



Dear Reader:

The Bill, Hillary & Chelsea Clinton Foundation (the “Foundation”) builds partnerships of purpose to help people across the globe live their best life stories. We work with businesses, NGOs, governments, and individuals around the world to work faster, better, and leaner; to find solutions that last; and to transform lives and communities.

In 2013, the Foundation expanded our work, reinforced our financial footing, and became better positioned to maximize our impact for years to come. Our tax statements reflect these improvements.

To further our long-term impact, the Foundation began raising funds in 2013 for an endowment that will help us responsibly support established programs and expand our work. Financial commitments related to this endowment are reflected as increased revenue in these 990 documents.

In addition, in 2013 the Foundation reconsolidated the Clinton Global Initiative into its operations. As such, the 990 tax document shows a corresponding increase in both revenue and expenses. The 990 document for the Clinton Health Access Initiative, a separate but affiliated initiative of the Foundation, is also included.

We are proud of the impact that the Clinton Foundation has on millions of lives across the globe. In 2013:

- The *Clinton Climate Initiative* expanded its home energy efficiency upgrade program, from one program in Arkansas to six programs across the nation;
- The *Clinton Development Initiative* expanded programs in Malawi, Tanzania, and Rwanda that help more than 25,000 farmers generate greater harvests and more stable income;
- The *Clinton Giustra Enterprise Partnership* opened new supply and training center enterprises in Colombia and a new distribution venture in Peru;
- The *Clinton Global Initiative* brought together CGI members, who made more than 300 independent commitments in 2013 that, when fully funded and implemented, will impact the lives of more than 22 million people;
- The *Clinton Health Matters Initiative* expanded community health and wellness programs in four communities in the United States, and helped facilitate \$100 million in strategic partnerships that touch the lives of more than 25 million across the country;
- The *Clinton Presidential Center* hosted symposia and exhibits, on topics such as the Northern Ireland peace process, and marked over three million visitors to the Little Rock Center since 2004.
- Volunteers participated in five *Day of Action* events across the globe, including in St. Louis, New York City, Rio de Janeiro, and Chicago.

- The *Alliance for a Healthier Generation*, an affiliated initiative supported by the Foundation, added more than 5,000 schools to the Healthy Schools Program that serves more than 12.2 million children with healthier food;
- The *Clinton Health Access Initiative*, an affiliated initiative supported by the Foundation, expanded access to more affordable HIV/AIDS medicine to cover 6.8 million people in over 70 countries, while reducing prices for medicine and vaccines;

In addition, Secretary Clinton launched two initiatives in 2013, expanding the Foundation's work in early childhood and women's and girls' participation. *Too Small to Fail* is focused on providing parents with the tools and information they need to close the word gap and give their kids the best start in school and in life. *No Ceilings: The Full Participation Project*, led by Secretary Clinton and Chelsea Clinton, aims to advance and inspire the full participation of women and girls around the world.

We are incredibly proud of our work helping people live their best life stories. With an even stronger financial situation in 2013, the Clinton Foundation is positioned to broaden its impact across the globe.

Sincerely,

A handwritten signature in black ink that reads "Andrew Kessel". The signature is written in a cursive, flowing style.

Andrew Kessel  
Chief Financial Officer, Clinton Foundation

# **Bill, Hillary & Chelsea Clinton Foundation**

**Consolidated Financial Statements  
December 31, 2013 and 2012**

**Bill, Hillary & Chelsea Clinton Foundation**  
**Index**  
**December 31, 2013 and 2012**

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## **Independent Auditor's Report**

To the Board of Directors of the Bill, Hillary & Chelsea Clinton Foundation:

We have audited the accompanying consolidated financial statements of the Bill, Hillary & Chelsea Clinton Foundation (the "Foundation"), which comprise the consolidated statements of financial position as of December 31, 2013 and the related consolidated statements of activities, and of cash flows for the year then ended.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on the consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Foundation's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Bill, Hillary & Chelsea Clinton Foundation at December 31, 2013, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.



### ***Other Matters***

The consolidated financial statements of the Foundation as of December 31, 2012 and for the year then ended were audited by other auditors whose report, dated September 10, 2013, expressed an unmodified opinion on those statements.

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and cash flows of the individual companies.

*PricewaterhouseCoopers LLP*

Little Rock, AR  
December 16, 2014

**Bill, Hillary & Chelsea Clinton Foundation**  
**Consolidated Statements of Financial Position**  
**December 31, 2013 and 2012**

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|   | 2013                 | 2012                 |
|---|----------------------|----------------------|
| <b>Assets</b>   |                      |                      |
| Cash and cash equivalents                               | \$ 65,647,516        | \$103,873,526        |
| Assets limited as to use                                | 86,645,545           | 18,106,977           |
| Accounts receivable                                     | 2,192,744            | 1,082,580            |
| Grant receivables                                       | 4,566,828            | 1,428,051            |
| Beneficial interest in net assets of related entity     | 365,000              | 3,080,345            |
| Inventory and prepaid expenses                          | 2,397,481            | 2,545,760            |
| Contributions receivable, net                           | 61,164,276           | 12,425,459           |
| Investments   | 18,369,258           | 3,449,166            |
| Property and equipment, net of accumulated depreciation | 110,206,478          | 110,020,451          |
| Total assets  | <u>\$351,555,126</u> | <u>\$256,012,315</u> |
| <b>Liabilities and Net Assets</b>                       |                      |                      |
| <b>Liabilities</b>                                      |                      |                      |
| Accounts payable and accrued expenses                   | \$ 14,298,984        | \$ 7,676,182         |
| Deferred revenue  | 53,663,185           | 36,863,232           |
| Long-term debt  | 74,985               | 74,985               |
| Total liabilities                                       | <u>68,037,154</u>    | <u>44,614,399</u>    |
| <b>Net assets</b>                                       |                      |                      |
| Unrestricted  | 54,555,630           | 46,246,742           |
| Unrestricted, invested in fixed assets                  | 110,206,478          | 110,020,451          |
| Total unrestricted                                      | 164,762,108          | 156,267,193          |
| Temporarily restricted                                  | 59,742,016           | 54,880,723           |
| Permanently restricted                                  | 59,013,848           | 250,000              |
| Total net assets  | <u>283,517,972</u>   | <u>211,397,916</u>   |
|   | <u>\$351,555,126</u> | <u>\$256,012,315</u> |

The accompanying notes are an integral part of these consolidated financial statements.

