO ACCESO SAS | B. LINDSEY - DIRECTOR | 463,750. | PROGRAM RELATED INVESTMENT | | Х |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

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

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

FORM 990, SCHEDULE L, PART IV

NO DIRECTORS OF FONDO ACCESO ARE PAID OR RECEIVE ANY SHARE OF PROFITS.

SCHEDULE M (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| BIL | L, HILLARY & CHELSEA CLIN | NTON FOUR | NDATION | | 3 | 1-1580204 | : | | |
|------|---------------------------------------|-------------------------------|--|---|---------|------------------------|-----|-----|----|
| Par | Types of Property | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contributio amounts reported of Form 990, Part VIII, line | n | Method of noncash cont | | | |
| 1 | Art - Works of art | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household | | | | | | | | |
| · | goods | X | | 34,46 | 55. | FMV | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | |
| 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) | Х | 1. | 227,21 | L3. | FMV | | | |
| 26 | Other ►() | | | | | | | | |
| 27 | Other ►() | | | | | | | | |
| 28 | Other ►() | | | | | | | | |
| 29 | Number of Forms 8283 received | bv the orga | anization during the tax ve | ar for contributions for | or | | | | |
| | which the organization completed F | , , | , | | | 29 | | | 1. |
| | ğ , | • | , | , | | | | Yes | No |
| 30 a | During the year, did the organizat | ion receive | by contribution any prope | erty reported in Part I | , lines | s 1-28 that | | | |
| | it must hold for at least three year | | | | | | | | |
| | used for exempt purposes for the en | ntire holding | period? | | | | 30a | | X |
| b | If "Yes," describe the arrangement i | n Part II. | | | | | | | |
| 31 | Does the organization have a | gift accept | tance policy that require | es the review of a | ny no | on-standard | | | |
| | contributions? | | | | | | 31 | | Х |
| 32 a | Does the organization hire or use | third part | ies or related organization | s to solicit, process, | or se | ell noncash | | | |
| | contributions? | | | | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization did not report an | amount in | column (c) for a type of pro | perty for which colum | nn (a) | is checked, | | | |
| | describe in Part II. | | • | | | | | | |

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

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012) Page **2**

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number

31-1580204

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

AMENDED RETURN

FORM 990, PAGE 1, ITEM B

THE FOUNDATION IS VOLUNTARILY AMENDING THE FORM 990 FOR 2012.

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

THE FORM 990, AS AMENDED, LIST ACCESO FUND LLC, FONDO ACCESO SAS, CIUDAD

VERDE AMARILO TRIADA FRAILEJON III, AND HAITI DEVELOPMENT FUND LLC AS

RELATED ENTITIES, AND INCLUDE 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, LINE 4B, AND PART XIII;

SCHEDULE F, PART IV, LINES 1, 3 AND 5; AND SCHEDULE R, PARTS III, IV AND

V, LINE 2. IN ADDITION, A PORTION OF THE DECREASE IN REVENUE REPORTED ON

PART XI, LINE 1, AND A PORTION OF THE LOSS REPORTED ON PART XI, LINE 3,

ARE ATTRIBUTABLE TO THESE CORRECTIONS. ALSO THE AMOUNT SHOWN ON PART XI, LINE 9, 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. ON SCHEDULE R, PART I, TWO ENTITIES WERE ADDED AS DISREGARDED ENTITIES. THIS CHANGE IS ALSO REFLECTED IN PART IV, LINE 33. AN ADDITIONAL DISCLOSURE WAS ADDED TO SCHEDULE R, PART V, LINE 2, FOR AN AMOUNT RECEIVED FROM A RELATED ORGANIZATION.

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

CHANGES HAVE BEEN MADE TO PART III, LINE 4D, TO REFLECT ADJUSTMENTS TO REVENUES AND EXPENSES FOR OTHER PROGRAM SERVICES.

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

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 Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

FOUNDATION'S FORMS 1023, 990, AND 990-T, AS APPLICABLE, WERE AVAILABLE UPON REQUEST FOR PUBLIC INSPECTION.

CHANGES TO PART VII(COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS):

CHANGES HAVE BEEN MADE TO PART VII, SECTION A, TO PROPERLY REFLECT IDENTIFICATION AND COMPENSATION OF OFFICERS AND HIGHLY COMPENSATED EMPLOYEES. THESE CHANGES ARE ALSO REFLECTED IN SCHEDULE J, PART II, AS APPROPRIATE.

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, SECTION B, LINES 1 AND 2, AND TO SCHEDULE O.

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

CHANGES TO PART I, PART XI, SCHEDULE A, SCHEDULE B, 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, AND

SCHEDULE B, PART II.

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

CERTAIN AMOUNTS SET OUT IN PART VIII, LINE 1A (FEDERATED CAMPAIGNS), LINE

1D (RELATED ORGANIZATIONS), LINES 2A - 2G (PROGRAM SERVICE REVENUE),

LINES 7A - 7D (GROSS REVENUE FROM SALE OF ASSETS OTHER THAN INVENTORY),

LINES 10A - 10C (GROSS SALES / COST OF GOODS SOLD), AND LINES 11A - 11E

(MISCELLANEOUS INCOME). CORRESPONDING CHANGES HAVE BEEN MADE TO PART I,

LINES 7A, 8, 10, 11, 12; PART III, LINES 4C AND 4D; SCHEDULE A, PART II,

LINES 1, 5, 6, 11, 12, 14.

CHANGES TO PART IX (STATEMENT OF FUNCTIONAL EXPENSE), AND RELATED CHANGES
TO PART I, PART XI, SCHEDULE D, SCHEDULE I AND SCHEDULE R:

PART IX, LINE 24A, OF THE FORM 990 AS ORIGINALLY FILED INCLUDED AN AMOUNT FOR "IN-KIND EXPENSES" THAT WERE MORE PROPERLY INCLUDED IN OTHER CATEGORIES; THESE EXPENSES HAVE BEEN REALLOCATED AS APPROPRIATE TO THE ITEMS REPORTED ON PART IX, LINES 11B, 14, 17, 24B AND 24C, OF THE ATTACHED AMENDED FORM 990.

A CHANGE HAS ALSO BEEN MADE TO ADJUST THE PRESENTATION OF THE PROVISION FOR UNCOLLECTIBLE PLEDGES. ADJUSTMENTS HAVE BEEN MADE ON THE ATTACHED AMENDED FORM 990 TO PART IX, MOVING AMOUNTS FROM WHAT WAS LISTED ON LINE 24B TO PART XI, LINE 9, THEREBY CHANGING LINES 24 AND 25; PART I, LINE 17, AND SCHEDULE O, AS A RESULT OF THIS CHANGE.

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

ADJUSTMENTS HAVE BEEN MADE TO MORE CLEARLY REFLECT OFFICERS' COMPENSATION

ON PART IX, LINES 5, 7, 8, AND 9; WHILE THESE ADJUSTMENTS DO NOT AFFECT

THE AGGREGATE REPORTING FOR OFFICERS' COMPENSATION, A CHANGE HAS BEEN

MADE TO THE AGGREGATE REPORTING AS A RESULT OF A TYPOGRAPHICAL ERROR.

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 1, 5, 6, 11, 14 AND 15, AND TO THE NON-PUBLIC PORTION OF THE BREAKDOWN ON SCHEDULE A, PART II, LINES 5. PART IV HAS BEEN UPDATED TO PROVIDE INFORMATION ABOUT GRANTS EXCLUDED FROM PART II, SECTION A, LINE 2.

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 IS 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.

SCHEDULE D, PARTS XI AND XII, 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 XIII, 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 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 3, AND PART IV HAVE BEEN UPDATED FOR ACCURACY.

CHANGES TO SCHEDULE J (COMPENSATION INFORMATION):

THE AMENDED FORM 990 NO LONGER REFLECTS USE OF AN INDEPENDENT COMPENSATION CONSULTANT ON SCHEDULE J, PART I, LINE 3. SCHEDULE J, PART I, LINE 7, AND PART III ADDS INFORMATION RELATING TO THE REPORTING OF BONUSES.

ADDITION OF SCHEDULE L (TRANSACTIONS WITH INTERESTED PERSONS):

SCHEDULE L HAS BEEN ADDED TO PROVIDE ADDITIONAL INFORMATION ON

OVERLAPPING BOARD MEMBERSHIP OF FONDO ACCESO SAS. SCHEDULE L, PARTS IV

AND V, NOW REFLECT THIS AND NOTE THAT NO DIRECTORS OF FONDO ACCESO SAS

ARE PAID OR RECEIVE ANY SHARE OF THE PROFITS. THIS CHANGE IS ALSO

REFLECTED IN PART IV, LINE 28C.

CHANGES TO SCHEDULE M (NONCASH CONTRIBUTIONS):

SCHEDULE M, PART I, LINE 25, HAS BEEN CHANGED TO REPORT NONCASH

CONTRIBUTIONS OF SOFTWARE. SCHEDULE M, PART II, ADDS THE EXPLANATION

THAT THIS INFORMATION IS REPORTED 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.

