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Cat No 11282Y

Form 990 (2009)

# Form **990**

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public

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

Inspection A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 D Employer identification number B Check if applicable Please WILLIAM J CLINTON FOUNDATION use IRS label or -1580204 Address change Doing Business As E Telephone number print or type. See Name change (501)748-0471pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 1200 PRESIDENT CLINTON AVENUE Instruc-**G** Gross receipts \$ 250,656,163 Terminated tions. City or town, state or country, and ZIP + 4 LITTLE ROCK, AR 72201 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for ANDREW KESSEL affiliates? 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Tax-exempt status Group exemption number 🕨 Website: ► WWW CLINTONFOUNDATION ORG K Form of organization 
✓ Corporation 
✓ Trust 
✓ Association 
✓ Other ► L Year of formation 1997 M State of legal domicile AR Part I Summary Briefly describe the organization's mission or most significant activities THE WILLIAM J CLINTON FOUNDATION WORKS TO STRENGTHEN THE CAPACITY OF PEOPLE IN THE U.S. AND THROUGHOUT THE WORLD TO MEET THE CHALLENGES OF GLOBAL INTERDEPENDENCE Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 3 Total number of employees (Part V, line 2a) . . 559 389 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 184,146,859 242,377,043 Program service revenue (Part VIII, line 2g) . 2,140,825 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,576,456 196,780 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,526,897 4,316,470 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 188,250,212 249,031,118 3,905,809 4,046,086 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 34,320,034 38,212,782 Professional fundraising fees (Part IX, column (A), line 11e) . 16a 598,670 309,814 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright \frac{4,696,764}{1}$ ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 178,565,635 192,646,100 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 217,390,148 235,214,782 Revenue less expenses Subtract line 18 from line 12 . 13,816,336 19 -29,139,936 Net Assets or Fund Balances **Beginning of Current End of Year** Year 260,448,325 20 Total assets (Part X, line 16) . 276,839,097 21 Total liabilities (Part X, line 26) . 108,726,135 78,511,711 Net assets or fund balances Subtract line 21 from line 20 168,112,962 181,936,614 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian \*\*\*\*\* 2010-11-15 Here Signature of officer ANDREW KESSEL CFO Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours BKD LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 PO BOX 3667

LITTLE ROCK, AR 722033667

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Form **990** (2009)

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PRESIDENT CLINTON ESTABLISHED THE WILLIAM J CLINTON FOUNDATION WITH THE DUAL MISSIONS OF CONSTRUCTING & ENDOWING THE CLINTON PRESIDENTIAL CENTER & PARK IN LITTLE ROCK, ARKANSAS & CONTINUING THE WORK OF HIS PRESIDENCY TO STRENGTHEN THE CAPACITY OF PEOPLE IN THE UNITED STATES & THROUGHOUT THE WORLD TO MEET THE CHALLENGES OF GLOBAL INTERDEPENDENCE TO ADVANCE THE MISSION, THE FOUNDATION HAS DEVELOPED PROGRAMS & PARTNERSHIPS IN THE FOLLOWING AREAS ECONOMIC EMPOWERMENT HEALTH SECURITY WITH AN EMPHASIS ON HIV/AIDS RACIAL, ETHNIC, & RELIGIOUS RECONCILIATION LEADERSHIP DEVELOPMENT & CITIZEN SERVICE

	T-4-1	vice expenses <b>⊩</b> \$	222,856,65	_		
	(Expenses \$	36,102,778 ind	cluding grants o	of \$ 65	5,466 ) (Revenue \$	346,814)
4d	Other program se	rvices (Describe in Sch	nedule O )			
	•	E INITIATIVE SEE SCHEDULE	, ,		, ( επασ φ	,,
4c	(Code	) (Expenses \$	11,588,546	including grants of \$	210,396 ) (Revenue \$	111,323 )
	THE CLINTON GLOBAL	INITIATIVE SEE SCHEDULE (	) FOR FURTHER DI	ETAILS 		
4b	(Code	) (Expenses \$	12,479,973	including grants of \$	226,581 ) (Revenue \$	119,886)
		(, , , , , , , , , , , , , , , , , , ,				
	•	, , , ,	RIY THE CLINTON		E SCHEDULE O FOR FURTHER DETAIL	•
4a	•	, , , ,	, ,	3 3 ,		, , , , ,
(Code			162,685,358	including grants of \$	2,953,643 ) (Revenue \$	1,562,802 )
	Section 501(c)(3)		tions and section	on 4947(a)(1) trusts	e largest program services by are required to report the amo n service reported	•
4	•	hese changes on Sched				
3	_	n cease conducting, or	•	-	conducts, any program	┌ Yes ┌ No
_	•	hese new services on S 				

Part TV	Chec	klist of	Require	d Sche	dules
	CIICC	NIISL UI	Require:	u Schie	Juuics

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes		
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes		
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		No	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes		
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes		
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.				
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.				
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.				
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.				
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No				
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b	Yes		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	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		Νο
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		N o
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		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		N o
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Part I	31		N o
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		N o
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		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  14  142  150  160  170  170  170  170  170  170  17			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-		NI o
h	return?	3a 3b		Νο
а	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	Yes	
b	If "Yes," enter the name of the foreign country ►_ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	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?	6a		N c
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νc
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νc
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N c
3	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	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			

VII Governance, Management, and Disclosure For each "Yes" res	ponse	e to lines 2 through 7	b
below, and for a "No" response to lines 8a, 8b, or 10b below, desc	ribe th	ne circumstances,	
processes, or changes in Schedule O. See instructions.			
ction A. Governing Body and Management			
Enter the number of voting members of the governing body	1a	4	
	below, and for a "No" response to lines 8a, 8b, or 10b below, descri	below, and for a "No" response to lines 8a, 8b, or 10b below, describe the processes, or changes in Schedule O. See instructions.  ction A. Governing Body and Management	below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  ction A. Governing Body and Management

			Yes	No				
1a	Enter the number of voting members of the governing body							
b	Enter the number of voting members that are independent 1b 3							
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		Νo				
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?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b		Νo				
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							
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)							
			Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο				

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

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS,  $\mathsf{KY}\,,\mathsf{LA}\,,\mathsf{ME}\,,\mathsf{MD}\,,\mathsf{MA}\,,\mathsf{MI}\,,\mathsf{MN}\,,\mathsf{MS}\,,\mathsf{MO}\,,\mathsf{NV}\,,\mathsf{NH}\,,\mathsf{NJ}\,,$ NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, VT, VA, WA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Vpon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 ANDREW KESSEL 1200 PRESIDENT CLINTON AVENUE

LITTLE ROCK, AR 72201

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►36
- Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Νo 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 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services 5 Nο

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation		
PARTNERS IN HEALTH	PROGRAM SERVICES	1,600,000		
AIDS CARE CHINA	PROGRAM SERVICES	564,972		
FIVE CURRENTS LLC	PROGRAM SERVICES	492,973		
CARE PERU	PROGRAM SERVICES	465,493		
ASCENTIUM	PROGRAM SERVICES	417,999		
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►43				

Form **990** (2009)