**Bill, Hillary & Chelsea Clinton Foundation**  
**Consolidated Statements of Activities**  
**Years Ended December 31, 2013 and 2012**

|  | 2013          |                           |                           |               | 2012          |                           |                           |               |
|--|---------------|---------------------------|---------------------------|---------------|---------------|---------------------------|---------------------------|---------------|
|  | Unrestricted  | Temporarily<br>Restricted | Permanently<br>Restricted | Total         | Unrestricted  | Temporarily<br>Restricted | Permanently<br>Restricted | Total         |
| <b>Revenues, gains and other support</b>             |               |                           |                           |               |               |                           |                           |               |
| Contributions  | \$ 48,758,632 | \$ 91,301,968             | \$ 58,763,848             | \$198,824,448 | \$ 36,344,470 | \$ 80,152,460             | \$ -                      | \$116,496,930 |
| Grants   | 92,923,660    | -                         | -                         | 92,923,660    | 109,767,067   | -                         | -                         | 109,767,067   |
| Investment return                                    | 30,688        | 688,572                   | -                         | 719,260       | 33,748        | 487,358                   | -                         | 521,106       |
| Presidential center                                  | 2,814,980     | -                         | -                         | 2,814,980     | 3,321,153     | -                         | -                         | 3,321,153     |
| Other  | 2,122,182     | 51,973                    | -                         | 2,174,155     | 1,056,479     | -                         | -                         | 1,056,479     |
| Change in interest in net assets of related entities | -             | (2,715,345)               | -                         | (2,715,345)   | -             | 3,080,345                 | -                         | 3,080,345     |
| Net assets released from restrictions                | 84,240,875    | (84,240,875)              | -                         | -             | 71,223,392    | (71,223,392)              | -                         | -             |
| Total revenue, gains and other                       | 230,891,017   | 5,086,293                 | 58,763,848                | 294,741,158   | 221,746,309   | 12,496,771                | -                         | 234,243,080   |
| <b>Expenses and losses</b>                           |               |                           |                           |               |               |                           |                           |               |
| Program services                                     | 196,633,380   | -                         | -                         | 196,633,380   | 200,944,888   | -                         | -                         | 200,944,888   |
| Management and general                               | 15,633,562    | -                         | -                         | 15,633,562    | 14,795,588    | -                         | -                         | 14,795,588    |
| Fund raising   | 10,129,160    | -                         | -                         | 10,129,160    | 7,844,810     | -                         | -                         | 7,844,810     |
| Provision for uncollectible pledges                  | -             | 225,000                   | -                         | 225,000       | -             | 3,125,101                 | -                         | 3,125,101     |
| Total expenses and losses                            | 222,396,102   | 225,000                   | -                         | 222,621,102   | 223,585,286   | 3,125,101                 | -                         | 226,710,387   |
| Change in net assets                                 | 8,494,915     | 4,861,293                 | 58,763,848                | 72,120,056    | (1,838,977)   | 9,371,670                 | -                         | 7,532,693     |
| <b>Net assets</b>                                    |               |                           |                           |               |               |                           |                           |               |
| Beginning of year                                    | 156,267,193   | 54,880,723                | 250,000                   | 211,397,916   | 158,106,170   | 45,509,053                | 250,000                   | 203,865,223   |
| End of year  | \$164,762,108 | \$ 59,742,016             | \$ 59,013,848             | \$283,517,972 | \$156,267,193 | \$ 54,880,723             | \$ 250,000                | \$211,397,916 |

The accompanying notes are an integral part of these consolidated financial statements.

**Bill, Hillary & Chelsea Clinton Foundation**  
**Consolidated Statements of Cash Flows**  
**Years Ended December 31, 2013 and 2012**

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|   | 2013                 | 2012                 |
|---|----------------------|----------------------|
| <b>Operating activities</b>                                     |                      |                      |
| Change in net assets  | \$ 72,120,056        | \$ 7,532,693         |
| Items not requiring (providing) operating activities cash flows |                      |                      |
| Depreciation  | 4,963,682            | 4,752,967            |
| Gain on sales of property and equipment                         | (34,260)             | -                    |
| Provision for bad debts   | 225,000              | 3,125,101            |
| Net unrealized investment loss                                  | 293,351              | -                    |
| Contributions to endowment                                      | (14,316,723)         | -                    |
| Changes in  |                      |                      |
| Assets limited as to use  | (68,538,568)         | 7,676,399            |
| Accounts receivable   | (1,171,287)          | 616,877              |
| Grants receivable   | (3,138,777)          | 1,676,242            |
| Contributions receivable  | (48,963,817)         | 3,764,531            |
| Change in beneficial interest in net assets of related entity   | 2,715,345            | (3,080,345)          |
| Inventory and prepaid expenses                                  | 148,279              | (1,109,968)          |
| Accounts payable and accrued expenses                           | 6,622,802            | 1,301,120            |
| Deferred grant revenue  | 16,799,953           | 4,639,230            |
| Net cash provided by (used in) operating activities             | <u>(32,274,964)</u>  | <u>30,894,847</u>    |
| <b>Investing activities</b>                                     |                      |                      |
| Purchase of property and equipment                              | (5,161,098)          | (1,728,021)          |
| Proceeds from sales of property and equipment                   | 45,650               | -                    |
| Purchases of securities and investments                         | (15,543,188)         | (480,750)            |
| Sales of securities and investments                             | 390,867              | 1,482,789            |
| Net cash used in investing activities                           | <u>(20,267,769)</u>  | <u>(725,982)</u>     |
| <b>Financing activities</b>                                     |                      |                      |
| Payment of long-term debt                                       | -                    | (29,249)             |
| Contributions to endowment                                      | 14,316,723           | -                    |
| Net cash provided by financing activities                       | <u>14,316,723</u>    | <u>(29,249)</u>      |
| (Decrease) increase in cash and cash equivalents                | (38,226,010)         | 30,139,616           |
| <b>Cash and cash equivalents</b>                                |                      |                      |
| Beginning of year   | 103,873,526          | 73,733,910           |
| End of year   | <u>\$ 65,647,516</u> | <u>\$103,873,526</u> |

The accompanying notes are an integral part of these consolidated financial statements.

# **Bill, Hillary & Chelsea Clinton Foundation**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

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#### **1. Nature of Operations and Summary of Significant Accounting Policies**

##### **Nature of Operations**

Building on a lifetime of public service, President Bill Clinton established the William J. Clinton Foundation to transform lives and communities from what they are today to what they can be tomorrow by building partnerships between businesses, NGOs, governments, and individuals everywhere. In 2013, to recognize the contributions of Secretary Clinton and Chelsea Clinton to the Foundation and to acknowledge their role in shaping the Foundation's future, the Foundation was renamed the Bill, Hillary, & Chelsea Clinton Foundation (Clinton Foundation). Today, the Clinton Foundation works to improve global health and wellness, increase opportunity for women and girls, reduce childhood obesity, create economic opportunity and growth, and help communities address the effects of climate change. To accomplish its goals, the Clinton Foundation has established different initiatives, each with a distinct mission but all reflecting the Clintons' vision to create partnerships of great purpose to deliver sustainable solutions.

These initiatives are as follows:

- The Alliance for a Healthier Generation (AHG), founded by the Clinton Foundation and the American Heart Association as a separate nonprofit organization, is leading the charge against the childhood obesity epidemic in the United States by engaging directly with industry leaders, educators, parents, doctors, and kids themselves. The goal of the Alliance is to reduce the prevalence of childhood obesity and empower kids nationwide to make healthy lifestyle choices.
- The Clinton Climate Initiative (CCI) implements programs to reduce carbon emissions, increase energy efficiency, deploy renewable energy, and prove that what is good for the environment is also good for the economy. By working with cities, forest-dependent communities, and island nations, the Clinton Climate Initiative develops and implements cleaner public transportation, waste management systems, building retrofit programs, and forest preservation projects.
- The Clinton Development Initiative (CDI) provides smallholder farmers in Rwanda, Malawi, and Tanzania with tools they need to increase their harvests, generate stable incomes, support their families, and improve their communities. At the invitation of governments, the Clinton Development Initiative works in close collaboration with nongovernmental organizations, social investors, and farmers to help smallholders enter the market, ensuring that communities can sustain themselves. In Rwanda, the Clinton Foundation works in partnership with the Hunter Foundation.
- In Haiti, the Clinton Foundation focuses on creating sustainable economic growth in four priority sectors of energy, tourism, agriculture, and apparel/manufacturing. The Foundation works in Haiti to develop full-cycle investing, bringing together producers, investors, and markets in a way that is socially, environmentally, and economically impactful.