MANAGEMENT SUMMARY

FORM 990, PART III

THE CLINTON FOUNDATION CREATES PARTNERSHIPS BETWEEN BUSINESSES, NGOS,
GOVERNMENTS, AND INDIVIDUALS AROUND THE WORLD TO TRANSFORM LIVES AND
COMMUNITIES FROM WHAT THEY ARE TO WHAT THEY CAN BE. IN PURSUIT OF THIS
MISSION AND IN ALL OF OUR PROGRAMMING AND OPERATIONS, THE FOUNDATION AIMS
TO WORK FASTER, BETTER, AND LEANER, AND HAS TAKEN STEPS TO ENSURE THAT WE
ARE OPERATING EFFICIENTLY. NO MATTER WHERE WE'RE WORKING OR WHICH ISSUES

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WE'RE ADDRESSING, OUR INVESTMENTS, INITIATIVES, AND OPERATIONS ARE BUILT TO BE SUSTAINABLE.

THIS IRS FORM 990 PROVIDES IMPORTANT INSIGHT INTO THE FINANCIAL POSITION OF THE FOUNDATION. IN CRITICAL, MEASURABLE AREAS - SUCH AS WHAT WE RAISE, WHAT WE SPEND, OR WHAT OUR RESERVES ARE - OUR FISCAL SITUATION IS STRONG.

THE FOUNDATION'S 2012 AUDITED FINANCIALS SHOW THE FINANCIAL HEALTH FOR THE FOUNDATION AND ITS RELATED ENTITIES, WHICH ARE THREE 501(C)(3) ORGANIZATIONS IN TOTAL: WILLIAM J. CLINTON FOUNDATION, INC. (NOW THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION AS OF 2013), CLINTON GLOBAL INITIATIVE, INC. (CGI), AND CLINTON HEALTH ACCESS INITIATIVE, INC. (CHAI). CGI WAS MERGED INTO THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION IN 2013.

TOGETHER, OUR THREE ENTITIES SHOW A \$7 MILLION SURPLUS OF REVENUES OVER EXPENSES. CHAI ALONE SHOWS AN \$11 MILLION SURPLUS, INCLUDING A \$4 MILLION TRANSFER FROM THE CLINTON FOUNDATION FOR OPERATING PURPOSES. THIS TRANSFER IS REFLECTED IN THE CLINTON FOUNDATION'S IRS FORM 990, WHICH SHOWS ACCORDINGLY A \$4 MILLION DEFICIT.

A COPY OF THESE CONSOLIDATED AUDITED FINANCIALS CAN BE FOUND ON OUR WEBSITE AT WWW.CLINTONFOUNDATION.ORG/ABOUT.

THE FOUNDATION'S FISCAL STRENGTH AND CONTINUED GROWTH IS VERY
ENCOURAGING. IN THE 990, OUR UNRESTRICTED NET ASSETS, EXCLUDING FIXED
ASSETS, INCREASED \$2.4 MILLION EVEN AS WE REPORTED A DECREASE IN ASSETS
IN TWO AREAS. FIRST, WHEN PROPERTY OWNED BY THE FOUNDATION DEPRECIATES,
WE COUNT THAT AS AN EXPENSE EVEN THOUGH IT DOESN'T COST THE FOUNDATION
CASH IN THE CURRENT YEAR. WE ARE REQUIRED TO ACCOUNT THIS WAY TO COMPLY
WITH FASB RULES. SECOND, WHEN SOMEONE MAKES A FINANCIAL COMMITMENT BUT
LATER WITHDRAWS IT, WE ARE REQUIRED TO REPORT THAT AS A LOSS EVEN THOUGH
WE NEVER RECEIVED THOSE FUNDS IN THE FIRST PLACE. EVEN WITH BOTH OF THESE
ADJUSTMENTS, THAT WE ARE REQUIRED TO MAKE, THE FOUNDATION STILL DID NOT
HAVE TO DRAW FROM OUR ASSETS TO FUND OPERATIONS.

THIS SOLID FINANCIAL POSITION ENABLES US TO CONTINUE TO MAKE CRITICAL INVESTMENTS IN PARTNERSHIPS ACROSS THE GLOBE. IN THE FIRST 12 YEARS OF THE FOUNDATION'S EXISTENCE, WE HAVE FORGED PARTNERSHIPS THAT ARE, FOR EXAMPLE:

- -PROVIDING KIDS IN 20,000 AMERICAN SCHOOLS WITH HEALTHY FOOD CHOICES IN AN EFFORT TO ERADICATE CHILDHOOD OBESITY;
- -HELPING MORE THAN 6.8 MILLION PEOPLE AFFORD LIFESAVING HIV/AIDS MEDICATIONS;
- -GIVING 21,000 AFRICAN FARMERS THE TOOLS TO IMPROVE THEIR CROPS TO FEED 30,000 PEOPLE;
- -REDUCING GREENHOUSE GAS EMISSIONS BY 248 MILLION TONS IN CITIES WORLDWIDE.

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ADDITIONALLY, MEMBERS OF THE CLINTON GLOBAL INITIATIVE HAVE MADE NEARLY 2,500 COMMITMENTS VALUED AT ALMOST \$88 BILLION AND REACHING PEOPLE IN MORE THAN 180 COUNTRIES.

THESE ARE EXTRAORDINARY RESULTS THAT WE WILL BUILD ON IN THE YEARS AHEAD.

A STRONG, SUSTAINABLE FINANCIAL POSITION WILL HELP US CHANGE MORE LIVES

IN MORE COMMUNITIES ACROSS THE GLOBE.

PROGRAM SERVICE ACCOMPLISHMENTS

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

ABOUT THE CLINTON FOUNDATION

BUILDING ON A LIFETIME OF PUBLIC SERVICE, PRESIDENT BILL CLINTON

ESTABLISHED THE WILLIAM J. CLINTON FOUNDATION TO BRING PEOPLE TOGETHER TO

TAKE ON THE BIGGEST CHALLENGES OF THE 21ST CENTURY. THROUGHOUT THE

FOUNDATION'S HISTORY AND GROWTH, SECRETARY CLINTON AND CHELSEA OFFERED

THEIR VOICE, VISION, AND COUNSEL. TO RECOGNIZE THEIR PAST CONTRIBUTIONS

AND ACKNOWLEDGE THEIR ROLE IN SHAPING THE FOUNDATION'S FUTURE, THE

FOUNDATION WAS RENAMED THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION IN

APRIL 2013.

THE CLINTON FOUNDATION BELIEVES THAT THE BEST WAY TO UNLOCK HUMAN

POTENTIAL IS THROUGH THE POWER OF CREATIVE COLLABORATION. THE FOUNDATION

CONVENES BUSINESSES, GOVERNMENTS, NGOS, AND INDIVIDUALS TO IMPROVE GLOBAL

HEALTH AND WELLNESS, INCREASE OPPORTUNITY FOR WOMEN AND GIRLS, REDUCE

CHILDHOOD OBESITY, CREATE ECONOMIC OPPORTUNITY AND GROWTH, AND HELP

COMMUNITIES ADDRESS THE EFFECTS OF CLIMATE CHANGE.

2012 INITIATIVE ACTIVITY

THE CLINTON GLOBAL INITIATIVE'S (CGI) MISSION IS TO INSPIRE, CONNECT, AND EMPOWER A COMMUNITY OF GLOBAL LEADERS TO FORGE SOLUTIONS TO THE WORLD'S MOST PRESSING CHALLENGES. BY FOSTERING PARTNERSHIPS, PROVIDING STRATEGIC ADVICE, AND DRIVING RESOURCES TOWARD EFFECTIVE IDEAS, CGI HELPS ITS MEMBERS - ORGANIZATIONS FROM THE PRIVATE SECTOR, PUBLIC SECTOR, AND CIVIL SOCIETY - TO TURN IDEAS INTO ACTION. CGI MEMBERS MAKE COMMITMENTS TO ACTION WITHIN NINE TRACKS, EACH REPRESENTING A TOPICAL GLOBAL CHALLENGE OR STRATEGIC APPROACH. IN ADDITION TO FOUR MAJOR MEETINGS, CGI HELD 73 TOPIC-SPECIFIC EVENTS IN 2012. DURING THE 2012 CGI ANNUAL MEETING, MEMBERS MADE MORE THAN 150 NEW COMMITMENTS TO ACTION, VALUED IN EXCESS OF \$2 BILLION, AND EXPECTED TO IMPACT NEARLY 22 MILLION LIVES, BRINGING THE TOTAL NUMBER OF COMMITMENTS TO MORE THAN 2,300. CGI HAS ALSO EXPANDED ITS SUCCESS THROUGH THE CLINTON GLOBAL INITIATIVE UNIVERSITY MEETING (CGI U), WHICH BEGAN IN 2007 AND ENGAGES THE NEXT GENERATION OF LEADERS ON COLLEGE CAMPUSES AROUND THE WORLD. IN 2012, CGI U CONVENED NEARLY 1,200 STUDENTS FROM 310 UNIVERSITIES, 97 COUNTRIES, AND ALL 50 STATES. TOGETHER, THEY GENERATED 932 COMMITMENTS - BRINGING THE TOTAL NUMBER OF COMMITMENTS TO 3,500. IN 2011, PRESIDENT CLINTON LAUNCHED THE CLINTON GLOBAL INITIATIVE AMERICA (CGI AMERICA) MEETING TO ADDRESS ECONOMIC RECOVERY IN THE UNITED STATES. DURING THE 2012 CGI AMERICA MEETING, PARTICIPANTS MADE 99 NEW COMMITMENTS VALUED IN EXCESS OF \$1.2 BILLION. TO DATE, CGI AMERICA ATTENDEES HAVE MADE 211 COMMITMENTS TO ACTION WITH A TOTAL ESTIMATED VALUE OF NEARLY \$13.6 BILLION. THROUGH THESE COMMITMENTS, CGI AMERICA

ATTENDEES HAVE REPORTED THAT 230,000 PEOPLE HAVE BENEFITED FROM

PROFESSIONAL SKILLS TRAINING; 140,000 CHILDREN HAVE GAINED ACCESS TO

IMPROVED QUALITY OF EDUCATION; AND \$52 MILLION OF NEW CAPITAL HAS BEEN

INVESTED IN OR LOANED TO SMALL AND MEDIUM ENTERPRISES.

PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

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

THE CLINTON CLIMATE INITIATIVE (CCI) IS IMPLEMENTING SOLUTIONS TO THE ROOT CAUSES OF CLIMATE CHANGE - WHILE ALSO REDUCING OUR RELIANCE ON OIL, SAVING MONEY FOR INDIVIDUALS AND GOVERNMENTS, CREATING JOBS, AND GROWING ECONOMIES. IN PARTNERSHIP WITH THE C40 CLIMATE LEADERSHIP GROUP (C40), CCI FOCUSES ON HELPING LARGE CITIES REDUCE THEIR CARBON EMISSIONS. IN 2012, CCI AND THE C40 ADDED FIVE NEW MEMBER CITIES INCLUDING OSLO, VANCOUVER, VENICE, SINGAPORE, AND WASHINGTON D.C., EXPANDING THE C40 MEMBERSHIP TO 63 CITIES WORLDWIDE. IN LATIN AMERICA, C40 CITIES PARTICIPATED IN A PROGRAM TO DEVELOP COST-EFFECTIVE PUBLIC TRANSIT SYSTEMS THAT REDUCE GREENHOUSE GAS EMISSIONS AND INCREASE THE QUALITY OF URBAN LIFE. BY THE END OF 2012, THE C40-CCI HYBRID & ELECTRIC BUS TEST PROGRAM COMPLETED TESTING IN BOGOTA, CURITIBA, SAO PAULO, AND RIO DE JANEIRO. OTHER CCI PROGRAMS AIM TO INCREASE ENERGY EFFICIENCY THROUGH BUILDING RETROFITS; TO INCREASE ACCESS TO CLEAN ENERGY TECHNOLOGY AND DEPLOY IT AT THE GOVERNMENT, CORPORATE, AND HOMEOWNER LEVELS; AND TO REVERSE DEFORESTATION BY PRESERVING AND GROWING FORESTS. THE HOME ENERGY AFFORDABILITY LOAN (HEAL) PROGRAM IN ARKANSAS HELPS LOCAL BUSINESSES AND

THEIR EMPLOYEES REDUCE THEIR ENERGY USE AND RELATED UTILITY EXPENSES

THROUGH BUILDING RETROFITS. IN 2012, HEAL COMPLETED 234 RESIDENTIAL

RETROFITS AND FOUR COMMERCIAL RETROFITS - RESULTING IN A REDUCTION OF

2,742 TONS OF GREENHOUSE GAS EMISSIONS. ALSO IN 2012, CCI LAUNCHED A

SEPARATE BUILDING RETROFIT PROGRAM (BRP), WHICH AIMS TO DEVELOP

MARKET-BASED SOLUTIONS TO ACCELERATE THE BUILDING EFFICIENCY MARKET WHICH

WILL RESULT IN SIGNIFICANT, MEASURABLE REDUCTIONS IN GREENHOUSE GAS

EMISSIONS, ECONOMIC GROWTH, AND SUSTAINABLE JOB CREATION BY WORKING WITH

PARTNERS TO REDUCE THEIR CARBON FOOTPRINT AND CREATE OPPORTUNITY FOR

INVESTMENTS IN THE BUILDING RETROFIT MARKETPLACE. LASTLY, IN 2012, CCI

ALSO RECEIVED A SPECIAL ACHIEVEMENTS AWARD FOR HELPING THE COUNTRY OF

GUYANA BECOME ELIGIBLE FOR \$70 MILLION IN FOREST-BASED PAYMENTS FROM THE

GOVERNMENT OF NORWAY.

THE CLINTON HEALTH ACCESS INITIATIVE (CHAI) BEGAN ITS WORK BY ADDRESSING THE HIV/AIDS CRISIS AND STRENGTHENING HEALTH SYSTEMS IN THE DEVELOPING WORLD. CHAI, UNDER THE LEADERSHIP OF NATIONAL GOVERNMENTS AND BY WORKING WITH KEY PARTNERS, WORKS TO LOWER THE PRICES AND IMPROVE THE AVAILABILITY OF LIFE-SAVING MEDICINES AND DIAGNOSTICS, LOWER THE COST OF AND EXPAND ACCESS TO TREATMENTS, AND BUILD STRONGER HEALTH CARE INFRASTRUCTURE IN UNDERSERVED COUNTRIES. CHAI CREATES AND IMPLEMENTS THESE PROGRAMS WITH A SUSTAINABLE MODEL SO THAT THE GOVERNMENTS THEY COLLABORATE WITH WILL EVENTUALLY RUN THE PROGRAMS WITHOUT ASSISTANCE. CHAI HAS EXPANDED THIS MODEL TO INCREASE ACCESS TO TREATMENTS FOR MALARIA, DIARRHEA, AND TUBERCULOSIS; ACCELERATE THE ROLLOUT OF NEW VACCINES; AND LOWER MATERNAL,

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CHILD, AND INFANT MORTALITY.

THE ALLIANCE FOR A HEALTHIER GENERATION, A PARTNERSHIP BETWEEN THE CLINTON FOUNDATION AND THE AMERICAN HEART ASSOCIATION, IS LEADING THE 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 AND EMPOWER KIDS TO MAKE HEALTHY LIFESTYLE CHOICES. IN ORDER TO PROVIDE MORE NUTRITIOUS OPTIONS TO STUDENTS, THE ALLIANCE BROKERED A LANDMARK AGREEMENT WITH THE AMERICAN BEVERAGE ASSOCIATION IN 2006 TO DEVELOP A HEALTHIER, LOWER CALORIE MIXTURE FOR THE BEVERAGES SERVED TO CHILDREN - PRIMARILY WATER, LOW-FAT MILK, AND LOW CALORIE JUICES. IN 2012, THE AMERICAN JOURNAL OF PUBLIC HEALTH REPORTED THAT THIS AGREEMENT CONTRIBUTED TO A 90 PERCENT REDUCTION IN CALORIES FROM BEVERAGES SHIPPED TO SCHOOLS. THE ALLIANCE'S HEALTHY SCHOOLS PROGRAM HAS DEMONSTRATED TREMENDOUS SUCCESS SINCE ITS LAUNCH IN 2006, SCALING UP TO SUPPORT 19,000 SCHOOLS IN THEIR EFFORTS TO CREATE HEALTHIER ENVIRONMENTS WHERE PHYSICAL ACTIVITY AND HEALTHY EATING ARE ACCESSIBLE AND ENCOURAGED. A 2012 REPORT FOUND THAT A REPRESENTATIVE SAMPLE OF STUDENTS IN SCHOOLS PARTICIPATING IN THE HEALTHY SCHOOLS PROGRAM DRANK FEWER SUGAR-SWEETENED BEVERAGES AND HAD A REDUCED AVERAGE BODY MASS INDEX. BY FOLLOWING THE ALLIANCE'S HEALTHY OUT-OF-SCHOOL TIME (HOST) FRAMEWORK, MORE THAN 70 PROVIDERS SERVING MORE THAN 5,000 CHILDREN AND YOUTH ARE ABLE TO IMPROVE ACCESS TO HEALTHIER FOODS, INCREASE PHYSICAL ACTIVITY OPPORTUNITIES, AND ENGAGE IN POSITIVE YOUTH DEVELOPMENT.

YORK CITY.

FROM 2002 THROUGH 2012, THE CLINTON ECONOMIC OPPORTUNITY INITIATIVE (CEO) PROMOTED ECONOMIC GROWTH IN ECONOMICALLY DISTRESSED AND EMERGING COMMUNITIES BY ENLISTING EXPERIENCED ENTREPRENEURS TO HELP LOCAL BUSINESSES COMPETE AND SUCCEED. IN 2012, CEO CONTINUED TO SUPPORT HIGH-GROWTH ENTREPRENEURS THROUGH MENTORSHIP. THE ENTREPRENEUR MENTORING PROGRAM (EMP), A PARTNERSHIP WITH INC. MAGAZINE, FACILITATED HIGH-IMPACT MENTORING RELATIONSHIPS BETWEEN SUCCESSFUL BUSINESS LEADERS AND ENTREPRENEURS BUILDING GROWTH COMPANIES IN UNDERSERVED COMMUNITIES. IN 2012, CEO COMPLETED A PILOT PROGRAM IN WHICH IT PARTNERED WITH UBS WEALTH MANAGEMENT AMERICAS TO DESIGN A PILOT PROGRAM TO ADDRESS THE UNIQUE NEEDS OF HIGH-GROWTH MINORITY ENTREPRENEURS IN UNDERSERVED COMMUNITIES IN NEW

THE CLINTON DEVELOPMENT INITIATIVE (CDI) WORKS TO GIVE SMALLHOLDER FARMERS IN RWANDA AND MALAWI THE TOOLS THEY NEED TO INCREASE THEIR HARVESTS, GENERATE STABLE INCOMES, SUPPORT THEIR FAMILIES, AND IMPROVE THEIR 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. IN RWANDA, THE CLINTON FOUNDATION WORKS IN PARTNERSHIP WITH THE HUNTER FOUNDATION. IN 2008, CDI BEGAN THE ANCHOR FARM PROJECT TO PROMOTE SOYA AS A FLEXIBLE, PROFITABLE OPTION FOR FARMERS Name of the organization