Form 990 (2009) Page <b>9</b>										
Part \	<b>/1111</b>			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
nts nts	1a		7,889							
gra	b	Membership dues 1b								
ffs,	c		5,990							
<u>2</u>	d     e	Related organizations 1d  Government grants (contributions) 1e 122,52	0.657							
ons sin	f	All other contributions, gifts, grants, and 1f 119,05	!							
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in 5,422,289								
Ç ⊒ Ç	h	Total. Add lines 1a-1f	▶	242,377,043						
<u> </u>		Business C	ode							
Program Serwce Revenue	2a	CGSGI, CHAI, & CHDI INCOME 9	00,099	1,956,583	1,956,583	0	0			
	Ь	LIBRARY ADMISSIONS 9	00,099	184,242	184,242	0	0			
¥	c									
Ş	d									
Tan.	e f	All other program service revenue								
ت الإ	'									
<u></u>	g 3	Total. Add lines 2a-2f	-	2,140,825						
	3	Investment income (including dividends, interest and other similar amounts)	▶	196,780	0	0	196,780			
	4	Income from investment of tax-exempt bond proceeds	▶	0						
	5	Royalties	▶	0						
		(ı) Real (ıı) Persor								
	6a b	Gross Rents Less rental	67,431							
	_	expenses	67,431							
	c   .	or (loss)		167,431	0	0	167,431			
	d	Net rental income or (loss)	<u>►</u>	107,431	0	-	107,431			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)								
	c d		.▶	0						
e	8a	Gross income from fundraising events (not including	-							
Other Revenue		\$	2,000							
#ei	ь	Less direct expenses b	5,451							
Õ	С		<b>-</b>	3,346,549	0	0	3,346,549			
	9a	Gross income from gaming activities See Part IV, line 19 a								
	b c	Less direct expenses b  Net income or (loss) from gaming activities	<u>,</u>	0						
	10a	Gross sales of inventory, less returns and allowances .	7 002							
	ь	1,04	7,883							
	С	Net income or (loss) from sales of inventory	<b>&gt;</b>	418,289	0	0	418,289			
	44-	Miscellaneous Revenue Business C	ode 00,099	384,201	0	0	384,201			
	11a   b	MISCELLANEOUS REVENUE 9	30,099	304,201	U	0	304,201			
	°									
	d	All other revenue	+							
	e	Total. Add lines 11a-11d	▶	384,201						
	12	<b>Total revenue.</b> See Instructions	<u> </u> ►[	249,031,118	2,140,825	0	4,513,250			

7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21  2 Grants and other assistance to individuals in the U S See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees	(C) ement and al expenses	( <b>D</b> ) Fundraising expenses
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).  Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21  2 Grants and other assistance to individuals in the U S See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees	ement and	Fundraising
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21  2 Grants and other assistance to individuals in the U S See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees	ement and	Fundraising
7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21  2 Grants and other assistance to individuals in the U S See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons	ement and	,
In the U S See Part IV, line 21  Grants and other assistance to individuals in the U S See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons		
U S See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons		
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons		
5 Compensation of current officers, directors, trustees, and key employees	ļ	
key employees	<del></del>	
	1,407,602	0
(as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$		
<b>7</b> Other salaries and wages 29,239,944 25,967,832	1,814,076	1,458,036
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	113,789	57,230
9 Other employee benefits	476,097	204,984
<b>10</b> Payroll taxes	274,793	119,799
11 Fees for services (non-employees)		
a Management		
<b>b</b> Legal	685,227	0
<b>c</b> Accounting	407,903	0
<b>d</b> Lobbying	107,303	
e Professional fundraising See Part IV, line 17		309,814
f Investment management fees		
g Other	97,399	725,899
<b>12</b> Advertising and promotion	55,087	51,225
<b>13</b> Office expenses	410,268	220,722
<b>14</b> Information technology	253,489	137,238
15 Royalties	233,103	
<b>16</b> Occupancy	670,594	285,119
<b>17</b> Travel	140,767	252,392
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	110,707	
<b>19</b> Conferences, conventions, and meetings 2,260,427 2,249,869	7,023	3,535
<b>20</b> Interest	0	0
21 Payments to affiliates		
<b>22</b> Depreciation, depletion, and amortization	133,654	48,194
<b>23</b> Insurance	702,208	4,409
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	,	· ·
a PHARMACEUTICALS 105,594,283 105,594,283	0	0
<b>b</b> CARE PARTNER EXPENSES 16,585,413 16,585,413	0	0
c CGI CONFERENCES 6,442,477 6,442,477	0	0
d PROVISION FOR BAD DEBTS 589,726 589,726	0	0
e OTHER DIRECT PROGRAM EXPENSES 6,945,840 6,945,840	0	0
<b>f</b> All other expenses 4,074,023 3,244,468	11,387	818,168
<b>25 Total functional expenses.</b> Add lines 1 through 24f 235,214,782 222,856,655	7,661,363	4,696,764
26 Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	·	

Pa	rt X	Balance Sheet					
					(A)		(B)
	Ι.				Beginning of year	_	End of year
	1	Cash—non-interest-bearing			22 252 225	1	10 101 505
	2	Savings and temporary cash investments	•		32,350,905	2	49,101,535
	3	Pledges and grants receivable, net	•		21,335,658	3	16,359,872
	4	Accounts receivable, net			2,071,227	4	6,264,323
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
픙	7	Notes and loans receivable, net				7	_
ssets	8	Inventories for sale or use			776,028	8	809,874
⋖	9	Prepaid expenses and deferred charges			323,645	9	491,059
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	140,588,763			
	ь	Less accumulated depreciation	10b	21,204,248	122,526,118	10c	119,384,515
	11	Investments—publicly traded securities			1,460,988	11	468,304
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	95,994,528	15	67,568,843		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			276,839,097	16	260,448,325
	17	Accounts payable and accrued expenses .			7,476,456	17	8,283,885
	18	Grants payable				18	
	19	Deferred revenue			100,943,592	19	69,870,274
	20	Tax-exempt bond liabilities	ı			20	
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
- =		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	. ·			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			306,087	25	357,552
	26	Total liabilities. Add lines 17 through 25			108,726,135	26	78,511,711
<u>ب</u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	plet e l	ines 27			
Fund Balance		through 29, and lines 33 and 34.					
2	27	Unrestricted net assets			134,373,965	27	153,604,763
8	28	Temporarily restricted net assets			33,488,997	28	28,081,851
Ξ	29	29 Permanently restricted net assets				29	250,000
Œ		Organizations that do not follow SFAS 117, check here ▶ ☐ ar	nd con	ıplete			
Ö		lines 30 through 34.					
왍	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	unds		100 110 555	32	101 555 571
Net	33	Total net assets or fund balances			168,112,962	33	181,936,614
	34	Total liabilities and net assets/fund balances	276,839,097	34	260,448,325		

# Part XI Financial Statements and Reporting

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

Form **990** (2009)

### OMB No 1545-0047

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

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.

**Public Charity Status and Public Support** 

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

Inspection

Name of the organization WILLIAM J CLINTON FOUNDATION

**Employer identification number** 

AA ILLI	IN J CL	INTON FOORDATION	31-1580204					
Par	τI	Reason for Public Charity Status (All organizations must complete this pa		tions				
The o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one bo						
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).						
2	$\sqcap$	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )						
3	$\Gamma$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(	A)(iii).					
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>sect</b> hospital's name, city, and state	ion 170(b)(1)(A)	(iii). Ente	r the			
5	Г	An organization operated for the benefit of a college or university owned or operated by a	governmental uni	t describe	- d ın			
		section 170(b)(1)(A)(iv). (Complete Part II )						
6	Γ	A federal, state, or local government or governmental unit described in <b>section 170(b)(1</b> )	(A)(v).					
7	⊽	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	ntal unit or from th	e general	public			
8	Γ	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )						
9	Γ	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, ar	nd (2) no more tha	n 331/3%	of			
		its support from gross investment income and unrelated business taxable income (less s	ection 511 tax) fr	om busine	esses			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	III )					
10	Γ	An organization organized and operated exclusively to test for public safety See <b>section</b> !	509(a)(4).					
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 5 the box that describes the type of supporting organization and complete lines 11e throug a Type I b Type II c Type III - Functionally integrated	09(a)(2) See <b>sec</b> h 11h		a)(3).	Check		
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organizations section 509(a)(2)	•	•	•			
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box		porting o	rganız	ation,		
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?		ı				
		(i) a person who directly or indirectly controls, either alone or together with persons desc	ribed in (ii)		Yes	No		
		and (III) below, the governing body of the 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)				
h		Provide the following information about the supported organization(s)						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızatı col (ı) lıst your gove	Is the prganization in of (i) listed in co		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		
		ınstructions))	Yes	No	Yes	No	Yes	No		
Total										