**Bill, Hillary & Chelsea Clinton Foundation**  
**Notes to Consolidated Financial Statements**  
**December 31, 2013 and 2012**

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- The Clinton Giustra Enterprise Partnership (Enterprise Partnership) creates new enterprises that capitalize on market opportunities to generate social impact and financial returns by addressing existing market gaps in developing country supply and distribution chains. The Enterprise Partnership has been refining its approach for several years and works to enhance the economic and social benefits of marginalized communities by incorporating these individuals into one of three “market-driven” models – Distribution Enterprises, Supply Chain Enterprises, and Training Center Enterprises. Through these models, the Enterprise Partnership seeks to help people work themselves out of poverty.
- The Clinton Global Initiative's (CGI) mission is to inspire, connect, and empower everyone to forge solutions to the world's most pressing challenges. CGI convenes leaders from the private sector, public sector, and civil society to drive action through its unique model. Rather than directly implementing projects, CGI helps its members turn ideas into action by making impactful and measurable Commitments to Action within nine tracks, each representing a topical global challenge or strategic approach. To support the development of commitments year-round, CGI facilitates conversations, provides opportunities to identify partners, and communicates the results of the work. CGI's major meetings include the CGI Annual Meeting, CGI University, CGI America, and CGI International.
- The Clinton Health Access Initiative (CHAI) works to address the HIV/AIDS crisis in the developing world and strengthen health systems there. Taking its lead from governments and working with partners, the Clinton Health Access Initiative has improved markets for medicines and diagnostics, lowered the costs of treatment, and expanded access to life-saving technologies, creating a sustainable model that can be owned and maintained by governments. The Clinton Health Access Initiative has since expanded this model to increase access to high-quality treatment for malaria, accelerate the rollout of new vaccines, and lower infant mortality. In January 2010, CHAI became a separate nonprofit organization.
- By building strategic partnerships, working across sectors, and leveraging technology and digital innovation, the Clinton Health Matters Initiative (CHMI) works to reduce the prevalence of preventable health outcomes, close health inequity and disparity gaps, and reduce health care costs by improving access to key contributors to health.
- The William J. Clinton Presidential Center (Center) is the home of the Little Rock offices of the Clinton Foundation, the Clinton Library and Museum, and the Clinton School of Public Service, the first institution in the nation to offer a Master's of Public Service (MPS) degree. The Center hosts a variety of educational programs, world-class lectures, and unique exhibits each year, and is a place where people come to learn about the history of their country and the world, and be inspired to engage in public service.
- Too Small to Fail, a joint initiative of the Clinton Foundation and Next Generation which was launched in 2013, aims to help parents and businesses take meaningful actions to improve the health and well-being of children ages zero to five, so that more of America's children are prepared to succeed in the 21st century. Too Small to Fail works to promote new research on the science of children's brain development, early learning and early health, and helps parents, businesses, and communities identify specific actions, consistent with the new research, that they can take to improve the lives of young children.

## **Bill, Hillary & Chelsea Clinton Foundation**

### **Notes to Consolidated Financial Statements**

#### **December 31, 2013 and 2012**

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- Launched in 2013, No Ceilings: The Full Participation Project is an effort led by Secretary Clinton and Chelsea Clinton at the Clinton Foundation to bring together partner organizations to evaluate and share the progress women and girls have made in the 20 years since the UN Fourth World Conference on Women in Beijing. This new effort will help chart the path forward to accelerate full participation for women and girls in the 21st century. The full participation of women and girls is critical to global progress, development, and security.

Clinton Global Initiative (CGI) operated as a separate entity from 2009 through 2012. In 2013 CGI was merged with Clinton Foundation and now operates as a program within the Clinton Foundation. Alliance for a Healthier Generation and Clinton Health Access Initiative continue to operate as separate legal entities. The remaining initiatives referenced above are distinct programs within the Clinton Foundation.

#### **Principles of Consolidation**

The financial statements for 2013 and 2012 are consolidated and include the accounts of the Clinton Foundation and CHAI. On March 7, 2013, CGI, Inc. was dissolved and the programs and related activities were transferred to the Clinton Foundation. All significant intercompany accounts and transactions have been eliminated in consolidation.

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### **Cash Equivalents**

The Clinton Foundation considers all liquid investments with original maturities of three months or less to be cash equivalents. At December 31, 2013 and 2012, cash equivalents consisted primarily of money market accounts with brokers.

At December 31, 2013, the Clinton Foundation's cash and assets limited as to use accounts exceeded federally insured limits by approximately \$166 million.

#### **Assets Limited as to Use**

Assets limited as to use include assets held by the Clinton Foundation and CHAI under its arrangement with UNITAID, an international organization affiliated with the World Health Organization, which works to leverage price reductions for diagnostics and medicines to better treat AIDS, malaria and tuberculosis in the developing world. The assets relate to the arrangement and may be used only for the purchase of pediatric and second-line drugs and related commodities and diagnostics for UNITAID-sponsored projects.

#### **Investments and Investment Return**

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments.



# **Bill, Hillary & Chelsea Clinton Foundation**

## **Notes to Consolidated Financial Statements**

### **December 31, 2013 and 2012**

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Investment return is reflected in the statements of activities as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally-imposed restrictions.

#### **Receivables**

Receivables primarily consist of contributions and grants receivable. The Clinton Foundation receives grant support from various international governmental organizations. Since the financial statements of the Clinton Foundation are prepared on the accrual basis, all earned portions of the grants not yet received as of December 31, 2013 and 2012, have been recorded as receivables.

Contributions receivable are stated at the amount pledged by donors net of net present value discounts. The Clinton Foundation provides an allowance for doubtful pledges receivable, which is based upon a review of outstanding receivables, historical collection information and existing economic conditions. Delinquent pledges receivable are written off based on the specific circumstances of the donor making the pledge.

#### **Property and Equipment**

Property and equipment are stated at cost less accumulated depreciation. Depreciation is charged to expense using the straight-line and double-declining balance methods.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

|                         |             |
|-------------------------|-------------|
| Building and fixtures   | 15–40 years |
| Furniture and equipment | 3–10 years  |

#### **Net Assets**

The Clinton Foundation prepares its consolidated financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP). Net assets and revenues and expenses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Clinton Foundation and the changes therein are classified and reported in three categories of net assets:

Unrestricted net assets are those that are not subject to donor-imposed restrictions, including unrestricted gifts and unrestricted current funds.

Temporarily restricted net assets are those whose use by the Clinton Foundation is subject to donor imposed stipulations that will be satisfied either by actions of the Foundation, the passage of time or both.

Permanently restricted net assets have been restricted by donors to be maintained by the Clinton Foundation either in perpetuity or until released by specific action by the Foundation's Board in accordance with applicable law.

#### **Contributions**

Gifts of cash and other assets received without donor stipulations are reported as unrestricted revenue and net assets. Gifts received with a donor stipulation that limits their use are reported as temporarily or permanently restricted revenue and net assets. When a donor-stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Gifts that are originally restricted by the donor and for which the

## **Bill, Hillary & Chelsea Clinton Foundation**

### **Notes to Consolidated Financial Statements**

#### **December 31, 2013 and 2012**

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restriction is met in the same time period are recorded as temporarily restricted and then released from restriction.