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IN MALAWI. SINCE THE INCEPTION OF THE PROGRAM, FARMERS HAVE CONSISTENTLY EXPERIENCED YIELD INCREASES OF 150 PERCENT OR BETTER, WHILE THE PROFITABILITY FOR A TYPICAL SMALLHOLDER HAS INCREASED BY MORE THAN 500 PERCENT. IN 2012, CDI SCALED UP THE PROJECT TO FIVE FARMS, PROVIDING RESOURCES TO MORE THAN 21,000 SMALLHOLDER FARMERS. SINCE 2007, 2,000 SMALLHOLDER FARMERS HAVE PLANTED MORE THAN 2 MILLION TREES, SEQUESTERING 200,000 TONS OF CO2, HELPING REVERSE DEFORESTATION IN MALAWI AS PART OF THE CDI'S TREES OF HOPE PROGRAM. IN 2012, THE PROGRAM MADE ITS FIRST SEVEN SALES OF CARBON OFFSETS, TOTALING 8,950 TONS - PROVIDING \$39,380 IN INCOME FOR FARMERS. ADDITIONALLY, TO CREATE PROFITABLE BUSINESSES FOR SMALL VILLAGES, CDI HAS ESTABLISHED 200 SELF-SUSTAINING, SMALL COMMUNITY NURSERIES. IN RWANDA, THE CLINTON HUNTER DEVELOPMENT INITIATIVE (CHDI) ESTABLISHED MOUNT MERU SOYCO LIMITED IN 2009 TO BUILD AND OPERATE A LARGE SOY-PROCESSING FACTORY THAT WILL PRODUCE COOKING OIL TO SUPPLY THE RWANDAN MARKETS AND PROVIDE AN EXPORT OPPORTUNITY. THE COMPANY WILL CREATE JOBS FOR MORE THAN 100,000 FARMERS TO GROW SOY, AND MORE THAN 200 FACTORY JOBS. IN 2012, THE SOYCO FACTORY BROKE GROUND, AND CONSTRUCTION IS EXPECTED TO BE COMPLETE IN 2013. CHDI WORKS WITH THE GOVERNMENT OF RWANDA AND OTHER NONGOVERNMENTAL PARTNERS TO IMPROVE MARKET-DRIVEN

PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

THOUSAND FAMILIES HAVE BENEFITED FROM THIS PROGRAM.

AGRICULTURAL EFFORTS. SINCE 2008, CHDI HAS BEEN EXPANDING ITS

CASSAVA-GROWING PROGRAM IN THE EASTERN PROVINCE BY ENCOURAGING FARMERS TO

PASS ON NEW CUTTINGS TO THEIR NEIGHBORS, HELPING TO REDUCE FAMINE. FIVE

FORM 990, PART III, LINES 4A - 4D THE CLINTON GIUSTRA ENTERPRISE PARTNERSHIP (ENTERPRISE PARTNERSHIP), PREVIOUSLY THE CLINTON GIUSTRA SUSTAINABLE GROWTH INITIATIVE, WAS ESTABLISHED IN 2007 BY PRESIDENT BILL CLINTON AND PHILANTHROPIST FRANK GIUSTRA AND FORMALLY RENAMED ON MAY 3, 2013 TO REFLECT THE INITIATIVE'S STRATEGIC FOCUS ON CATALYZING MARKET OPPORTUNITIES FOR LOW-INCOME POPULATIONS. THE ENTERPRISE PARTNERSHIP'S MISSION IS TO HELP POPULATIONS WORK THEMSELVES OUT OF POVERTY THROUGH THE CREATION OF SUPPLY CHAINS, DISTRIBUTION AND TRAINING ENTERPRISES THAT ADDRESS GAPS IN VALUE CHAINS, LINKS BETWEEN COMMUNITIES AND MARKETS, AND OPPORTUNITIES FOR INCOME GENERATION AND JOB CREATION IN COLOMBIA, PERU, AND MEXICO. IN 2012, THE ENTERPRISE PARTNERSHIP CONTINUED TO SUPPORT THE SCALE UP OF THE POVERTY REDUCTION AND ALLEVIATION PROGRAM IN THE CAJAMARCA REGION OF PERU AND PROVIDED CAPACITY BUILDING AND MARKET LINKAGES TO MORE THAN 2,300 SMALL AGRICULTURAL PRODUCERS, HELPING THEM IMPROVE THEIR FARM PRODUCTIVITY AND ACCESS NEW MARKETS. IN CARTAGENA, COLOMBIA, THE ENTERPRISE PARTNERSHIP IS WORKING IN CONJUNCTION WITH THE NATIONAL HOTEL ASSOCIATION (COTELCO) TO PROVIDE BUSINESS MENTORING AND WORKSHOPS TO SMALL-SCALE PRODUCERS THROUGH THE HOTEL SUPPLIER NETWORK PROGRAM, WHICH IS HELPING PRODUCERS MEET THE MARKET REQUIREMENTS OF LARGE LUXURY HOTELS. DUE TO THIS PROGRAM, THERE HAS BEEN MORE THAN \$2.5 MILLION IN REVENUE RESULTING FROM SALES OF PRODUCTS BY 32 PARTICIPATING SUPPLIER GROUPS TO SIX DIFFERENT FIVE-STAR HOTELS IN THE REGION. ADDITIONALLY, IN SOACHA, COLOMBIA, THE ENTERPRISE PARTNERSHIP PARTNERED WITH SENA (THE NATIONAL LEARNING SERVICE OF COLOMBIA) AND CAMACOL (THE COLOMBIAN CHAMBER OF CONSTRUCTION) TO

ESTABLISH THE COUNTRY'S FIRST TRANSPORTABLE CONSTRUCTION TRAINING AND

CERTIFICATION FACILITY AND PROVIDED TRAINING TO 5,400 LOW-INCOME CONSTRUCTION WORKERS IN TRADE SKILLS AND SAFETY PRACTICES. THROUGH THE CATARACT SURGERIES PROJECT, THE ENTERPRISE PARTNERSHIP, IN PARTNERSHIP WITH FUNDACIÓN CARLOS SLIM AND THE PERUVIAN MINISTRY OF HEALTH, IS HELPING TO CREATE ECONOMIC OPPORTUNITIES AND SIGNIFICANTLY IMPROVE THE QUALITY OF LIFE AND PRODUCTIVITY FOR TENS OF THOUSANDS OF PERUVIANS BY RESTORING THEIR SIGHT. IN 2012, THE ENTERPRISE PARTNERSHIP COMPLETED MORE THAN 47,000 SURGERIES IN PERU, AND IN EARLY 2013, THE ENTERPRISE PARTNERSHIP REACHED ITS GOAL OF COMPLETING 50,000 SURGERIES, PROVIDING EACH SURGERY AT AN AVERAGE COST OF \$160; \$40 LESS THAN THE ORIGINAL TARGET COST. LASTLY, IN 2012, THE ENTERPRISE PARTNERSHIP EXPANDED ITS PROGRAMS TO CREATE NEW VENTURES IN COLOMBIA AND PERU, WITH A FOCUS ON ENTERPRISE CREATION AND IMPROVING SUPPLY CHAINS, AND ANNOUNCED THAT IT HAD OPENED TWO NEW ENTERPRISES IN CARTAGENA, COLOMBIA IN 2013.

SINCE 2009, THE CLINTON FOUNDATION IN HAITI HAS BEEN FOCUSING ON PRIVATE SECTOR INVESTMENT AND JOB CREATION IN ORDER TO CREATE LONG-TERM, SUSTAINABLE ECONOMIC DEVELOPMENT. AFTER THE DEVASTATING EARTHQUAKE IN 2010, PRESIDENT CLINTON FORMED THE CLINTON FOUNDATION HAITI FUND AND RAISED \$16.4 MILLION FROM INDIVIDUAL DONORS FOR IMMEDIATE EARTHQUAKE RELIEF EFFORTS. SINCE 2010, THE CLINTON FOUNDATION HAS RAISED A TOTAL OF \$34 MILLION FOR HAITI, INCLUDING RELIEF FUNDS, AS WELL AS PROJECTS FOCUSED ON RESTORING HAITI'S COMMUNITIES, SUSTAINABLE DEVELOPMENT, AND CAPACITY BUILDING. IN 2012, THE CLINTON FOUNDATION CONCENTRATED ON CREATING SUSTAINABLE ECONOMIC GROWTH IN THE FOUR PRIORITY SECTORS OF