### Support Schedule for Organizations Described in IRC 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.) Part II

-	ection A. Public Support	ou checked the	box on line 5,	7, or o or raic.	1.)		
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	80,048,391	135,817,368	89,393,842	104,673,091	126,979,554	536,912,246
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	80,048,391	135,817,368	89,393,842	104,673,091	126,979,554	536,912,246
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 shown on line 11, column						99,935,525
_	(f)						
6	<b>Public Support.</b> Subtract line 5 from line 4						436,976,721
S	ection B. Total Support	•		'		<b>.</b>	
Cal	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	<b>(f)</b> Total
_	beginning in) A mounts from line 4	80,048,391	926,928	89,393,842	104,673,091	126,979,554	536,912,246
7 8	Gross income from interest,	00,040,331	320,320	03,333,042	104,073,031	120,575,554	330,312,240
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	871,717	926,928	3,436,903	2,779,487	364,211	8,379,246
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	2,692,341	2,009,846	2,090,624	1,799,055	2,232,084	10,823,950
11	Total support (Add lines 7 through 10)						556,115,442
12	Gross receipts from related activi					12	
13	First Five Years If the Form 990 is check this box and stop here		·	, thırd, fourth, or	fifth tax year as a	501 (c)(3) organiz	ration, ▶┌
	ection C. Computation of Pu						
14	Public Support Percentage for 200	•		II column (f))		14	78 577 %
15	Public Support Percentage for 200	•	•			15	78 700 %
	33 1/3% support test—2009. If the and stop here. The organization quant	ualıfıes as a public	ly supported orga	nızatıon			►V
b	<b>33 1/3% support test—2008.</b> If the box and <b>stop here.</b> The organization				5a, and line 15 is	33 1/3% or more,	check this ►
17a	10%-facts-and-circumstances tes is 10% or more, and if the organiz in Part IV how the organization me	t <b>—2009.</b> If the org	anization did not of facts and circums	check a box on li tances" test, che	ck this box and <b>st</b>	t <b>op here.</b> Explain	.ed
Ь	organization  10%-facts-and-circumstances tes						<b>►</b>
18	15 is 10% or more, and if the organize Explain in Part IV how the organize supported organization  Private Foundation If the organize	ation meets the "f	facts and circums	tances" test The	e organization qua	lifies as a publicly	<b>▶</b> ┌
	ınstructıons						<b>▶</b> ┌

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees 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						
3	purpose Gross receipts from activities that				+		
3	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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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 (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS

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DLN: 93493319050150

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Name of the organization

Employer identification number

VILLIAM	J CLINTON FOUNDATION			•		
				1580204	<u> </u>	
art I	Organizations Maintaining Donor Active organization answered "Yes" to Form 99		-unds (	or Account	t <b>s.</b> Comple	te if the
	organization answered fes to Form 99	(a) Donor advised funds	Τ (	<b>b)</b> Funds and	other accou	nts
To	tal number at end of year	(0,000000000000000000000000000000000000	`	,		
	gregate contributions to (during year)					
_	gregate grants from (during year)					
_	gregate value at end of year					
_						
fur	d the organization inform all donors and donor advinds are the organization's property, subject to the	organization's exclusive legal control?			☐ Yes	┌ No
us	d the organization inform all grantees, donors, and ed only for charitable purposes and not for the ben nferring impermissible private benefit				☐ Yes	┌ No
rt I	Conservation Easements. Complete	ıf the organization answered "Yes"	to Forn	n 990, Part I	IV, line 7.	
	rpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualing sement on the last day of the tax year	on or pleasure)  Preservation of a Preservation of a	certified	d historic stru	•	a
ea	sement on the last day of the tax year			Hold at th	e End of the	Vear
То	tal number of conservation easements		2a	neid at th	ie Liid of the	i Cai
	tal acreage restricted by conservation easements		2b			
	umber of conservation easements on a certified his	2c				
	umber of conservation easements included in (c) a	` ,	2d			
	ımber of conservation easements modified, transfe e taxable year ▶	erred, released, extinguisned, or terminat	ed by th	e organizatio	n auring	
Nι	umber of states where property subject to conserva	ation easement is located 🗠				
	oes the organization have a written policy regarding forcement of the conservation easements it holds?		ndling of	violations, ar	nd <b>  Yes</b>	┌ No
St	aff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments di	uring the year	· <b>-</b>	
Αr	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ts durıng	, the year ► \$	i	
	pes each conservation easement reported on line 2 'O(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of se	ction		☐ Yes	┌ No
ba	Part XIV, describe how the organization reports collance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia				
rt II	Organizations Maintaining Collection Complete if the organization answered		or Otl	ner Similaı	Assets.	
art	the organization elected, as permitted under SFAS t, historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resea	rch ın fu			e,
his	the organization elected, as permitted under SFAS storical treasures, or other similar assets held for ovide the following amounts relating to these items	public exhibition, education, or research			•	
(i)	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
(ii	) Assets included in Form 990, Part X			<b>-</b> \$		
If	the organization received or held works of art, hist lowing amounts required to be reported under SFA		for finan	cial gain, prov	/ıde the	
	venues included in Form 990, Part VIII, line 1			<b>►</b> \$		
Νe	venues included in Form 550, Fait VIII, lille I			F P		

**b** Assets included in Form 990, Part X

'ar	<b>Titl</b> Organizations Maintaining Co	llections of Art	<u>, Hist</u>	toric	cal Tre	eası	ures, or (	<u> </u>	r Similai	ASSE	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	owing tl	nat a	re a sıgnıfıc	ant u	ise of its co	llection	ו	
а	Public exhibition		d	Γ	Loan o	rexc	hange prog	rams				
b	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	they	furthe	the	organızatıoı	n's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Γ	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						n answere	d "Y	'es" to Foi	m 990	),	
	Part IV, line 9, or reported an an											
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary 1	for co	ontribut	ions	or other as:	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng ta	ble		г		<u> </u>			
							-			A mou	ınt	
C	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1										
a'	rt V Endowment Funds. Complete											
		(a)Current Year	(b)I	Prior Y		(c)⊤	wo Years Back	(d)	Three Years	Back (e	)Four Ye	ars Back
а	Beginning of year balance	233,301			227,051							
Ь	Contributions	9			50,000			+				
C	Investment earnings or losses	27,503			-43,750							
d	Grants or scholarships	0			0							
e	Other expenditures for facilities and programs	0			U							
f	Administrative expenses	0			0			$\top$				
g	End of year balance	260,804			233,301							
	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment	%										
b	Permanent endowment 100 000 % %											
c la	Term endowment  %  Are there endowment funds not in the posses	ssion of the organiza	ation tl	hat a	ra hald	and	administoro	d for	the			
-	organization by	oston of the organize		iiat a	ic neid	ana .	aanninstere	u 101			Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)		No
b	If "Yes" to 3a(II), are the related organization					•				3b		
	Describe in Part XIV the intended uses of th											
'a	t VI Investments—Land, Buildings	s, and Equipme	nt. Se									
	Description of investment				Cost or o		( <b>b)</b> Cost or o basis (othe		(c) Accumu depreciat		( <b>d</b> ) Boo	k value
.a	Land					0	94:	3,690				943,690
b	Buildings		. [			0	134,84	3,995	18,79	4,851	116	5,054,144
c	Leasehold improvements		. [									
d	Equipment		. [		<u> </u>	0	4,79	5,078	2,40	9,397		2,386,681
e	Other		. [			Ī						