Gifts of land, buildings, equipment and other long-lived assets are reported as unrestricted revenue and net assets unless explicit donor stipulations specify how such assets must be used, in which case the gifts are reported as temporarily or permanently restricted revenue and net assets. Absent explicit donor stipulations for the time long-lived assets must be held; expirations of restrictions resulting in reclassification of temporarily restricted net assets to unrestricted net assets are reported when the long-lived assets are placed in service.

Unconditional gifts expected to be collected within one year are reported at their net realizable value. Amounts expected to be collected in future years are recorded at the present value of estimated future cash flows. The discounts on those pledges are computed using an interest rate for the year in which the promise was received and considers market and credit risk as applicable. Subsequent years' accretion of the discount is included in contribution revenue.

Conditional gifts depend on the occurrence of a specified future and uncertain event to bind the potential donor and are recognized as assets and revenue when the conditions are substantially met and the gift becomes unconditional.

#### **Collections**

The collections maintained at the William J. Clinton Presidential Library and Museum are the property of the National Archives, and, as such, these collections are not included on the statements of financial position of the Clinton Foundation. Furthermore, the Clinton Foundation is not responsible for the maintenance or preservation of items in the collections.

#### **In-kind Contributions**

In addition to receiving cash contributions, the Clinton Foundation receives in-kind contributions from various donors. It is the policy of the Clinton Foundation to record the estimated fair value of certain in-kind donations as an expense in its financial statements and similarly increase contribution revenue by a like amount. For the years ended December 31, 2013 and 2012, \$1,721,837 and \$8,327,217, respectively, were received in in-kind contributions.

#### **Government Grants**

Support funded by government grants is recognized as exchange transactions as the Clinton Foundation performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency, and, as a result of such audit, adjustments could be required.

#### **Income Taxes**

The Clinton Foundation is exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Clinton Foundation is subject to federal income tax on any unrelated business taxable income.

#### **Functional Allocation of Expenses**

The costs of supporting the various programs and other activities have been summarized on a functional basis in the statements of activities. Certain costs have been allocated among the program services, management and general and fund-raising categories based on time and effort measurements and other methods.

# **Bill, Hillary & Chelsea Clinton Foundation** **Notes to Consolidated Financial Statements** **December 31, 2013 and 2012** ---

## **Deferred Revenue**

Deferred revenue includes granted funds held by the Clinton Foundation that may be expended only for program purposes. The use of funds is limited by the funding agencies. CHAI recognizes conditional contribution revenue when underlying costs are incurred which satisfy the revenue conditions.

## **Adjustments**

Certain adjustments and reclassifications have been made to the 2012 financial statement to ensure comparability to the 2013 financial statement presentation. These adjustments and reclassifications had no effect on net assets or the change in net assets. The Foundation reclassified programmatic certificates of deposit from cash to investments and money market mutual funds from investments to cash, causing cash to decrease and investments to increase by \$1,811,109. The Foundation adjusted contributions up and decreased grants by \$4,779,000, while decreasing contributions and increasing other program revenue by \$1,482,088. An adjustment to reduce accounts payable was offset by a decrease in cash of \$1,360,471. Other reclassifications were made totaling \$137,390 to various accounts.

## **Subsequent Events**

Subsequent events have been evaluated through December 5, 2014, which is the date the financial statements were available to be issued.

## **2. Assets Limited as to Use**

Assets limited as to use represent the cash available on hand for the UNITAID Commodities Program and cash on hand restricted to expenditures for specific Clinton Foundation programs at December 31:

|                          | <b>2013</b>   | <b>2012</b>   |
|--------------------------|---------------|---------------|
| Assets limited as to use | \$ 86,645,545 | \$ 18,106,977 |

## **3. Investments and Investment Return**

Investments at December 31 consisted of the following:

|   | <b>2013</b>          | <b>2012</b>         |
|---|----------------------|---------------------|
| Equity securities                           | \$ -                 | \$ 7,500            |
| Certificates of deposit                     | 1,545,585            | 1,811,109           |
| Endowment funds (cash and cash equivalents) | 14,649,160           | 267,491             |
| Programmatic investments                    | 2,174,513            | 1,363,066           |
|   | <u>\$ 18,369,258</u> | <u>\$ 3,449,166</u> |

The primary purpose of the programmatic investments is to further the tax exempt objectives of the Clinton Foundation and not focus on production of income or the appreciation of the asset. Like grants, these financial instruments have as their primary purpose the achievement of the Clinton Foundation's programmatic mission. These investments, which represent ownership interests in other organizations, are accounted for using the equity method of accounting, and are not subject to the fair value measurement requirements in ASC 958-320 due to these investments not meeting the definition of an equity security with readily determinable fair value. Investment return for the

**Bill, Hillary & Chelsea Clinton Foundation**  
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years ended December 31, 2013 and December 31, 2012 is comprised primarily of realized gains on programmatic investments.

**4. Contributions and Grants Receivable**

All contributions receivable, with the exception of Clinton Foundation endowment contributions receivable, are reported as a component of temporarily restricted net assets and consisted of the following at December 31:

|   | <b>2013</b>                 | <b>2012</b>                 |
|---|-----------------------------|-----------------------------|
| Due within one year                       | \$ 21,206,433               | \$ 12,305,685               |
| Due in one to five years                  | 31,010,787                  | 2,215,790                   |
| Due in more than five years               | <u>15,200,000</u>           | <u>23,831</u>               |
|   | 67,417,220                  | 14,545,306                  |
| Less:                                     |                             |                             |
| Allowance for uncollectible contributions | 2,751,076                   | 1,526,076                   |
| Unamortized discount                      | <u>3,501,868</u>            | <u>593,771</u>              |
|   | <u><u>\$ 61,164,276</u></u> | <u><u>\$ 12,425,459</u></u> |

Clinton Foundation endowment net contributions receivable of \$44,447,125 are classified as permanently restricted net assets.

CHAI receives grant support through periodic claims filed with respective funding sources, not to exceed a limit specified in the funding agreement. Advances from grantors were approximately \$38,118,000 and \$21,527,000 at December 31, 2013 and 2012, respectively, and are reported as deferred revenue on the consolidated statements of financial position.

**5. Property and Equipment**

Property and equipment at December 31, consist of the following:

|                                | <b>2013</b>                 | <b>2012</b>                 |
|--------------------------------|-----------------------------|-----------------------------|
| Land                           | \$ 1,300,874                | \$ 943,690                  |
| Furniture and equipment        | 9,302,546                   | 5,479,441                   |
| Buildings and fixtures         | <u>136,353,324</u>          | <u>135,449,131</u>          |
|                                | 146,956,744                 | 141,872,262                 |
| Less: Accumulated depreciation | <u>36,750,266</u>           | <u>31,851,811</u>           |
|                                | <u><u>\$110,206,478</u></u> | <u><u>\$110,020,451</u></u> |

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**6. Net Assets**

**Temporarily Restricted Net Assets**

Temporarily restricted net assets on December 31, 2013 and 2012, were available for the following purposes:

|   | <b>2013</b>          | <b>2012</b>          |
|---|----------------------|----------------------|
| For future periods (pledges receivable) | \$ 2,603,521         | \$ 5,110,476         |
| Haiti relief and recovery               | 1,526,308            | 2,340,269            |
| CHAI initiatives                        | 36,135,388           | 27,521,442           |
| Foundation initiatives                  | 19,476,799           | 19,908,536           |
|   | <u>\$ 59,742,016</u> | <u>\$ 54,880,723</u> |

Pledges receivable specific to initiatives are included in temporarily restricted net assets, Foundation Initiatives.