ENERGY, TOURISM, AGRICULTURE, AND APPAREL/MANUFACTURING, WORKING TO BRING IN NEW INVESTORS, DEVELOP AND SUPPORT LOCAL ORGANIZATIONS AND BUSINESSES, AND CREATE ACCESS TO NEW MARKETS. IN 2012, THE FOUNDATION FACILITATED HIGH-LEVEL VISITS TO HAITI FROM MORE THAN 85 LEADERS IN INTERNATIONAL BUSINESS AND PHILANTHROPY TO EXPLORE NEW OPPORTUNITIES FOR ENGAGEMENT, WHICH INCLUDED FACILITATING THE GROUNDBREAKING OF THE \$45 MILLION DOLLAR MARRIOTT/DIGICEL HOTEL IN HAITI. THE FOUNDATION ALSO WORKED WITH BOTH MARRIOTT AND HEINEKEN TO LOOK AT WAYS TO INCREASE LOCAL PROCUREMENT, PROVIDING NEW BUSINESS OPPORTUNITIES TO LOCAL ENTERPRISES. WITH THE COFFEE ROASTING COMPANY LA COLOMBE AND NORTH COAST DEVELOPMENT, THE FOUNDATION WORKED TO PROVIDE NEW INTERNATIONAL MARKETS FOR QUALITY HAITIAN PRODUCTS IN 2012, AND USED REVENUE FROM THESE PRODUCTS TO INCREASE ACCESS TO TRAINING, EQUIPMENT, AND MATERIALS FOR FARMERS, AND ALSO WORKED WITH NRG ENERGY TO BRING SOLAR POWER TO SMALL BUSINESSES, HOSPITALS, AND SCHOOLS TO SIGNIFICANTLY OFFSET THE NEED FOR DIESEL-FUELED ELECTRICITY. ADDITIONALLY, TO ADDRESS HAITI'S HIGH-ENERGY COSTS AND ENVIRONMENTAL AND AGRICULTURAL CONCERNS, THE CLINTON FOUNDATION IS WORKING WITH THE HAITIAN GOVERNMENT AND A VARIETY OF AGRICULTURE AND GREEN TECHNOLOGY COMPANIES TO DEVELOP COMMERCIALLY VIABLE PROGRAMS, WHICH ADDRESS THESE NEEDS. IN 2012, THE FOUNDATION PROVIDED \$800,000 TO SUPPORT AGRICULTURE AND GREEN TECHNOLOGY INITIATIVES THROUGHOUT THE COUNTRY, WORKING ON PROJECTS THAT SUPPORT REFORESTATION, IMPROVE AGRICULTURE METHODS, AND SUPPORT CAPACITY BUILDING AND TRAINING. TO SUPPORT HOUSING AND EDUCATION IN HAITI, IN NOVEMBER 2012, THE FOUNDATION SIGNED AN MOU

WITH THE QATAR HAITI FUND AND THE GOVERNMENT OF HAITI FOR \$5 MILLION TO

PROVIDE HOUSING TO COMMUNITIES AFFECTED BY THE 2010 EARTHQUAKE. LASTLY, WITH SUPPORT FROM THE BOEING FOUNDATION, IN 2012, THE CLINTON FOUNDATION WORKED WITH ARCHITECTURE FOR HUMANITY TO REPAIR A CENTRAL PRIMARY SCHOOL IN DELMAS, WHICH WAS DESTROYED BY THE EARTHQUAKE AND WORKED WITH GREIF, INC. AND OPERATION BLESSING TO CONSTRUCT THE FIRST PRIMARY SCHOOL AND COMMUNITY CENTER FOR THE PEOPLE OF LAKE AZUEI.

PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

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

LAUNCHED IN 2012, THE CLINTON HEALTH MATTERS INITIATIVE (CHMI) WORKS TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE ACROSS THE UNITED STATES BY ACTIVATING INDIVIDUALS, COMMUNITIES, AND ORGANIZATIONS TO MAKE MEANINGFUL CONTRIBUTIONS TO THE HEALTH OF OTHERS. CHMI WORKS TO IMPLEMENT EVIDENCE-BASED SYSTEMS, ENVIRONMENTAL, AND INVESTMENT STRATEGIES, WITH THE GOALS OF ULTIMATELY REDUCING THE PREVALENCE OF PREVENTABLE DISEASES, REDUCING HEALTH CARE COSTS ASSOCIATED WITH PREVENTABLE DISEASES, AND IMPROVING THE QUALITY OF LIFE FOR PEOPLE ACROSS THE UNITED STATES. EACH YEAR, CHMI CONVENES A DIVERSE GROUP OF INDIVIDUALS, CORPORATE LEADERS, ATHLETES, AND HEALTH AND WELLNESS EXPERTS FOR THE HEALTH MATTERS: ACTIVATING WELLNESS IN EVERY GENERATION CONFERENCE. AT THIS CHMI ANCHOR EVENT, CONFERENCE PARTICIPANTS EXPLORE ISSUES AROUND HEALTH ACCESS, HEALTHY LIVING, AND DISEASE PREVENTION IN THE UNITED STATES. PARTICIPANTS COMMIT TO IMPLEMENT DYNAMIC SOLUTIONS THAT WILL HELP PEOPLE AND COMMUNITIES ACROSS THE COUNTRY LIVE HEALTHIER LIVES. AT THE SECOND HEALTH MATTERS CONFERENCE IN JANUARY 2013, ATTENDEES ANNOUNCED 31 COMMITMENTS TOTALING MORE THAN \$100 MILLION IN DISEASE PREVENTION INVESTMENTS, WHICH

WILL POSITIVELY IMPACT MORE THAN 25 MILLION PEOPLE. IN 2012, CHMI FOCUSED ITS EFFORTS ON IMPROVING COMMUNITY HEALTH IN THE COACHELLA VALLEY, CALIFORNIA, AND IN GREATER LITTLE ROCK, ARKANSAS. IN DECEMBER, CHMI GUIDED 140 COACHELLA VALLEY COMMUNITY LEADERS IN CREATING THE INITIATIVE'S FIRST REGIONAL BLUEPRINT FOR ACTION, A STRATEGIC PLAN OUTLINING 44 STEPS THAT WILL IMPROVE LOCAL HEALTH AND WELLNESS. AND IN ARKANSAS, CHMI IS WORKING WITH REGIONAL LEADERS TO REDUCE THE PREVALENCE OF THESE PREVENTABLE DISEASES, REDUCE THE COST OF MEDICATIONS, AND IMPROVE OVERALL QUALITY OF LIFE FOR ARKANSANS. TO CREATE COMPREHENSIVE SOLUTIONS THAT IMPROVE HEALTH OUTCOMES AND DRIVE DOWN HEALTH CARE COSTS, CHMI ENGAGES CORPORATIONS AND NONGOVERNMENTAL ORGANIZATIONS TO HELP IMPROVE THE HEALTH AND WELL-BEING OF THEIR EMPLOYEES, CUSTOMERS, AND THE BROADER COMMUNITY. IN 2012, PRIVATE-SECTOR COMMITMENTS TO ACTION WERE MADE ADDRESSING A RANGE OF ISSUES, FROM HEART HEALTH AND DIABETES PREVENTION TO HEALTH TECHNOLOGY ADVANCES AND INFRASTRUCTURE.

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. SINCE ITS INCEPTION, THE CENTER HAS WELCOMED 2.7 MILLION VISITORS FROM AROUND THE WORLD. IN ADDITION TO SHOWCASING THE WORK - PAST, PRESENT, AND FUTURE - OF THE 42ND PRESIDENT OF THE UNITED STATES, THE CENTER ALSO SERVES AS AN AWARD-WINNING VENUE THAT ATTRACTS A NUMBER OF PRESTIGIOUS MEETINGS AND CONFERENCES EACH YEAR. IN OCTOBER 2012, THE CENTER WELCOMED THE DEPARTMENT OF STATE'S EXPERIENCE AMERICA, A

PROGRAM LED BY THE OFFICE OF THE CHIEF OF PROTOCOL, BRINGING MORE THAN 45
AMBASSADORS TO LITTLE ROCK. THE FOUNDATION PARTNERED WITH THE ARKANSAS
ECONOMIC DEVELOPMENT COMMISSION TO CREATE A TWO-CITY, THREE-DAY PROGRAM
HIGHLIGHTING THE RICH HISTORY WITHIN LITTLE ROCK FOR MORE THAN 45
AMBASSADORS. IN JUNE 2012, INSPIRED BY CHELSEA CLINTON, THE "DOROTHY
HOWELL RODHAM AND VIRGINIA CLINTON KELLEY" EXHIBIT OPENED IN AND HONORED
THE MOTHERS OF FORMER SECRETARY OF STATE HILLARY RODHAM CLINTON AND
PRESIDENT BILL CLINTON, AND SHARED THE STORIES OF TWO EXCEPTIONAL WOMEN
WHO CAME OF AGE IN A CHANGING AMERICA, AND THE CENTER HAD THE OPPORTUNITY
TO DISPLAY THE ORIGINAL 19TH AMENDMENT - THE AMENDMENT THAT ALLOWED ALL
WOMEN THE RIGHT TO VOTE.

SIGNIFICANT PROGRAM SERVICES CHANGES

FORM 990, PART III, LINE 2

LAUNCHED IN 2012, THE CLINTON HEALTH MATTERS INITIATIVE (CHMI) WORKS TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE ACROSS THE UNITED STATES BY ACTIVATING INDIVIDUALS, COMMUNITIES, AND ORGANIZATIONS TO MAKE MEANINGFUL CONTRIBUTIONS TO THE HEALTH OF OTHERS. CHMI WORKS TO IMPLEMENT EVIDENCE-BASED SYSTEMS, ENVIRONMENTAL, AND INVESTMENT STRATEGIES, WITH THE GOALS OF ULTIMATELY REDUCING THE PREVALENCE OF PREVENTABLE DISEASES, REDUCING HEALTH CARE COSTS ASSOCIATED WITH PREVENTABLE DISEASES, AND IMPROVING THE QUALITY OF LIFE FOR PEOPLE ACROSS THE UNITED STATES.