119,384,515

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives			
Closely-held equity interests Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		
(a) Description of investment type	( <b>b)</b> Book value		d of valuation f-year market value
		Cost of end-of	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			( <b>b)</b> Book value
ASSETS LIMITED AS TO USE			67,568,843
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			67,568,843
Part X Other Liabilities. See Form 990, Part X	, line 25.		67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25. ( <b>b)</b> A mount		67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0		67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25. ( <b>b)</b> A mount		67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0		67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0		67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0	, , , , , , , <b>,</b>	67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0		67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0		67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0		67,568,843
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Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0	•	67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0		67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0		67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0		67,568,843
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount 0		67,568,843

Total revenue (Form 990, Part VIII, column (A), line 12)

249,031,118

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	235,214,782
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,816,336
4	Net unrealized gains (losses) on investments	4	7,316
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	7,316
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,823,652
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	252,660,339
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 3,411,052		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	3,629,221
3	Subtract line <b>2e</b> from line <b>1</b>	3	249,031,118
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	249,031,118
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	238,836,687
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	]	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,621,905
3	Subtract line <b>2e</b> from line <b>1</b>	3	235,214,782
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 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	235,214,782

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

#### Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
REVENUE RECONCILIATION	FORM 990, SCHEDULE D, PART XII, LINE 2D	COST OF GOODS SOLD 15,402 DIRECT FUNDRAISING EXPENSE 195,451
EXPENSE RECONCILIATION	FORM 990, SCHEDULE D, PART XIII, LINE 2D	COST OF GOODS SOLD 15,402 DIRECT FUNDRAISING EXPENSE 195,451
UNCERTAIN TAX POSITIONS FOOTNOTE	FORM 990, SCHEDULE D, PART X	THE FOUNDATION FILES A TAX-EXEMPT RETURN IN THE US FEDERAL JURISDICTION THE FOUNDATION IS NOT SUBJECT TO US FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE 2007 THE FOUNDATION ADOPTED CERTAIN PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, CONCERNING THE ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS ON JANUARY 1, 2009 THE IMPLEMENTATION OF THE PROVISIONS OF ASC 740 DID NOT HAVE ANY EFFECT ON THE FINANCIAL STATEMENTS
INTENDED USES OF ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT BRINGING SPEAKERS TO THE CLINTON PRESIDENTIAL CENTER

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As Filed Data -

DLN: 93493319050150

2009

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

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

Open to Public **Inspection** 

Name of the organization WILLIAM J CLINTON FOUNDATION

Employer identification number

31-1580204

Part I	General Information on	<b>Activities Outside the United States.</b>	. Complete if the organization answer	ed
	"Yes" to Form 990, Part IV	line 14b.		

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

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

Activites per Region (Use Schedule F-1 (Form 990) if additional space is peeded )

3 Activites per Region (U:	se Schedule F-1	(Form 990) If add	ditional space is needed )		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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	<b>(f)</b> Total expenditures for region
Sub-Saharan Africa	13	212	Program Services	HEALTH & CLIMATE	61,344,000
South Asia	3	86	Program Services	HEALTH & CLIMATE	5,411,000
Central America and the Caribbean	8	30	Program Services	HEALTH, CLIMATE, ECON	2,573,000
Europe (Including Iceland and Greenland)	3	23	Program Services	HEALTH & CLIMATE	334,381
Middle East and North Africa	21	237	Program Services	HEALTH & CLIMATE	80,147,000
East Asia and the Pacific	13	96	Program Services	HEALTH & CLIMATE	14,968,000
North America	2	3	Program Services	CLIMATE	100,754
South America	6	16	Program Services	HEALTH, CLIMATE, ECON	4,218,000
Russia and the Newly Independent States	1	1	Program Services	HEALTH	954,000
	70	704			170,050,135
For Privacy Act and Paperwork R	eduction Act Notic	ce, see the Instruc	tions for Form 990.	Cat No 50082W Sche	edule F (Form 990) 2009

(b) IRS code

(c) Region

**3** Enter total number of other organizations or entities . . . . . . . .

(d) Purpose of

1

(i) Method of

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Use Schedule F-1 (Form 990) if additional space is needed.

(e) A mount of

(f) Manner of

(g) A mount of

(h) Description

(a) Name of organization	section and EIN (if applicable)	(c) Region	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
		East Asia/Pacific	PROGRAM SERVICES	6,000	WIRE XFER		O N A	N A
		Mıddle East/North Afrıca	PRO GRAM SERVICES	6,000	WIRE XFER		O N A	N A
		North America	PRO GRAM SERVICES	7,000	WIRE XFER		O N A	N A
		North America	PRO GRAM SERVICES	10,000	WIRE XFER		O N A	N A
		South America	PROGRAM SERVICES	89,227	WIRE XFER		O N A	N A
		South America	PROGRAM SERVICES	75,000	WIRE XFER		O N A	N A
		South America	PROGRAM SERVICES	429,990	WIRE XFER		O N A	N A
		South America	PROGRAM SERVICES	50,000	WIRE XFER		O N A	N A
		South America	PROGRAM SERVICES	64,000	WIRE XFER		O N A	N A
		South America	PRO GRAM SERVICES	660,577	WIRE XFER		O N A	N A
		South America	PROGRAM SERVICES	168,485	WIRE XFER		O N A	N A
			listed above that are tee or counsel has pr					11

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part to	provide the information required	ın Part I, line 2, and any addıtıonal information.
Identifier	ReturnReference	Explanation
MONITORING PROCEDURES FOR USE OF GRANT FUNDS	FORM 990, SCHEDULE F, PART I, LINE 2	THE ORGANIZATION REQUIRES A FINAL REPORT AND PROGRESS UPDATE 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

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As Filed Data -

DLN: 93493319050150

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

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.

Open to Public Inspection

Illiemai Revenue Service	F Attach to Form 990 of Form 990-EZ. F See separate instructions.	Inspection
Name of the organization		Employer identification number
WILLIAM J CLINTON FO	UNDATION	
		31-1580204

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a 🔽 Mail solicitations
- e Solicitation of non-government grants

**b** 🔽 Internet and e-mail solicitations

**f** Solicitation of government grants

Phone solicitations

g Special fundraising events

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

	_
Vac	ı
res	

 $\overline{\mathsf{v}}$ 

No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
	DIRECT MAIL FUNDRAISING		No	470,000	91,344	378,656	
	EMAIL MARKETING		Νο	609,000	218,470	390,530	
Total				1,079,000	309,814	769,186	

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

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

			(a) Event #1 MILLENNIUM	(b) Event #2 DINNERS	(c) O ther Events	(Add col		
			(event type)	(event type)	(total number)		l <b>(c)</b> )	
PΕ	1	Gross receipts	715,990	3,542,000			4,25	7,990
Revenue	2	Less Charitable contributions	715,990	0			71	5,990
	3	Gross income (line 1 minus line 2)		3,542,000			3,54	2,000
	4	Cash prizes						
မှာ ()	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
益	7	Food and beverages						
Direct	8	Entertainment						
	9	Other direct expenses .	195,451	. 0			19	5,451
	10	Direct expense summary Add lin					19	5,451
	11	Net income summary Combine li			<b>.</b>			6,549
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted moi	e thar	1
Revenue			(a) Bıngo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gam (a) th l (c))	
	1	Gross revenue						
S S	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes% Г No	Г Yes		•		
	7	Direct expense summary Add line	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7			V	N <sub>2</sub>
9 a		er the state(s) in which the organiza the organization licensed to operate			-	. 9a	Yes	No
b	If "I	No," Explain						
10a	\\/\-	re any of the organization's gaming	licaneae rayakad ayaras	adad or tarminated during	the tay year?			
b		Yes," Explain	incenses revoked, susper	ided of terminated during	the tax year?	10a		
11	— Doe	es the organization operate gaming	activities with nonmembe	ers?				
		the organization a grantor, beneficia				<del></del>	i	i