**Permanently Restricted Net Assets**

Permanently restricted net assets at December 31, 2013 and 2012 were restricted to:

|   | <b>2013</b>          | <b>2012</b>       |
|---|----------------------|-------------------|
| Clinton Foundation Endowment Fund   | \$ 14,316,723        | \$ -              |
| Clinton Foundation Endowment contributions receivable, net                                    | 44,447,125           |                   |
| Investment in perpetuity, the income of which is<br>expendable to support speakers' endowment | 250,000              | 250,000           |
|   | <u>\$ 59,013,848</u> | <u>\$ 250,000</u> |

**Net Assets Released From Restrictions**

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors.

|                                   | <b>2013</b>          | <b>2012</b>          |
|-----------------------------------|----------------------|----------------------|
| Purpose restrictions accomplished |                      |                      |
| International health programs     | \$44,423,217         | \$ 35,564,082        |
| Haiti relief and recovery         | 1,133,224            | 733,486              |
| Foundation initiatives            | 29,929,603           | 29,986,248           |
|                                   | <u>75,486,044</u>    | <u>66,283,816</u>    |
| Time restrictions expired         |                      |                      |
| Collection of pledges             | 8,754,831            | 4,939,576            |
|                                   | <u>\$ 84,240,875</u> | <u>\$ 71,223,392</u> |

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**7. Endowment**

The Clinton Foundation's Endowment consists of funds established to support the Foundation's mission to create partnerships of great purpose to improve global health and wellness, increase opportunity for women and girls, reduce childhood obesity, create economic opportunity and growth, and help communities address the effects of climate change. In furtherance of its mission, the overall goal of the Foundation's Endowment is to provide a stable source of financial support and liquidity for the mission of the Foundation. The Endowment is comprised of donor-restricted endowment funds. As required by accounting principles generally accepted in the United States of America (GAAP), net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Applicable law requires that all endowment funds be classified as permanently restricted. In the Foundation's Endowment, these comprise two types of funds: (1) funds that have donor restrictions requiring that they be maintained in perpetuity; and (2) funds that do not have donor restrictions as to the term for which such funds must be maintained prior to their appropriation for spending and which can be appropriated for spending by specific action of the Foundation's Board. In the latter instance, where there is no such explicit donor restriction within the gift instrument, the Foundation has determined that it will prudentially classify the original value of a gift and any subsequent gifts made under the same instrument as permanently restricted given the totality of the circumstances of the gift. Accumulated earnings on the Endowment are classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Foundation. The Foundation makes all determinations to appropriate or accumulate donor-restricted endowment funds in a manner consistent with the standard of prudence prescribed by applicable law, including UPMIFA.

The composition of net assets by type of endowment fund at December 31, 2013 and 2012 was:

|                                  | 2013         |                        |                        |
|----------------------------------|--------------|------------------------|------------------------|
|                                  | Unrestricted | Temporarily Restricted | Permanently Restricted |
|                                  |              |                        | Total                  |
| Donor-restricted endowment funds | \$ -         | \$ 82,437              | \$ 59,013,848          |
| Total endowment funds            | \$ -         | \$ 82,437              | \$ 59,013,848          |

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|                                  | 2012         |                        |                        |                   |
|----------------------------------|--------------|------------------------|------------------------|-------------------|
|                                  | Unrestricted | Temporarily Restricted | Permanently Restricted | Total             |
| Donor-restricted endowment funds | \$ -         | \$ 17,491              | \$ 250,000             | \$ 267,491        |
| Total endowment funds            | <u>\$ -</u>  | <u>\$ 17,491</u>       | <u>\$ 250,000</u>      | <u>\$ 267,491</u> |

Changes in endowment net assets for the years ended December 31, 2013 were:

|   | 2013         |                        |                        |                      |
|---|--------------|------------------------|------------------------|----------------------|
|   | Unrestricted | Temporarily Restricted | Permanently Restricted | Total                |
| Endowment net assets, beginning of year | \$ -         | \$ 17,491              | \$ 250,000             | \$ 267,491           |
| Net appreciation (depreciation)         | -            | 64,946                 | -                      | 64,946               |
| Contributions                           | -            | -                      | 58,763,848             | 58,763,848           |
| Total endowment funds                   | <u>\$ -</u>  | <u>\$ 82,437</u>       | <u>\$ 59,013,848</u>   | <u>\$ 59,096,285</u> |

|   | 2012         |                        |                        |                   |
|---|--------------|------------------------|------------------------|-------------------|
|   | Unrestricted | Temporarily Restricted | Permanently Restricted | Total             |
| Endowment net assets, beginning of year | \$ -         | \$ 17,491              | \$ 250,000             | \$ 267,491        |
| Total endowment funds                   | <u>\$ -</u>  | <u>\$ 17,491</u>       | <u>\$ 250,000</u>      | <u>\$ 267,491</u> |

Net endowment contributions receivable as of December 31, 2013 total \$44,447,125.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor gift amounts. In accordance with GAAP, when the value of endowment funds fall below initial and subsequent gift amounts, such deficiencies are classified as a reduction of unrestricted net assets. As of December 31, 2013 and December 31, 2012 no such deficiencies exist.

The Clinton Foundation Endowment was created during the 2013 fiscal year. During 2014, the Foundation's newly formed Investment Committee will approve and adopt investment policies and procedures to ensure that endowment funds and their related returns are spent in accordance with UPMIFA and donor's intent and maintain the appropriate amount of risk and return for the Foundation's purposes. The Foundation has not used or invested any of the endowment funds received (or any net appreciation from these funds classified in temporarily restricted net assets) during 2013 and will not do so until the Investment Committee approves and adopts the appropriate investment policies. For this reason, all endowment funds received during 2013 are held in cash and cash equivalents.

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**8. Functional Expenses**

Expenses incurred by the Clinton Foundation, excluding provision for uncollectible pledges, classified by functional categories for the years ended December 31, 2013 and 2012, were as follows:

|                                      | <b>2013</b>             |                            |                      |                       |
|--------------------------------------|-------------------------|----------------------------|----------------------|-----------------------|
|                                      | <b>Program Services</b> | <b>Management/ General</b> | <b>Fund Raising</b>  | <b>Total</b>          |
| Salaries and benefits                | \$ 65,775,050           | \$ 9,592,297               | \$ 3,616,323         | \$ 78,983,670         |
| Direct program expenditures          | 29,389,026              | 238                        | 46,017               | 29,435,281            |
| Professional and consulting          | 13,697,674              | 904,301                    | 2,096,221            | 16,698,196            |
| Conferences and events               | 9,721,984               | 28,879                     | 1,444,691            | 11,195,554            |
| UNITAID commodities expense          | 28,647,779              | -                          | -                    | 28,647,779            |
| Procurement and shipping             | 1,668,867               | (700)                      | -                    | 1,668,167             |
| Travel                               | 16,707,454              | 736,369                    | 1,754,678            | 19,198,501            |
| Telecommunications                   | 2,214,469               | 324,036                    | 82,118               | 2,620,623             |
| Meetings and trainings               | 7,470,295               | 86,950                     | 9,971                | 7,567,216             |
| Bank and other fees                  | 706,900                 | 171,447                    | 272,212              | 1,150,559             |
| Occupancy costs                      | 4,715,823               | 842,953                    | 420,114              | 5,978,890             |
| Office expenses                      | 4,673,655               | 745,817                    | 234,250              | 5,653,722             |
| Capital charges                      | 3,962,232               | -                          | -                    | 3,962,232             |
| Depreciation                         | 4,318,967               | 644,715                    | -                    | 4,963,682             |
| Other                                | 2,963,205               | 1,556,260                  | 152,565              | 4,672,030             |
| Totals, year ended December 31, 2013 | <u>\$ 196,633,380</u>   | <u>\$ 15,633,562</u>       | <u>\$ 10,129,160</u> | <u>\$ 222,396,102</u> |
|                                      | <b>2012</b>             |                            |                      |                       |
|                                      | <b>Program Services</b> | <b>Management/ General</b> | <b>Fund Raising</b>  | <b>Total</b>          |
| Salaries and benefits                | \$ 52,111,893           | \$ 8,671,195               | \$ 3,755,842         | \$ 64,538,930         |
| Direct program expenditures          | 15,727,680              | 54,405                     | 9,237                | 15,791,322            |
| Professional and consulting          | 5,321,222               | 1,743,227                  | 1,192,664            | 8,257,113             |
| Conferences and events               | 8,018,258               | 40,941                     | 546,061              | 8,605,260             |
| UNITAID commodities expense          | 67,681,583              | -                          | -                    | 67,681,583            |
| Procurement and shipping             | 2,080,693               | -                          | -                    | 2,080,693             |
| Travel                               | 12,242,093              | 723,267                    | 1,261,996            | 14,227,356            |
| Telecommunications                   | 1,410,706               | 197,354                    | 16,909               | 1,624,969             |
| Meetings and trainings               | 5,202,847               | 100,930                    | 9,371                | 5,313,148             |
| Bank and other fees                  | 208,193                 | 321,066                    | 1,230                | 530,489               |
| Occupancy costs                      | 3,444,768               | 593,535                    | 250,997              | 4,289,300             |
| Office expenses                      | 9,706,842               | 252,111                    | 67,090               | 10,026,043            |
| Capital charges                      | 2,179,976               | -                          | -                    | 2,179,976             |
| Depreciation                         | 4,265,477               | 470,696                    | 16,794               | 4,752,967             |
| Other                                | 11,342,657              | 1,626,861                  | 716,619              | 13,686,137            |
| Totals, year ended December 31, 2012 | <u>\$ 200,944,888</u>   | <u>\$ 14,795,588</u>       | <u>\$ 7,844,810</u>  | <u>\$ 223,585,286</u> |



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**9. Program Services Expenses**

Program service expenses incurred by the Clinton Foundation classified by initiative for the years ended December 31, 2013 and 2012, were as follows:

|   | <b>2013</b>           |             | <b>2012</b>           |             |
|---|-----------------------|-------------|-----------------------|-------------|
| Clinton Health Access Initiative              | \$ 127,781,347        | 65%         | \$ 136,388,249        | 68%         |
| Clinton Global Initiative                     | 23,684,078            | 12%         | 18,382,000            | 9%          |
| Clinton Presidential Center                   | 12,288,987            | 6%          | 11,725,000            | 6%          |
| Clinton Climate Initiative                    | 8,406,801             | 4%          | 15,555,000            | 8%          |
| Clinton Giustra Sustainable Growth Initiative | 5,039,288             | 3%          | 6,019,000             | 3%          |
| Clinton Development Initiative                | 2,575,401             | 1%          | 1,723,993             | 1%          |
| Clinton Health Matters Initiative             | 1,676,729             | 1%          | -                     | 0%          |
| Other Program                                 | 15,180,749            | 8%          | 11,151,646            | 5%          |
|   | <u>\$ 196,633,380</u> | <u>100%</u> | <u>\$ 200,944,888</u> | <u>100%</u> |

**10. Operating Leases**

The Clinton Foundation's leases are generally month-to-month operating leases for office space both domestically and internationally, expire at various dates through 2043. Rental expense for all operating leases was \$3,931,893 and \$2,337,087 for 2013 and 2012, respectively.

**11. Pension Plan**

Retirement benefits are offered to the Clinton Foundation employees based on eligibility. These benefits vary and are dependent on employee type and location.

- U.S. based staff and U.S. expatriates are eligible to contribute into a 401(k) plan which the Clinton Foundation matches up to 6% of the employee contribution.
- Third Country Nationals and Local national retirement plans are available in a select number of countries. The Clinton Foundation also contributes to the national social security fund in many of the countries in which it operates as stipulated by local law.

Pension expense was \$2,693,133 and \$2,188,386 for 2013 and 2012, respectively.

**12. Transactions With the National Archives and Records Administration and Lease With the City of Little Rock, Arkansas**

In 2004, the Clinton Foundation entered into a joint use, operating and transfer agreement with the National Archives and Records Administration (NARA) that expires February 29, 2101. Under the agreement, NARA agreed to operate certain areas of the facility known as the William J. Clinton Presidential Library and Museum (the Library) for the purposes of housing, preserving and making available, through historical research, exhibitions, educational programs and other activities, the presidential records and historical materials of President William Jefferson Clinton.

# **Bill, Hillary & Chelsea Clinton Foundation**

## **Notes to Consolidated Financial Statements**

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Because the terms of the lease essentially transfer to NARA the right to use portions of the Library for a period in excess of the property's expected economic life, the cost of construction of those areas operated by NARA, which amounted to approximately \$36,000,000, has been excluded from the Clinton Foundation's statements of financial position.

The land occupied by the Library is owned by the City of Little Rock, Arkansas (the City), but is leased to the Clinton Foundation under a 99-year lease for a nominal annual amount. The Clinton Foundation is responsible for maintaining those areas within 75 feet of the buildings and certain land improvements. Maintenance of the remaining land is the responsibility of the City. Because the lease with the City does not convey exclusive right to the use of this land and because it is to be operated in a manner similar to other City parks, the Clinton Foundation does not recognize the present value of the lease's fair value within its financial statements.

### **13. Disclosures About Fair Value of Assets**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1      Quoted prices in active markets for identical assets or liabilities
- Level 2      Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3      Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

#### **Investments**

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include money market funds, equity securities and mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Clinton Foundation did not have any Level 2 or Level 3 measurements at December 31, 2013 or 2012.

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**Recurring Measurements**

The following table presents the fair value measurements of assets and liabilities in the accompanying statements of financial position measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2013 and 2012:

|                         |                      | Fair Value Measurements Using   |   |  |
|-------------------------|----------------------|---|---|--|
|                         | Fair Value           | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| December 31, 2013       |                      |   |   |  |
| Investments:            |                      |   |   |  |
| Certificates of deposit | \$ 1,545,585         | \$ 1,545,585  | -   | -  |
| Mutual funds            | 16,823,673           | 16,823,673  | -   | -  |
|                         | <u>\$ 18,369,258</u> | <u>\$ 18,369,258</u>  |   |  |
| December 31, 2012       |                      |   |   |  |
| Investments:            |                      |   |   |  |
| Certificates of deposit | 1,811,109            | 1,811,109   | -   | -  |
| Equity securities       | 7,500                | 7,500   | -   | -  |
| Mutual funds            | 1,630,557            | 1,630,557   | -   | -  |
|                         | <u>\$ 3,449,166</u>  | <u>\$ 3,449,166</u>   |   |  |

The following methods were used to estimate the fair value of all other financial instruments recognized in the accompanying statements of financial position at amounts other than fair value.

**Cash and Cash Equivalents and Assets Limited as to Use**

The carrying amount approximates fair value.

**Contributions Receivable**

The carrying amount approximates fair value.

**Long-term Debt**

The carrying amount approximates fair value.