NAME CHANGE

FORM 990, PART VI, SECTION A, LINE 4

THE ORGANIZATION WAS RENAMED TO "BILL, HILLARY & CHELSEA CLINTON

Schedule O (Form 990 or 990-EZ) 2012 Page **2**

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31–1580204

FOUNDATION" EFFECTIVE APRIL 9, 2013.

FOREIGN FINANCIAL ACCOUNTS

FORM 990, PART V, LINE 4B

AUSTRALIA

CAMBODIA

CHINA

COLOMBIA

DOMINICAN REPUBLIC

DR CONGO

INDIA

INDONESIA

KENYA

MALAWI

PERU

RWANDA

TANZANIA

UKRAINE

UNITED KINGDOM

VIETNAM

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 & 15B

THE ORGANIZATION PARTICIPATES IN AN ANNUAL COMPENSATION STUDY THAT

REVIEWS THREE SURVEYS TO DETERMINE THE REASONABLENESS OF ALL STAFF

COMPENSATION INCLUDING TOP MANAGEMENT. THE ORGANIZATION ALSO UTILIZED AN INDEPENDENT COMPENSATION CONSULTANT, AND TOP MANAGEMENT SALARIES ARE REVIEWED BY THE BOARD ANNUALLY.

AVAILABILITY OF GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

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

Schedule O (Form 990 or 990-EZ) 2012 Page 2

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

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 9

PROVISION FOR UNCOLLECTIBLE PLEDGES

\$(2,403,240)

PROGRAM RELATED INVESTMENT REVENUE

179,533

TOTAL \$(2,223,707)

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.

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.

Schedule O (Form 990 or 990-EZ) 2012 Page **2**

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

BELOW ARE THE AMOUNTS PAID TO EACH PROFESSIONAL FUNDRAISER FOR

FUNDRAISING EXPENSES.

AMERICAN MARKETING & COMMUNICATIONS CORP

\$96,100

M&R STRATEGIES

\$108,079

ATTACHMENT 1

FORM 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,

 ${\tt MN}$, ${\tt MS}$, ${\tt MO}$, ${\tt MT}$, ${\tt NE}$, ${\tt NV}$, ${\tt NH}$, ${\tt NJ}$, ${\tt NM}$, ${\tt NY}$, ${\tt NC}$, ${\tt ND}$, ${\tt OH}$, ${\tt OK}$, ${\tt OR}$, ${\tt PA}$,

RI, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY

ATTACHMENT 2

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

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|--------------|
| WASSERMAN MEDIA GROUP LLC 10960 WILSHIRE AVE. LOS ANGELES, CA 90024 | CONSULTING SERVICES | 437,000. |
| FRED POUST 277 WEST END AVENUE #4A NEW YORK, NY 10023 | CONSULTING SERVICES | 250,000. |
| BKD, LLP P.O. BOX 3667 LITTLE ROCK, AR 72203 | ACCOUNTING SERVICES | 208,308. |
| MCCULLAGH & COMPANY 1201 CALIFORNIA STREET #801 SAN FRANCISCO, CA 94109 | FUNDRAISING SUPPORT | 180,000. |
| SJS P.O. BOX 319 BRISTOL, RI 02809 | CONSULTING SERVICES | 124,980. |

| Name of the organization | Employer identification number |
|--|--------------------------------|
| BILL, HILLARY & CHELSEA CLINTON FOUNDATION | 31-1580204 |
| | TACHMENT 3 |
| FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD | |
| GROSS SALES LESS RETURNS AND ALLOWANCES | 2,002,970. |
| INVENTORY AT BEGINNING OF YEAR | |
| PURCHASES | 952,577. |
| SALARIES AND WAGES | |
| OTHER COSTS | |
| SUBTOTAL | 952,577. |
| MINUS ENDING INVENTORY | |
| COST OF GOODS SOLD | 952,577. |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

Open to Public Inspection

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number 31-1580204

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

| (a) Name, address, and EIN (if applicable) 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 | BHCC FDN |
| (2) WILLIAM J. CLINTON FDN (KENYA) CHAR TR | | | | | |
| ARGWINGS KOHEK ROAD NAIROBI, KE | CF PROGRAMS | KE | 0 | 0 | BHCC FDN |
| _(3) | | | | | |
| | | | | | |
| _(4) | | | | | |
| | | | | | |
| (5) | | | | | |
| | | | | | |
| _(6) | | | | | |
| | | | | | |

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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 | | | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section 5 | g) 512(b)(13) rolled iity? |
|--|-----------------------|--------------------------------|----|-------------|--|-------------------------------|-----------|-------------------------------------|
| | | | | | | | Yes | No |
| (1) WILLIAM J CLINTON FOUNDATION UK | | | | | | | | |
| 610 PRESIDENT CLINTON AVE 2ND | LITTLE ROCK, AR 72201 | FUNDRAISING | UK | | | BHCC FDN | X | |
| (2) CLINTON GLOBAL INITIATIVE | 27-1551550 | | | | | | | |
| 1200 PRESIDENT CLINTON AVE | LITTLE ROCK, AR 72201 | INITIATIVE | AR | 501 (C) (3) | 11B | BHCC FDN | X | |
| (3) CLINTON HEALTH ACCESS INITIATIVE | 27-1414646 | | | | | | | |
| 383 DORCHESTER AVE | BOSTON, MA 02127 | HEALTH | AR | 501 (C) (3) | 9 | BHCC FDN | X | |
| (4) CLINTON FOUNDATION INSALINGSSTIFTEL | SE | | | | | | | |
| TORNGREN MAGNELL VAST TRADGARD | STOCKHOLM, SW | FUNDRAISING | SW | | | BHCC FDN | X | |
| _(5) | | | | | | | | |
| _(6) | | | | | | | | |
| | | | | | | | | |

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

Schedule R (Form 990) 2012

JSA

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 | allocations? | | f- Disproportionate Code V-UBI Gene | | roportionate bocations? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | proportionate allocations? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | i) eral or aging ner? | (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 | 29,426. | 1,100,408. | | х | | Х | | 50.0000 | | | | |
| (2) HAITI DVLPMNT FUND 45-3819678 | | | | | | | | | | | | | | | | |
| 1271 AVE OF AMER, NY, NY 10020 | PROGRAM INVESTMNT | DE | N/A | RELATED | 0 | 208,520. | | х | | Х | | 50.0000 | | | | |
| (3) CIUDAD VERDE AMARILO TRIADA FR | | | | | | | | | | | | | | | | |
| CALLE 67 NO. 7-37 PISO 3 | PROGRAM INVESTMNT | | N/A | RELATED | 8,717,090. | 673,186. | | Х | | Х | | 77.5300 | | | | |
| (4) | | | | | | | | | | | | | | | | |
| <u>(5)</u> | | | | | | | | | | | | | | | | |
| <u>(6)</u> | | | | | | | | | | | | | | | | |
| <u>(7)</u> | | | | | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 | 512(l | (i) ction b)(13) rolled tity? |
|--|--------------------------------|--|-------------------------------------|---|---------------------------------|---------------------------------------|--------------------------|-------|---|
| | | | | | | | | Yes | No |
| (1) fondo acceso sas | | | | | | | | | |
| CALLE 93A NO. 14-17 OF 707 BOGOTA, CO | PROGRAM INVESTMNT | CO | N/A | C.CORP. | 0 | 0 | | | Х |
| (2) | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | |
| <u>(5)</u> | | | | | | | | | |
| (6) | | | | | | | | | |
| <u>(7)</u> | | | | | | | | | |

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

| Not | te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|---|----|-----|----|
| 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? | | | |
| а | | 1a | | X |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | Х | |
| С | Gift, grant, or capital contribution from related organization(s) | 1c | Х | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | Х | |
| е | | 1e | | Х |
| | | | | |
| f | | 1f | | X |
| g | | 1g | | X |
| h | | 1h | | X |
| i | Exchange of assets with related organization(s) | 1i | | X |
| j | | 1j | | Х |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| I | | 11 | | Х |
| m | | 1m | | Х |
| n | | 1n | Х | |
| 0 | | 10 | | Х |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1р | | Х |
| q | | 1q | | Х |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | Х |
| s | Other transfer of cash or property from related organization(s) | | Х | |
| | | | | |

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.

| | the answer to any of the above is Tes, see the instructions for information on who must complete this line, including covered relationships and transaction thesholds. | | | | | | | | | | |
|------------|--|----------------------------------|------------------------|---|--|--|--|--|--|--|--|
| | (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | | | | | | | |
| (1) | ACCESO FUND LLC | В | 480,750. | AMT. PAID | | | | | | | |
| <u>(2)</u> | CLINTON HEALTH ACCESS INITIATIVE | В | 4,000,000. | AMT. PAID | | | | | | | |
| <u>(3)</u> | CLINTON FOUNDATION INSALINGSSTIFTELSE | С | 3,702,652. | AMT. RECEIVED | | | | | | | |
| (4) | CLINTON GLOBAL INITIATIVE | С | 500,000. | AMT. RECEIVED | | | | | | | |
| <u>(5)</u> | CLINTON GLOBAL INITIATIVE | С | 8,975,872. | YEAR END BAL. | | | | | | | |
| <u>(6)</u> | CLINTON HEALTH ACCESS INITIATIVE | D | 3,558,496. | YEAR END BAL. | | | | | | | |