		Yes	No
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 -		
15a	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 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493319050150 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

WILLIAM J CLINTON FOUNDATION

Schedule I

(Form 990)

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

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

Inspect ion

Employer identification number

						31-1580204	
Part I General Informatio	n on Grants and	d Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as	sistance?				•	√ Yes
Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table							

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	FORM 990, SCHEDULE I, PART I	THE ORGANIZATION REQUIRES A FINAL REPORT AND PROGRESS UPDATE 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

Software ID: Software Version:

**EIN:** 31-1580204

Name: WILLIAM J CLINTON FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILLIPS BROOKS HOUSE ASSICIATION INC HARVARD YARD CAMBRIDGE, MA 02138	04-6046123	501(C)(3)	5,500	0	NA	NA	GENERAL SUPPORT
BUCKNELL UNIVERSITY121 TAYLOR HALL LEWISBURG,PA 17837	24-0772407	501(C)(3)	6,000	0	NA	NA	GENERAL SUPPORT
COLLEGE OF MENOMINEE NATIONPO BOX 1179 KESHENA, WI 54135	39-1773613	501(C)(3)	6,000	0	NA	NA	GENERAL SUPPORT
ENGINEERS WITHOUT BORDERS VA POLYTECH INSTITUTE526 PRICES FORK ROAD BLACKSBURG, VA 24060	84-1580324	501(C)(3)	6,000	0	NA	NA	GENERAL SUPPORT
ENGINEERS WITHOUT BORDERS USA INC4665 NAUTILUS COURT STE 300 BOULDER,CO 80301	83-0491176	501(C)(3)	6,000	0	N A	NA	GENERAL SUPPORT
NEW YORK SOLAR ENERGY SOCIETY INC5270 SYCAMORE AVE BRONX,NY 10471	83-0491176	501(C)(3)	6,000	0	N A	NA	GENERAL SUPPORT
SWARTHMORE COLLEGE 500 COLLEGE AVENUE SWARTHMORE,PA 19081	74-1109620	501(C)(3)	6,000	0	NA	NA	GENERAL SUPPORT
SYRACUSE UNIVERSITY OFFICE OF SPONSORED PROGRAMS 113 BOWNE HALL SYRACUSE,NY 13244	15-0532081	501(C)(3)	6,000	0	NΑ	N A	GENERAL SUPPORT
TRUSTEES OF TUFTS COLLEGEOFFICE OF THE VICE PROVOST 20 PROFESSORS ROW MEDFORD, MA 02155	04-2103634	501(C)(3)	6,000	0	N A	N A	GENERAL SUPPORT
UNIVERSITY OF COLORADO DENVER GRANTS CONTRACTS PO BOX 238 DENVER, CO 80201	84-6000555	501(C)(3)	6,000	0	NA	N A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 94-3079432 501(C)(3) 0 NΑ UNIVERSITY OF GENERAL SUPPORT WASHINGTON 6.000 FOUNDATIONSAO BOX 256 UW BO X 352238 SEATTLE.WA 98195 O WORLD PARTNERS FOR 37-1474223 501(C)(3) NΑ GENERAL SUPPORT DEVELOPMENTBIKES FOR 6,000 AFRICA INITIATIVE 14951 PALOMA CT HAYMARKET, VA 20169 YMCA OF THE UNIVERSITY 37-0661257 501(C)(3) 0 NΑ GENERAL SUPPORT OFILLINOIS1001 S 6.000 WRIGHT ST CHAMPAIGN, IL 61820 94-0294680 501(C)(3) 0 NΑ GENERAL SUPPORT ASSOCIATED STUDENTS NΑ OF THE UNIVERSITY OF CA 6,500 400 ESHLEMAN HALL 4500 BERKELEY, CA 94720 0 REGENTS OF THE 38-6006309 501(C)(3) NΑ GENERAL SUPPORT UNIVERSITY OF MICHIGAN 6,500 3003 S STATE ST ROOM 1054 ANN ARBOR, MI 48109 0 GENERAL SUPPORT COME LETS DANCEPO BOX 20-4650412 501(C)(3) NΑ 770172 7.000 STEAMBOAT SPRINGS, CO 80477 03-0179298 0 NΑ GENERAL SUPPORT MIDDLEBURY COLLEGE 501(C)(3) NA ADIRONDACK HOUSE 2ND 15,000 FLOOR MIDDLEBURY, VT 05753 ST MARY'S CHURCH 23-6000162 501(C)(3) 0 NΑ GENERAL SUPPORT HAMILTON VILLAGE3916 7,000 LOCUST WALK PHILADELPHIA, PA 19104 16-1772171 GARDENS FOR HEALTH 501(C)(3) 0 NΑ GENERAL SUPPORT INTERNATIONAL69 BROWN 7,500 ST 2847 PROVIDENCE, RI 02912 0 NΑ PLAY31608 WEST 113TH 26-3536871 501(C)(3) GENERAL SUPPORT ST APT 2C 7,500 NEW YORK, NY 10025

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (d) A mount of cash (e) A mount of non-(a) Name and address of **(b)** EIN (f) Method of (g) Description of (h) Purpose of grant organization ıf applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, appraisal, assistance other) 0 NΑ PENNSYLVANIA STATE 24-6000376 501(C)(3) GENERAL SUPPORT UNIVERSITY227 W BEAVER 8,000 AVE STE 401 STATE COLLEGE, PA 16801 AHEAD ENERGY 22-3018053 501(C)(3) 0 NΑ GENERAL SUPPORT CORPORATION 206 9,000 **GAVETT HALL** UNIVERSITY OF ROCHESTER ROCHESTER, NY 14627 0 NΑ OPEN SPACE INSTITUTE 52-1053406 501(C)(3) NΑ GENERAL SUPPORT 1350 BROADWAY SUITE 9,000 201 NEW YORK, NY 10018 93-0546223 501(C)(3) 0 NΑ NA GENERAL SUPPORT LANE COMMUNITY COLLEGE4000 EAST 30TH 10,000 AVE EUGENE, OR 97405 501(C)(3) 0 MEDICAL OUTREACH 33-1027286 NΑ GENERAL SUPPORT FOUNDATION21020 WEST 10,000 151ST STREET OLATHE, KS 66061 0 NΑ METANOIA PROJECT INC 26-2788076 501(C)(3) GENERAL SUPPORT 4399 W 19TH ST 10,000 CLEVELAND, OH 44109 TRUSTEES OF DARTMOUTH 02-0222111 501(C)(30 0 NΑ GENERAL SUPPORT COLLEGE11 ROPE FERRY 10,000 **ROAD 6210** HANOVER, NH 03755 UNIVERSITY OF DELAWARE 51-6000297 501(C)(3) 0 NΑ GENERAL SUPPORT 220 HULLIHEN HALL 10,000 NEWARK, DE 19716 AMERICAN HEART 13-5613797 501(C)(3) 0 NΑ NΑ GENERAL SUPPORT ASSOCIATION7272 2,223,000 **GREENVILLE AVE** DALLAS, TX 75231 71-0236897 0 NΑ GENERAL SUPPORT HENDRIX COLLEGE 1600 501(C)(3) WASHINGTON AVE 187,500 CONWAY, AR 72032

**Compensation Information** 

DLN: 93493319050150

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

<u> </u>	
Name of the organization WILLIAM J CLINTON FOUNDATION	Employer identification number
	31-1580204
Part I Questions Regarding Compensation	