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The following table presents estimated fair values of the Clinton Foundation's financial instruments at December 31, 2013 and 2012:

|                               | <b>2013</b>                |                       | <b>2012</b>                |                       |
|-------------------------------|----------------------------|-----------------------|----------------------------|-----------------------|
|                               | <b>Carrying<br/>Amount</b> | <b>Fair<br/>Value</b> | <b>Carrying<br/>Amount</b> | <b>Fair<br/>Value</b> |
| <b>Financial assets</b>       |                            |                       |                            |                       |
| Cash and cash equivalents     | \$ 65,647,516              | \$ 65,647,516         | \$ 103,873,526             | \$ 103,873,526        |
| Contributions receivable, net | 61,164,276                 | 61,164,276            | 12,425,459                 | 12,425,459            |
| <b>Financial liabilities</b>  |                            |                       |                            |                       |
| Long-term debt                | \$ 74,985                  | \$ 74,985             | \$ 74,985                  | \$ 74,985             |

**14. Beneficial Interest in Related Entities**

Clinton Foundation Sweden works on implementing long-term solutions focused on climate change, improving health systems in the developing world, strengthening economic development around the world and fighting childhood obesity. Clinton Foundation Sweden will meet the purposes indicated in the preamble: to develop or implement, independently or together with others and with joint resources, long-term solutions both locally and in all parts of the world.

Clinton Foundation Sweden received contributions in 2012 and held net assets at the end of 2013 and 2012 that were designated for the benefit of the Clinton Foundation. Clinton Foundation Sweden board approves and transfers these funds to the Clinton Foundation as requested, and as designated by donors.

The Foundation's interest in the net assets of the Clinton Foundation Sweden is accounted for in a manner similar to the equity method. Changes in the interests are included in the net assets. Transfers of assets between Clinton Foundation Sweden and the Clinton Foundation are recognized as increases or decreases in the interest in the net assets of the Clinton Foundation with corresponding decreases or increases in the assets transferred and have no effect on change in net assets.

The Clinton Foundation's interest in the net assets of Clinton Foundation Sweden was \$365,000 and \$3,080,345 at December 31, 2013 and 2012, respectively.

**15. Related Party**

The Clinton Foundation engages in certain charitable activities that are funded by Clinton Giustra Sustainable Growth Initiative (CGSGI Canada). CGSGI Canada makes grants from time-to-time to the Clinton Foundation to carry out CGSGI Canada's and the Clinton Foundation's charitable goals. Neither entity controls the other; however, they share a common board member. During 2013 and 2012, the Clinton Foundation received from CGSGI Canada approximately \$1,232,458 and \$4,600,000, respectively. At December 31, 2012, the Clinton Foundation had a contribution receivable from CGSGI Canada of \$948,899.

**16. Significant Estimates and Concentrations**

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. These matters include the following:

## **Bill, Hillary & Chelsea Clinton Foundation**

### **Notes to Consolidated Financial Statements**

#### **December 31, 2013 and 2012**

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#### **Assets in Foreign Countries**

The Clinton Foundation maintains cash balances and equipment in Asia, Africa and South America. At December 31, 2013 and 2012, the Clinton Foundation had approximately \$18.0 million and \$14.0 million, respectively, deposited in foreign banks and equipment with an approximate net book value of \$4.4 million and \$3.3 million, respectively, in foreign countries.

#### **Contributions and Grants**

At December 31, 2013, the concentration of earned revenue was as follows:

|                              |       |
|------------------------------|-------|
| Government and multilaterals | 33 %  |
| Foundations                  | 29    |
| Other donors                 | 38    |
|                              | <hr/> |
|                              | 100 % |

In FY 2013 and 2012, amounts recognized related to the UNITAID Commodities Program as revenue and program expenses (in equal amounts for each year) amounted to approximately \$28.6 million and \$67.9 million, respectively. These funds were used primarily for the purchase of pediatric and second-line drugs and related commodities and diagnostics for UNITAID-sponsored projects.

#### **Litigation**

The Clinton Foundation is, from time to time, subject to claims that arise primarily in the ordinary course of its activities. Currently, management is not aware of any such claim or claims that would have a material adverse effect on the Clinton Foundation's financial position or net assets. Events could occur, however, that would change this estimate materially in the near term.

Form **8453-EO****Exempt Organization Declaration and Signature for  
Electronic Filing**

OMB No. 1545-1879

For calendar year 2013, or tax year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20

**2013**Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

**BILL, HILLARY & CHELSEA CLINTON FOUNDATI****31-1580204****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|  |   |                      |
|--|---|----------------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .  | 1b <u>148889439.</u> |
| 2a Form 990-EZ check here <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9) . . . . .                   | 2b _____             |
| 3a Form 1120-POL check here <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22) . . . . .                            | 3b _____             |
| 4a Form 990-PF check here <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . . | 4b _____             |
| 5a Form 8868 check here <input type="checkbox"/>           | b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .  | 5b _____             |

**Part II Declaration of Officer**

6 ☒ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign  
Here

Signature of officer

Date

Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's  
Use  
Only**ERO's  
signature

Date

Check if  
also paid  
preparerCheck if  
self-  
employed

ERO's SSN or PTIN

Firm's name (or  
yours if self-employed),  
address, and ZIP code

PRICewaterhouseCOOPERS LLP

300 MADISON AVENUE

NEW YORK

NY 10017

EIN 13-4008324

Phone no. 646-471-3000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if  
self-employed

PTIN

Firm's name

Firm's address

Firm's EIN

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2013)

JSA

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PAGE 1

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection****A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

BILL, HILLARY &amp; CHELSEA CLINTON FOUNDATION

## Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

610 PRESIDENT CLINTON AVE. 2ND FLOOR

City or town, state or province, country, and ZIP or foreign postal code

LITTLE ROCK, AR 72201

**F** Name and address of principal officer:

ERIC BRAVERMAN

1271 AVENUE OF AMERICAS NEW YORK, NY 10020

**D** Employer identification number

31-1580204

**E** Telephone number

(501) 748-0471

**G** Gross receipts \$ 151,088,009.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CLINTONFOUNDATION.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1997 **M** State of legal domicile: AR**Part I Summary**

|                                    |  |  |                                  |                     |
|------------------------------------|--|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | <b>1</b>   | Briefly describe the organization's mission or most significant activities: IMPROVE GLOBAL HEALTH & WELLNESS, INCREASE OPPORTUNITY FOR WOMEN/GIRLS, REDUCE CHILDHOOD OBESITY, CREATE ECONOMIC OPP & GROWTH AND HELP COMMUNITIES ADDRESS EFFECTS OF CLIMATE CHANGE. |                                  |                     |
|                                    | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|                                    | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | 13.                 |
|                                    | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | 11.                 |
|                                    | <b>5</b>   | Total number of individuals employed in calendar year 2013 (Part V, line 2a)   | <b>5</b>                         | 402.                |
|                                    | <b>6</b>   | Total number of volunteers (estimate if necessary)   | <b>6</b>                         | 400.                |
|                                    | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | 1,425,459.          |
| <b>7b</b>                          | Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | -201,666.                        |                     |
| <b>Revenue</b>                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | <b>9</b>   | Program service revenue (Part VIII, line 2g)   | 51,456,352.                      | 144,382,361.        |
|                                    | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 503,024.                         | 1,926,241.          |
|                                    | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 487,358.                         | 159,457.            |
|                                    | <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 2,266,216.                       | 2,421,380.          |
|                                    | <b>12</b>  |  | 54,712,950.                      | 148,889,439.        |
| <b>Expenses</b>                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 8,091,488.                       | 8,865,052.          |
|                                    | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)  | 0                                | 0                   |
|                                    | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 18,438,574.                      | 29,914,108.         |
|                                    | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e)  | 204,179.                         | 185,970.            |
|                                    | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,006,421.   |                                  |                     |
|                                    | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 32,017,657.                      | 45,719,364.         |
|                                    | <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 58,751,898.                      | 84,684,494.         |
|                                    | <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12   | -4,038,948.                      | 64,204,945.         |
| <b>Net Assets or Fund Balances</b> | <b>20</b>  | Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | <b>21</b>  | Total liabilities (Part X, line 26)  | 225,703,274.                     | 277,805,820.        |
|                                    | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20.  | 42,113,239.                      | 30,506,362.         |
|                                    |  |  | 183,590,035.                     | 247,299,458.        |