Schedule R (Form 990) 2012

JSA

| Schedule R (For | rm 990) 2012 | Page 🕻 |
|-----------------|--|--------|
| Part V | Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) | |

| Not | te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|---|-------|--------|----|
| 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? | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | 1a | | |
| b | | 1b | | |
| С | Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d | | 1d | | |
| е | Loans or loan guarantees by related organization(s) | 1e | | |
| | | | | |
| f | Dividends from related organization(s) | 1f | | |
| q | | 1g | | |
| h | | 1h | | |
| i | Exchange of assets with related organization(s) | 1i | | |
| i | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| • | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | |
| m | | 1m | | |
| n | | 1n | | |
| 0 | Sharing of paid employees with related organization(s) | 10 | | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1р | | |
| a | | 1q | | |
| 7 | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | |
| s | Other transfer of cash or property from related organization(s) | 1s | | |
| 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 thresh | holds | S. | |
| | | | | |

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|------------------------|---|
| (1) CLINTON FOUNDATION INSALINGSSTIFTELSE | S | 5,667,997. | AMT. RECEIVED |
| <u>(2)</u> | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| (5) | | | |
| (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) Predominant income (related, unrelated, excluded from tax under | organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes No | | of Schedule K-1 (Form 1065) | | i) eral or aging ner? | (k) Percentage ownership | |
|--------------------------------------|-----------------------------|---|---|----------------|----|---------------------------------|--|---|----|-----------------------------|-----|--------------------------------|--------------------------------|--|
| (4) | | | section 512-514) | Yes | No | | | Yes | No | (1 111) | Yes | No | | |
| (1) | - | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | | | | | | |
| <u>(5)</u> | | | | | | | | | | | | | | |
| <u>(6)</u> | | | | | | | | | | | | | | |
| <u>(7)</u> | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | | |
| <u>(15)</u> | - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 Page 5

Part VII **Supplemental Information**

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

AMENDED RETURN

| Form 990-T | Exemi | pt Organization Busines | s Income | Tax Return (and prox) | tax under section | 6033(e)) | OMB | No. 1545-0687 | | |
|--|------------|--------------------------------------|--------------------|--------------------------------|-------------------|---|------------------------|---|--|--|
| | | For calendar year 2012 or other | | | | | 2 | <u>الالالا</u> | | |
| Department of the Treasury Internal Revenue Service | | | 20 . | ▶ See separate | | | Open to F 501(c)(3) | Public Inspection for Organizations Only | | |
| A Check box if | | Name of organization (Che | eck box if nan | ne changed and see instruction | ns.) | | yer identif | ication number | | |
| address changed | | | | | | (Empic | yees trust, so | ee instructions.) | | |
| B Exempt under section | | BILL, HILLARY & (| CHELSEA | CLINTON FOUNDAT | 'ION | | | | | |
| X 501(C)(3) | Print | Number, street, and room or suite | e no. If a P.O. | box, see instructions. | | 31-1580204 | | | | |
| 408(e) 220(e) | Type | | | | | E Unrelated business activity cod (see instructions.) | | | | |
| 408A530(a) | | 1200 PRESIDENT CI | LINTON A | AVENUE | | | | | | |
| 529(a) | _ | City or town, state, and ZIP code | | | | | | | | |
| C Book value of all assets at end of year | | LITTLE ROCK, AR | | | | 7223 | 20 | | | |
| , | | up exemption number (see ins | · | | | | | | | |
| | | eck organization type X | | | c) trust | 401(a) | trust | Other trust | | |
| | | rimary unrelated business activ | | | | | | | | |
| • | | corporation a subsidiary in an | ū | | controlled group? | | ▶∟ | Yes X No | | |
| | | identifying number of the pare | nt corporation | | | 01 740 | 0.471 | | | |
| J The books are in car | | | | | ne number > 5 | | T T | (C) Not | | |
| | | 1,050,393. | | (A) Income | (B) Expen | 562 | | (C) Net | | |
| | | | 10 | 1,050,393. | | | | | | |
| b Less returns and allow | | lule A, line 7) | | 353,143. | | | | | | |
| | | 2 from line 1c | | 697,250. | | | | 697,250. | | |
| | | attach Schedule D) | | 077,230. | | | | 051,250. | | |
| | • | Part II, line 17) (attach Form 4797 | | | | | | | | |
| • , , | | trusts | · | | | | | | | |
| | | ps and S corporations (attach stater | | | | | | | | |
| | - | | _ ′ | | | | | | | |
| | | ncome (Schedule E) | | | | | | | | |
| | | ties, and rents from contro | | | | | | | | |
| | • | | | | | | | | | |
| | | section 501(c)(7), (9), or | | | | | | | | |
| | | | | | | | | | | |
| | | ncome (Schedule I) | | | | | | | | |
| 11 Advertising incor | ne (Sched | dule J) | 11 | | | | | | | |
| 12 Other income (se | ee instruc | ctions; attach statement) | 12 | | | | | | | |
| | | ough 12 | | 697,250. | | | | 697,250. | | |
| | | Taken Elsewhere (see i | | | | xcept fo | or contrik | outions, | | |
| | | t be directly connected w | | | | | | | | |
| | | directors, and trustees (Schedu | | | | | | | | |
| | | | | | | | | 525,209. | | |
| | | | | | | | | | | |
| | | | | | | | | 1,705. | | |
| | | | | | | | | | | |
| | | see instructions for limitation ru | | | | | + | | | |
| | , | | , | 1 1 | | 20 | | | | |
| | | 4562) | | | | | | | | |
| | | TOTI Scriedule A and eisewhere | | | | 22b | + | | | |
| | | compensation plans | | | | | | | | |
| | | S | | | | | 1 | 124,650. | | |
| | | Schedule I) | | | | | | | | |
| | | Schedule J) | | | | | + | | | |
| | | statement) | | | | | + | 226,386. | | |
| | | es 14 through 28 | | | | | <u> </u> | 877,950. | | |
| | | e income before net operating | | | | | 1 | -180,700. | | |
| | | ion (limited to the amount on li | | | | | 1 | | | |
| | | e income before specific dedu | | | | | | -180,700. | | |
| | | ally \$1,000, but see line 33 in | | | | | | 1,000. | | |
| | | le income. Subtract line 33 fro | | | | | | | | |
| enter the smaller | of zero o | r line 32 | | <u> </u> | <u> </u> | 34 | | -180,700. | | |
| | | | | | | | | | | |

JSA For Paperwork Reduction Act Notice, see instructions. 2E1610 1.000

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Bill, Hillary & Chelsea Clinton Foundation

EIN: 31-1580204

Tax Year Ended: December 31, 2012 Tax Form: Form 990-T (Amended)

Attachment to 2012 amended Form 990-T

This amended Form 990-T, *Exempt Organization Business Income Tax Return*, is being filed to transmit to the Internal Revenue Service a Form 8865, *Return of U.S. Persons With Respect to Certain Foreign Partnerships*, and a Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation*.

The Foundation is also revising Part I, *Unrelated Trade or Business Income*, and Part II, *Deductions Not Taken Elsewhere*, to reflect an adjustment of its reportable gross receipts and expenses from unrelated business income, as a result of a further review of the unrelated business income and expense allocations. There is no change to the Foundation's unrelated business taxable income as reported on the original Form 990-T filed for 2012.

| Form | 990-T (2012) BILL, HILLARY & CHELSEA CLINTON FOUNDATION | 31-15 | 80204 Page 2 |
|------|---|--|--|
| Par | rt III Tax Computation | | |
| 35 | Organizations taxable as corporations (see instructions for tax computation). Controlled gr | oup | |
| | members (sections 1561 and 1563) check here See instructions and: | 044 | |
| a | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | |
| u | (1) \$ (2) \$ (3) \$ | | |
| | Year and the control of the control | | |
| D | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) | \$15.05E | |
| | (2) Additional 3% tax (not more than \$100,000) | REEDI | |
| | Income tax on the amount on line 34 | | |
| 36 | Trusts taxable at trust rates (see instructions for tax computation). Income tax | | |
| | the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) | ▶ 36 | |
| 37 | Proxy tax (see instructions) | ▶ 37 | |
| 38 | Alternative minimum tax | 38 | |
| 39 | Total. Add lines 37 and 38 to line 35c or 36, whichever applies | 39 | |
| Par | rt IV Tax and Payments | | |
| 40 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a | | |
| b | Other credits (see instructions) | | |
| С | General business credit. Attach Form 3800 (see instructions) 40c | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827). 40d | | |
| | Total credits. Add lines 40a through 40d | 400 | |
| | Subtract line 40a from line 20 | 40e | |
| 41 | Subtract line 40e from line 39 | 41 | |
| 42 | | -01.000.00 | |
| 43 | Total tax. Add lines 41 and 42 | 43 | 0 |
| 44 a | Payments: A 2011 overpayment credited to 2012 | 100.00 | |
| b | 2012 estimated tax payments | | |
| C | Tax deposited with Form 8868 | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) 44d | A THE | |
| е | Backup withholding (see instructions) | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) 44f | | |
| g | Other credits and payments: Form 2439 | | |
| | Form 4136 Other Total ▶ 44g | | |
| 45 | Total payments. Add lines 44a through 44g | 45 | |
| 46 | Estimated tax penalty (see instructions). Check if Form 2220 is attached. | | |
| 47 | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed | | |
| 48 | Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid | | |
| 49 | Enter the amount of line 48 you want: Credited to 2013 estimated tax | | |
| Par | | 70 | |
| 100 | At any time during the 2012 calendar year, did the organization have an interest in or a signature or other aut | | nancial Vac No |
| | account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90- | constitution at anytherest restriction | The state of the s |
| | Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ SEE ATTACHED | 22.1, Report of 1 | X |
| | | . familia tauto | |
| | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a | roreign trust? | •••• |
| | If "Yes," see instructions for other forms the organization may have to file. | | |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year > \$ | | |
| | edule A - Cost of Goods Sold. Enter method of inventory valuation ► FIFO | | |
| | Inventory at beginning of year . 1 6 Inventory at end of year | Control of the state of the sta | |
| | Purchases | | |
| 3 | Cost of labor | in | |
| 4 a | Additional section 263A costs Part I, line 2 | 7 | 809,180. |
| | (attach statement) 4a 8 Do the rules of section 263A | (with respe | ect to Yes No |
| b | Other costs (attach statement). 4b property produced or acquired | for resale) | apply |
| 5 | Total. Add lines 1 through 4b · 5 809, 180. to the organization? | | X |
| | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | best of my knowle | dge and belief, it is true, |
| Sign | correct, and complete. Declaration of preparer (other/than taxpayer) is based on all information of which preparer has any knowledge. | | |
| Here | | The contraction of the contraction | discuss this return |
| | Signature of officer Date Title | (see instructions) | |
| | Print/Type preparer's name Preparer's signature Date | | PTIN |
| Paid | | Check if | P01888810 |
| Prep | parer Firm's name > BKD LLD | self-employed | 4-0160260 |
| Use | Only B. D. DOY 2007 | | 01-372-1040 |
| | LITTLE ROCK, AR 72203-3667 | Phone no. 50 | |
| | LIIILE ROCK, AR /22U3-300/ | | Form 990-T (2012) |