				163	NO
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to p				
	First-class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification 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 in line 1a are checked, did the organizerimbursement orprovision of all the expenses described		1b		No
2	Did the organization require substantiation prior to reimb officers, directors, trustees, and the CEO/Executive Dire		2	Yes	
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director Check all that a	pply			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payr	nent?	4a		Νo
ь	Participate in, or receive payment from, a supplemental i	nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?				Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
_	Only 501(c)(3) and 501(c)(4) organizations only must co				
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
ь	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.		7		Νο
8	Were any amounts reported in Form 990, Part VII, paid of subject to the initial contract exception described in Regin Part III		8		No
9	If "Yes" to line 8, did the organization also follow the reb section 53 4958-6(c)?	uttable presumption procedure described in Regulations	9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
BRUCE R LINDSEY	(I) (II)	276,584 0	3,000	0 0	16,799 0	13,500 0	309,883	,
ANDREW KESSEL	(1) (11)	147,000	3,000	0 0	8,909	13,500 0	172,409	,
ROBERT HARRISON	(1) (11)	149,705 0	3,000	0 0	-	,	166,205	,
O WENS WIWA	(I) (II)	180,000	-	0 0	·	-	180,000	J
MARGARET MARTINELLO	(I) (II)	150,052 0	0	0 0	, ,		168,467 0 0	,
EDWARD HUGHES	(I) (II)	133,613		0 0	8,484	5,280 0	0 150,377 0 0	ı
VISHAL BRIJLAL	(I) (II)	157,113 0	0	0 0	1	1	0 157,113 0 0	ı
KATE CONDLIFFE	(I) (II)	148,859 0	_	0 0	5,640	10,560 0	165,059	,
CARLOS FERNANDEZ MAZZI	(I) (II)	184,846	- /	0 0	·	/	201,346	
	'	<u> </u>				+		
						<u> </u>		
	<del></del>					1		

#### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
		AT THIS TIME THE ORGANIZATION DOES NOT HAVE A PROCESS IN PLACE FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS, OFFICERS, OR KEY EMPLOYEES THE ORGANIZATION IS WORKING TO PUT SUCH A PROCESS IN PLACE
POLICIES	SCHEDULÉ J,	WHILE THE ORGANIZATION DOES NOT HAVE A WRITTEN POLICY AT THIS TIME, IT DOES HAVE STANDARDS AND A PROCESS FOR DETERMINING THE BONA FIDES OF SPOUSAL TRAVEL FOR BUSINESS PURPOSES IN ADDITION, AS NOTED ON SCHEDULE J LINE 2, THE ORGANIZATION DOES REQUIRE SUBSTANTIATION OF SUCH EXPENSES PRIOR TO REIMBURSING OR ALLOWING EXPENSES

Schedule J (Form 990) 2009

# **NonCash Contributions**

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization WILLIAM J CLINTON FOUNDATION

**SCHEDULE M** 

Department of the Treasury

(Form 990)

**Employer identification number** 

31-1580204

Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> ) Method of de reven	etermın	ning	
1	Art—Works of art							
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods	X		54,600	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	9	5,171,289	CASH VALUE RECE	EIVED		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	•	X	1	55,000	FMV			
20	Drugs and medical supplies .							
21	,							
22								
23	•							
24	Archeological artifacts							
25	Other►( <u>VARIOUS</u> )	X	2	141,400	FMV			
26	O ther ▶()							
27	O ther ►()							
28	·							
29	Number of Forms 8283 received for which the organization comp				29	I	1	
20-	During the year, did the organiza	ation receiv	a by contribution any propa	rty reported in Bart I. lines	1 - 28 +bat +	$\longrightarrow$	Yes	No
30a								
	must hold for at least three year			on, and which is not require	a to be used	1		NI-
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangem					_		N
31	Does the organization have a gi	rt acceptan	ce policy that requires the i	eview of any non-standard	contributions?	<b>31</b>		No
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
ь	If "Yes," describe in Part II					T		_
33	If the organization did not report describe in Part II	t revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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## **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form 990)

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

Inspection

Name of the organization
WILLIAM J CLINTON FOUNDATION

**Employer identification number** 

Identifier   Return Reference   Explanation	WILLIAM J CLINTON FOUNDATION			31-1580204
PROGRAM SERVICE ACCOMPLISHMENTS ACCOMPLISHMENT ACCOMPLISHMENTS ACCOMPLISHMENT ACCOMPLISHMENTS ACCOMPLISHMENT ACCOMPLISHMENT ACCOMPLISHMENT ACCOMPLISHMENT ACCOMPLISHMENT ACCOMPLISHMENT ACCOMPLISHMENT ACCOMPL	ldentifie	r	Return Reference	Explanation
ACCOMPLISHMENTS  ACCOMP	ldentifier		Explanation	
REDUCE CO2 EMISSIONS BY 40,500 TONS ANNUALLY FINALLY, CCI WORKED WITH SAO PAULO TO ESTABLISH A NETWORK OF MORE THAN 100 KILOMETERS OF BICYCLE LANES, WHICH WILL REDUCE TRAFFIC CONGESTION AND RELATED EMISSIONS THE CLINTON HEALTH ACCESS INITIATIVE (CHAI) WORKS WITH GOVERNMENTS TO STRENGTHEN INTEGRATED HEALTH SYSTEMS IN THE DEVELOPING	PROGRAM SERVICE	FORM 990, PART III, LINES 4A -	ABOUT THE FOUNDATION BUILDING ON A LIFETIME OF PUBLIC SESTABLISHED THE WILLIAM J CLINTON FOUNDATION WITH THE CAPACITY OF PEOPLE THROUGHOUT THE WORLD TO MEET THE INTERDEPENDENCE TODAY, THE CLINTON FOUNDATION WORK: GLOBAL HEALTH, STRENGTHEN ECONOMIES, AND PROTECT THE PARTNERSHIPS AMONG GOVERNMENTS, BUSINESSES, NONGO AND PRIVATE CITIZENS - LEVERAGING THEIR EXPERTISE, RESO INTENTIONS INTO MEASURABLE RESULTS TO ACCOMPLISH ITS HAS ESTABLISHED SEPARATE INITIATIVES, EACH WITH A DISTII PRESIDENT CLINTON'S FOUNDING VISION TO IMPLEMENT SUSTA ACCESS WORLDWIDE TO INVESTMENT, OPPORTUNITY, AND LIFFUTURE GENERATIONS BECAUSE OF THIS WORK, MORE THAN BEEN MADE TO IMPROVE MORE THAN 300 MILLION LIVES AROUS CHOOLS ARE PROVIDING KIDS WITH HEALTHY FOOD CHOICES CHILDHOOD OBESITY, 4,300 AFRICAN FARMERS HAVE IMPROVIDED FOR THE WORLD ARE IMPLEMENTING ENELIMINATE 75,000 TONS OF CARBON DIOXIDE RELEASED INTO MILLION IS BEING INVESTED IN SMALL- AND MEDIUM-SIZED BUS PEOPLE HAVE BENEFITED FROM LIFESAVING HIV/AIDS MEDICAT CLINTON GLOBAL INITIATIVE (CGI) IS AN ORGANIZATION OF WITH TO IDENTIFY URGENT NEEDS AROUND THE WORLD AND THEN THE SPECIALIZES IN BUILDING PARTNERSHIPS AMONG CHANGE-MAHELD ITS FIFTH ANNUAL MEETING, AND MORE THAN 1,200 WORMAKE 291 NEW COMMITMENTS TO ACTION TO IMPROVE THE LINCLINTON CLIMATE INITIATIVE (CCI) WORKS WITH GOVERNMENT WORLD TO IMPROVE ENERGY EFFICIENCY IN CITIES, CATALYZE ENERGY, AND RESTORE FORESTS AND STOP DEFORESTATION TO WORK WITH GOVERNMENTS IN GUJARAT AND RAJASTHAN TO ASSESS THE POTENTIAL TO CREATE LARGE-SCALE "SOLAI DECREASE THE COST OF PRODUCING SOLAR POWER CCI ALS ANGELES TO REPLACE 140,000 EXISTING STREETLIGHT FIXTUR REDUCE CO2 EMISSIONS BY 40,500 TONS ANNUALLY FINALLY ESTABLISH A NETWORK OF MORE THAN 100 KILOMETERS OF ETRAFFIC CONGESTION AND RELATED EMISSIONS THE CLINTON	MISSION OF STRENGTHENING THE CHALLENGES OF GLOBAL S TO ALLEVIATE POVERTY, IMPROVE HE ENVIRONMENT, BY FOSTERING VERNMENTAL ORGANIZATIONS (NGOS), URCES, AND PASSIONS TO TURN GOOD GOALS, THE CLINTON FOUNDATION NCT MISSION BUT ALL REFLECTING AINABLE PROGRAMS THAT IMPROVE HESAVING SERVICES NOW AND FOR 1,900 COMMITMENTS TO ACTION HAVE JIND THE WORLD, 9,000 AMERICAN SIN AN EFFORT TO ERADICATE ED THEIR CROPS TO FEED 30,000 HERGY EFFICIENCY PROJECTS TO THE ATMOSPHERE EACH YEAR, \$20 HINESSES IN COLOMBIA, AND 2 6 MILLION FIONS 2009 INITIATIVE ACTIVITY THE DORLD LEADERS WHO WORK TOGETHER TAKE ACTION TO SOLVE THEM CGI KERS AROUND THE WORLD IN 2009, CGI RLD LEADERS CAME TOGETHER TO YES OF 197 MILLION PEOPLE THE S AND BUSINESSES AROUND THE E THE LARGE-SCALE SUPPLY OF CLEAN IN 2009 CCI ANNOUNCED AGREEMENTS IN INDIA AS WELL AS IN SOUTH AFRICA R PARKS" THAT WOULD SIGNIFICANTLY O PARTNERED WITH THE CITY OF LOS ES WITH LED LIGHTS, WHICH WILL TO CCI WORKED WITH SAO PAULO TO BICYCLE LANES, WHICH WILL REDUCE I HEALTH ACCESS INITIATIVE (CHAI)
			HIGHLIGHTS 323 OF HARLEM'S ATTRACTIONS CEO ALSO EXPAPROGRAM (EMP) TO CHICAGO, NEWARK, AND PHILADELPHIA, NORGANIZATIONS TO CONNECT BUSINESS MENTORS TO EMERGHUNTER DEVELOPMENT INITIATIVE (CHDI) IS WORKING IN RWAN OF THESE COUNTRIES' GOVERNMENTS - TO STRENGTHEN AGRAND INCREASE ACCESS TO CLEAN WATER, QUALITY HEALTH WAYS THAT CAN BE LOCALLY SUSTAINED IN 2009, CHDI SUCAND SALE OF 380 TONS OF SOY ON BEHALF OF 168 SMALLHOPARTNERED TO SCALE UP THEIR REACH CHDI ALSO WORKED FARM FAMILIES TO PLANT AND MAINTAIN 1 MILLION TREES IN MOREOFORESTATION AND SEQUESTER 148,000 TONS OF CO2 THE GROWTH INITIATIVE (CGSCG) SEEKS TO NARROW THE WEALTH ALLEVIATING POVERTY THROUGH MARKET-DRIVEN DEVELOPMINCREASES INCOMES AND BY STRENGTHENING FACTORS THAT HEALTH AND EDUCATION AS PART OF THEIR INCOME-GENERA	ANDED ITS ENTREPRENEUR MENTORING WHERE CEO WILL WORK WITH LOCAL SING ENTREPRENEURS THE CLINTON IDA AND MALAWI - AT THE INVITATION ICULTURE, DEVELOP AGRIBUSINESS, CARE, AND IMPROVED EDUCATION IN CESSFULLY COMPLETED THE HARVEST DILDER FARM FAMILIES AND HAS WITH MORE THAN 3,000 SMALLHOLDER MALAWI, HELPING TO REVERSE CLINTON GIUSTRA SUSTAINABLE H GAP IN THE DEVELOPING WORLD BY MENT THAT CREATES JOBS AND T ENABLE ECONOMIC GROWTH SUCH AS TION PROGRAMS IN COLOMBIA, IN 2009,
ZAGAT SURVEY TO LAUNCH ITS FIRST SPOTLIGHT ON HARLEM NEIGHBORHOOD GUIDE, WHICH HIGHLIGHTS 323 OF HARLEM'S ATTRACTIONS CEO ALSO EXPANDED ITS ENTREPRENEUR MENTORING PROGRAM (EMP) TO CHICAGO, NEWARK, AND PHILADELPHIA, WHERE CEO WILL WORK WITH LOCAL ORGANIZATIONS TO CONNECT BUSINESS MENTORS TO EMERGING ENTREPRENEURS THE CLINTON HUNTER DEVELOPMENT INITIATIVE (CHDI) IS WORKING IN RWANDA AND MALAWI - AT THE INVITATION OF THESE COUNTRIES' GOVERNMENTS - TO STRENGTHEN AGRICULTURE, DEVELOP AGRIBUSINESS, AND INCREASE ACCESS TO CLEAN WATER, QUALITY HEALTH CARE, AND IMPROVED EDUCATION IN WAYS THAT CAN BE LOCALLY SUSTAINED IN 2009, CHDI SUCCESSFULLY COMPLETED THE HARVEST AND SALE OF 380 TONS OF SOY ON BEHALF OF 168 SMALLHOLDER FARM FAMILIES AND HAS PARTNERED TO SCALE UP THEIR REACH CHDI ALSO WORKED WITH MORE THAN 3,000 SMALLHOLDER FARM FAMILIES TO PLANT AND MAINTAIN 1 MILLION TREES IN MALAWI, HELPING TO REVERSE DEFORESTATION AND SEQUESTER 148,000 TONS OF CO2 THE CLINTON GIUSTRA SUSTAINABLE GROWTH INITIATIVE (CGSCG) SEEKS TO NARROW THE WEALTH GAP IN THE DEVELOPING WORLD BY ALLEVIATING POVERTY THROUGH MARKET-DRIVEN DEVELOPMENT THAT CREATES JOBS AND INCREASES INCOMES AND BY STRENGTHENING FACTORS THAT ENABLE ECONOMIC GROWTH SUCH AS HEALTH AND EDUCATION AS PART OF THEIR INCOME-GENERATION PROGRAMS IN COLOMBIA, IN 2009, CGSGI AND THE FUNDACIN CARLOS SLIM ANNOUNCED THE CREATION OF A \$20 MILLION INVESTMENT			FUND TO CREATE A NEW SOURCE OF FINANCING FOR QUALIFIE ENTERPRISES CGSGI ALSO PARTNERED WITH LOCAL MINING C PROGRAMS IN CAJAMARCA, PERU THE POVERTY REDUCTION. CHILD NUTRITION PROGRAM CGSGI ALREADY OPERATES A CHTHAT HAS SERVED 1 MILLION MEALS TO PRIMARY SCHOOL ST FINALLY, IN 2009, CGSGI'S CATARACTS PROGRAM PROVIDED ITO UNDERSERVED POPULATIONS IN PERU AND HAS SCALED UITHOUSANDS MORE THE CLINTON PRESIDENTIAL CENTER, LOCACOMMITTED TO SUPPORTING THE WORK OF THE CLINTON FOUNBY PROVIDING A FIRST-CLASS VENUE FOR EXHIBITS, EVENTS, CENTER HAS WELCOMED 1 6 MILLION VISITORS FROM AROUND SCHOOL TOURS TO MORE THAN 100,000 ARKANSAS STUDENT MAJOR TOURIST ATTRACTION, THE CENTER HAS DRIVEN ECONCITY AND THE STATE BY INITIATING MORE THAN \$2 BILLION IN ITO	ED SMALL- AND MEDIUM-SIZED COMPANIES TO LAUNCH TWO AND ALLEVIATION PROGRAM AND THE HILD NUTRITION PROGRAM IN COLOMBIA CUDENTS IN PIES DESCALZOS SCHOOLS NEARLY 2,000 CATARACT SURGERIES P THE PROGRAM TO PROVIDE ATED IN LITTLE ROCK, ARKANSAS, IS NDATION AND SERVING THE COMMUNITY AND EDUCATIONAL PROGRAMS THE O THE WORLD AND PROVIDED FREE TS IN ADDITION TO SERVING AS A IOMIC DEVELOPMENT THROUGHOUT THE