JSA 2E1620 1.000

Form 990-T (2012) Page **3**

| Schedule C - Rent Income (see instructions) | (From Real Pro | perty a | nd Personal Prope | erty | Leased Wi | th Real Prope | erty) | | |
|---|---|---|--|----------|---|---|--------------------|--|--|
| 1. Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | 2. Rent receive | d or accru | ied | | | | | | |
| (a) From personal property (if the for personal property is more than 50%) | | percent | From real and personal protage of rent for personal pror if the rent is based on pro | exceeds | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement) | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | - | Γotal | | | | | | | |
| (c) Total income. Add totals of conere and on page 1, Part I, line 6 | blumns 2(a) and 2(b), column (A) | . Enter | | | | (b) Total deduction Enter here and o Part I, line 6, colu | n page 1, | | |
| Schedule E - Unrelated De | ept-Financed ind | come (s | ee instructions) | | 3 Do | ductions directly of | nn a atad wi | th or allocable to | |
| 1. Description of deb | t-financed property | property (a) Straight line depreciation (b) Other | | | | | | | |
| (4) | | | | | (attacii | Statement) | (8 | illacii statement) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | 5. Average adjuste of or allocable debt-financed pr (attach statem | e to operty | 6. Column 4 divided by column 5 | | | come reportable 2 x column 6) | | llocable deductions n 6 x total of columns 3(a) and 3(b)) | |
| (1) | | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| Totals | | | | ▶ | | and on page 1, 7, column (A). | Enter h Part I, | ere and on page 1, line 7, column (B). | |
| Total dividends-received deducti | | | | | | | | | |
| Schedule F - Interest, Ann | uities, Royaltie | | | | | ons (see instru | ıctions) | | |
| | | E | xempt Controlled Or | ganiz | zations | | | | |
| Name of controlled organization | 2. Employer identification numl | ber | 3. Net unrelated income (loss) (see instructions) | | otal of specified yments made | 5. Part of column included in the corganization's gro | ontrolling | 6. Deductions directly connected with income in column 5 | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Nonexempt Controlled Organ | izations | | | | | | | | |
| 7. Taxable Income | 8. Net unrelated i (loss) (see instruc | | 9. Total of specific payments made | | include | cluded in the controlling connected with | | Deductions directly nnected with income in column 10 | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | | | Enter h | columns 5 and 10. nere and on page 1, line 8, column (A). | Ent | dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B). | |
| Totals | · · · · · · · · · · · · · · · · · · · | | | ! | | | | Farm 000-T (2012) | |

Form **990-T** (2012)

Page 4

| Schedule G - Investment In | come of a Sec | tion 501(c)(| | nization (see | instruction | ons) | |
|---|---|--|--|---|-----------------------------|---|---|
| 1. Description of income | 2. Amount of | fincome | 3. Deductions directly connected (attach statement) | | . Set-asides ach stateme | | 5. Total deductions and set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | Enter here and Part I, line 9, co | | | | | | Enter here and on page 1 Part I, line 9, column (B). |
| Totals | | | | | | | |
| Schedule I - Exploited Exe | empt Activity In | come. Other | Than Advertising Ir | ncome (see ins | structions | 3) | |
| | | | 4. Net income | | | -/ | |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected wit production o unrelated business incon | unrelated trade or business (column of 2 minus column 3). If a gain, | 5. Gross incom from activity the is not unrelated business incom | at att | . Expenses tributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and page 1, Part I line 10, col. (E | I, | | · | | Enter here and on page 1, Part II, line 26. |
| Totals Schedule J - Advertising In | come (soo instr | uctions) | | | | | |
| Part I Income From Per | • | | scalidated Pasis | | | | |
| Part Income From Per | louicais Report | led on a Con | ISOIIUALEU DASIS | | | | |
| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising cos | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. | Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | | | | | | | |
| Part II Income From Per through 7 on a line | iodicals Repor | ted on a Sep | parate Basis (For ea | ch periodical | listed in | Part II, fi | ill in columns 2 |
| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising cos | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. | Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | | | | | | | |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and page 1, Part line 11, col. (E | I | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) ► Schedule K - Compensation | n of Officers 5 | liroctore on | d Trustoss (cas instru | uotions) | | | |
| 1. Name | ill of Officers, L | niectors, and | 2. Title | 3. Perce | | | ensation attributable to |
| (1) ATCH 2 | | | | busine | | unr | related business |
| (2) | | | | | % | | |
| (3) | | | | | % | | |
| (4) | | | | | % | | |
| Total. Enter here and on page 1, P | art II, line 14 | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | 000 T |

Form **990-T** (2012)

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

| LICENSES & FEES | 1,650. |
|--------------------------------------|---|
| SUPPLIES EXPENSES | 42,439. |
| PURCHASE SERVICES | 99,030. |
| OTHER PAYROLL EXPENSES | 40,153. |
| CREDIT CARD EXPENSES | 15,061. |
| OTHER EXPENSES | 27,559. |
| UTILITIES | 494. |
| DADT II _ IINE 28 _ OTUED DEDICTIONS | 226 386 |
| PART II - LINE 28 - OTHER DEDUCTIONS | 494. ——————————————————————————————————— |

ATTACHMENT 2

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| NAME AND ADDRESS | <u>TITLE</u> | BUSINESS PERCENT | COMPENSATION |
|---|--------------------|---------------------|--------------|
| BRUCE R LINDSEY 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 | CEO/CHAIR | 0 | 0 |
| ANDREW KESSEL 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 | CFO | 0 | 0 |
| STEPHANIE S STREETT 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 | EXECUTIVE DIRECTOR | 0 | 0 |
| TERRENCE MCAULIFFE 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 | DIRECTOR | 0 | 0 |
| CHELSEA V. CLINTON 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 | VICE CHAIR | 0 | 0 |
| SCOTT TAITEL 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 | COO OF CGSGI | 0 | 0 |
| MARK GUNTON 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 | CEO, CGSGI | 0 | 0 |
| THERESE SHERIDAN 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 | HR DIRECTOR | 0 | 0 |
| DENNIS CHENG 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 | CDO | 0 | 0 |
| VALERIE ALEXANDER 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 | MARKETING DIRECTOR | 0 | 0 |

ATTACHMENT 2 (CONT'D)

| SCHD | K | FORM | 990-T | COMPENSATION | OF | OFFICERS | DIBECTORS | ۲, | סקקרים וקר | |
|-------|------|-------|----------------|--------------|----|----------|-----------|-----|------------|--|
| оспр. | 1/ / | r Orm | <i>JJU-</i> 1, | COMPENSATION | OF | OLLICEVO | DIKECIONS | , ∝ | ILCOSIEES | |

| NAME AND ADDRESS | <u>TITLE</u> | BUSINESS PERCENT | COMPENSATION |
|--|---------------|---------------------|--------------|
| MARK DUNKELMAN 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 | SENIOR FELLOW | 0 | 0 |
| TOTAL COMPENSATION | | | |

FEDERAL FOOTNOTES

FORM 990-T RENTAL CATERING BUSINESS NET OPERATING LOSS (NON-SRLY)

CARRYOVER GENERATED YE 12/31/2011 CARRYOVER GENERATED YE 12/31/2012 TOTAL UTILIZATION \$34,437 \$180,700 NONE

CARRIED FORWARD TO 12/31/2013 \$215,137

FEDERAL FOOTNOTES

FORM 990-T, PART V, LINE 1 INTEREST IN OR A SIGNATURE OR OTHER AUTHORITY OVER A FINANCIAL ACCOUNT IN A FOREIGN COUNTRY. AUSTRALIA, CAMBODIA, CHINA, COLOMBIA, DOMINICAN REPUBLIC, DR CONGO, INDIA, INDONESIA, KENYA, MALAWI, PERU, RWANDA, TANZANIA, UKRAINE, UNITED KINGDOM, VIETNAM.