CITY AND THE STATE BY INITIATING MORE THAN \$2 BILLION IN REVITALIZATION AND REINVESTMENT IN

THE COMMUNITY

ORGANIZATION'S MISSION FORM 990, PART III, LINE 1 PRESIDENT CLINTON ESTABLISHED THE WILLIAM J CLINTON FOUNDATION WITH THE DUAL MISSIONS OF CONSTRUCTING & ENDOWING THE CLINTON PRESIDENTIAL CENTER & PARK IN LITTLE ROCK, ARKANSAS & CONTINUING THE WORK OF HIS PRESIDENCY TO STRENGTHEN THE CAPACITY OF PEOPLE IN THE UNITED STATES & THROUGHOUT THE WORLD TO MEET THE CHALLENGES OF GLOBAL INTERDEPENDENCE TO ADVANCE THE MISSION, THE FOUNDATION HAS DEVELOPED PROGRAMS & PARTNERSHIPS IN THE FOLLOWING AREAS ECONOMIC EMPOWERMENT HEALTH SECURITY WITH AN EMPHASIS ON HIV/AIDS RACIAL, ETHNIC, & RELIGIOUS RECONCILIATION LEADERSHIP DEVELOPMENT & CITIZEN SERVICE FOREIGN FINANCIAL ACCOUNTS FORM 990, PART V, LINE 4B AUSTRALIA, BURUNDI, CAMBODIA, CHINA, COLOMBIA, DOMINICAN REPUBLIC, CONGO (DEMOCRATIC REPUBLIC), ETHIOPIA, HAITI, INDIA, INDONESIA, KENYA, LESOTHO, LIBERIA, MALAWI, MOZAMBIQUE, NIGERIA, PAPUA-NEW GUINEA, PERU, RWANDA, UNITED KINGDOM, TANZANIA, UGANDA, UKRAINE, VIETNAM, ZAMBIA, ZIMBABWE 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 A, LINE 10 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 ALL OFFICERS 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 THERE HAVE BEEN NO KNOWN CONFLICTS TO DATE COMPENSATION DETERMINATION PROCEDURES FORM 990, PART VI. SECTION B. LINE 15A & 15B AT THIS TIME THE ORGANIZATION DOES NOT HAVE A PROCESS IN PLACE FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS, OFFICERS, OR KEY EMPLOYEES THE ORGANIZATION IS WORKING TO PUT SUCH A PROCESS IN PLACE AVAILABILITY OF GOVERNING DOCUMENTS FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT AVAILABLE ON THEIR WEBSITE ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT	· ·	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 BELOW ARE THE AMOUNTS PAID TO EACH PROFESSIONAL FUNDRAISER FOR FUNDRAISING EXPENSES AMERICAN MARKETING & COMMUNICATIONS CORP 14.496 MADERA GROUP, LLC 18.141 STATES FILING REQUIREMENTS FORM 990, PART VI, SECTION C, LINE 17 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990

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Schedule O (Form 990) 2009

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2009

Open to Public Inspection

# SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Name of the organization WILLIAM J CLINTON FOUNDATION

Employer identification number

31-1580204

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

Name, address, and EIN of disregarded entity

**(b)** Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets **(f)** Direct controlling entity

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

(a)
Name, address, and EIN of related organization

(b) Primary activity

Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) (f)
Direct controlling
entity

WILLIAM J CLINTON FOUNDATION UK

610 PRESIDENT CLINTON AVE 2ND FLOOR

**FUNDRAISING** 

UK

NA

NA NA

LITTLE ROCK, AR 72201

(j)

General or

managing

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

**(f)** Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(3)

(4)

(5)

(6)

Part \	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, In	ine 34, 35, or 36.)			
Not	te. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
<b>1</b> Durın	g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	?			
<b>a</b> Re	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
<b>b</b> Gr	ft, grant, or capital contribution to other organization(s)		1b	Yes	
<b>c</b> Gıf	ft, grant, or capital contribution from other organization(s)		1c	Yes	
<b>d</b> Lo	ans or loan guarantees to or for other organization(s)		1d		No
<b>e</b> Lo	ans or loan guarantees by other organization(s)		1e		No
<b>f</b> Sa	le of assets to other organization(s)		1f		No
<b>g</b> Pu	rchase of assets from other organization(s)		<b>1</b> g		No
h Ex	change of assets		1h		No
i Lea	ase of facilities, equipment, or other assets to other organization(s)		1i		No
<b>j</b> Lea	j Lease of facilities, equipment, or other assets from other organization(s)		1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)			1k		No
<b>I</b> Per	rformance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets					No
n Sh	naring of paid employees		1n		No
o Re	eimbursement paid to other organization for expenses		10		No
<b>p</b> Re	embursement paid by other organization for expenses		<b>1</b> p		No
<b>q</b> Ot	ther transfer of cash or property to other organization(s)		1q		No
r Ot	her transfer of cash or property from other organization(s)		1r		No
<b>2</b> If t	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	s and transaction thresholds			
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)		c) involve	ed
L) WILLIA	am J Clinton Foundation UK	С		80	0,000
l) See Ad !)	dditional Data Table				

Schedule R (Form 990) 2009

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

**EIN:** 31-1580204

Name: WILLIAM J CLINTON FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	A verage Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
BRUCE R LINDSEY CEO	50 0	X		Х				279,584	0	30,299
TERENCE MCAULIFFE DIRECTOR	2 0	Х						0	0	0
CHERYL MILLS DIRECTOR	2 0	Х						0	0	0
JAMES L RUTHERFORD DIRECTOR	2 0	X						0	0	0
ANDREW KESSEL CFO	50 0			Х				150,000	0	22,409
STEPHANIE S STREETT EXECUTIVE DIRECTOR	50 0			Х				113,800	0	20,520
LAURA A GRAHAM COO	50 0			Х				128,000	0	0
TOBY DOUTHWRIGHT CFO OF CHAI	50 0			Х				110,174	0	11,890
ROBERT HARRISON CEO OF CGI	50 0			Х				152,705	0	13,500
ANIL SONI CEO OF CHAI	50 0			х				124,375	0	23,700
CARLOS FERNANDEZ MAZZI CEO OF CGSGI	50 0			Х				187,846	0	13,500
MARK ALCAIDE CFO OF CHAI	50 0			Х				21,250	0	4,050
OWENS WIWA COUNTRY DIRECTOR - CHAI	50 0					X		180,000	0	0
MARGARET MARTINELLO DEVELOPMENT DIRECTOR	50 0					X		150,052	0	18,415
EDWARD HUGHES PROGRAM DIRECTOR - CGI	50 0					X		136,613	0	13,764
VISHAL BRIJLAL COUNTRY DIRECTOR - CHAI	50 0					X		157,113	0	0
KATE CONDLIFFE COO - CHAI	50 0			_	_	Х		148,859	0	16,200

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PHARMACEUTICALS	105,594,283	105,594,283	0	0
CARE PARTNER EXPENSES	16,585,413	16,585,413	0	0
CGI CONFERENCES	6,442,477	6,442,477	0	0
PROVISION FOR BAD DEBTS	589,726	589,726	0	0
OTHER DIRECT PROGRAM EXPENSES	6,945,840	6,945,840	0	0