**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.

**Sign Here**

Signature of officer

Date



Type or print name and title

**Paid****Preparer Use Only**

Print/Type preparer's name

LAURA J PARELLO

Preparer's signature

Date

Check ☐ if

self-employed

PTIN

P01080295

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP

Firm's EIN ▶ 13-4008324

Firm's address ▶ 300 MADISON AVENUE NEW YORK, NY 10017

Phone no. 646-471-3000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2013)

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

ATTACHMENT 1

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 23,684,000. including grants of \$ ) (Revenue \$ 896,400. )  
CLINTON GLOBAL INITIATIVE (SEE SCHEDULE O FOR FURTHER DETAILS)**4b** (Code: ) (Expenses \$ 12,288,987. including grants of \$ 107,374. ) (Revenue \$ 2,814,980. )  
CLINTON PRESIDENTIAL CENTER (SEE SCHEDULE O FOR FURTHER DETAILS)**4c** (Code: ) (Expenses \$ 8,311,000. including grants of \$ 496,023. ) (Revenue \$ 0 )  
CLINTON CLIMATE INITIATIVE (SEE SCHEDULE O FOR FURTHER DETAILS)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 24,024,824. including grants of \$ 8,261,655. ) (Revenue \$ 1,319,286. )

**4e** Total program service expenses ▶ 68,308,811.



**Part IV Checklist of Required Schedules**

|  | Yes          | No |
|--|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .   | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | <b>2</b> X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .  | <b>3</b>     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .  | <b>4</b>     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .   | <b>5</b>     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 . . . . .  | <b>6</b>     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .  | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   | <b>8</b>     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 . . . . .            | <b>9</b>     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .   | <b>10</b> X  |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | <b>11a</b> X |    |
| <b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .   | <b>11b</b>   | X  |
| <b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .   | <b>11c</b>   | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .  | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   | <b>11e</b> X |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .  | <b>11f</b> X |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  | <b>12a</b>   | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   | <b>12b</b> X |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <b>14a</b> X |    |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . | <b>14b</b> X |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .   | <b>15</b> X  |    |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .   | <b>16</b>    | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .  | <b>17</b> X  |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .   | <b>18</b> X  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .   | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | <b>20b</b>   |    |

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

|   | Yes          | No |
|---|--------------|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   | <b>21</b> X  |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   | <b>22</b>    | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>   | <b>23</b> X  |    |
| <b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>                          | <b>24a</b>   | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b>   |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b>   |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b>   |    |
| <b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>  | <b>25a</b>   | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I. . . . .</i>  | <b>25b</b>   | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .  | <b>26</b>    | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i> | <b>27</b>    | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |              |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  | <b>28a</b>   | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>   | <b>28b</b>   | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>   | <b>28c</b> X |    |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>   | <b>29</b> X  |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>   | <b>30</b>    | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>  | <b>31</b>    | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>   | <b>32</b>    | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>   | <b>33</b> X  |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>   | <b>34</b> X  |    |
| <b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | <b>35a</b> X |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>  | <b>35b</b> X |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  | <b>36</b>    | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>   | <b>37</b>    | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .  | <b>38</b> X  |    |

Form **990** (2013)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|  |               | Yes | No |
|--|---------------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  | <b>1a</b> 265 |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  | <b>1b</b> 0   |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | <b>1c</b>     | X   |    |
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.   | <b>2a</b> 402 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                   | <b>2b</b>     | X   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>     | X   |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  | <b>3b</b>     | X   |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           | <b>4a</b>     | X   |    |
| <b>b</b> If "Yes," enter the name of the foreign country: <u>ATTACHMENT 2</u><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |               |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>     |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | <b>5b</b>     |     | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | <b>5c</b>     |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | <b>6a</b>     |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | <b>6b</b>     |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |               |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | <b>7a</b>     | X   |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?   | <b>7b</b>     | X   |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | <b>7c</b>     |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.  | <b>7d</b>     |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <b>7e</b>     |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | <b>7f</b>     |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | <b>7g</b>     |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | <b>7h</b>     |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>      |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |               |     |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966?   | <b>9a</b>     |     |    |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>     |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |               |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.   | <b>10a</b>    |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  | <b>10b</b>    |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |               |     |    |
| <b>a</b> Gross income from members or shareholders.  | <b>11a</b>    |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b>    |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b>    |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  | <b>12b</b>    |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |               |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  | <b>13a</b>    |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  | <b>13b</b>    |     |    |
| <b>c</b> Enter the amount of reserves on hand.   | <b>13c</b>    |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?  | <b>14a</b>    |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  | <b>14b</b>    |     |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

|  | Yes | No |
|--|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 13   |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                          |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 11   |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>  | X   |    |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . <b>3</b> |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>   | X   |    |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . <b>5</b>   |     | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>   |     | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>   |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>   |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b> The governing body? . . . . . <b>8a</b>   | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>   | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . <b>9</b>   |     | X  |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 3

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ANDREW KESSEL 610 PRESIDENT CLINTON AVE. LITTLE ROCK, AR 72201 (501)748-0471

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

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

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

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

| (A)<br>Name and Title                                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) BRUCE R LINDSEY-CEO TIL 7/2013<br>CHAIRMAN OF BOARD | 45.00<br>5.00  | X  |                       | X       |              |                              |        | 360,672.   | 0   | 34,184.   |
| (2) TERENCE MCAULIFFE<br>DIRECTOR - UNTIL NOV 5, 2013   | 5.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) CHELSEA V. CLINTON<br>DIRECTOR                      | 20.00<br>5.00  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) ERIC BRAVERMAN<br>CEO BEGINNING JULY 2013           | 50.00<br>0   | X  |                       | X       |              |                              |        | 261,041.   | 0   | 13,300.   |
| (5) WILLIAM JEFFERSON CLINTON<br>DIRECTOR               | 20.00<br>5.00  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) HILLARY RODHAM CLINTON<br>DIRECTOR                  | 20.00<br>5.00  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) FRANK GIUSTRA<br>DIRECTOR                           | 5.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) ROLANDO GONZALEZ BUNSTER<br>DIRECTOR                | 5.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) ERIC GOOSBY<br>DIRECTOR                             | 5.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) HADEEL IBRAHIM<br>DIRECTOR                         | 5.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) LISA JACKSON<br>DIRECTOR                           | 5.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) CHERYL MILLS<br>DIRECTOR                           | 5.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) CHERYL SABAN<br>DIRECTOR                           | 5.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) RICHARD VERMA<br>DIRECTOR                          | 5.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) ANDREW KESSEL<br>CFO  | 50.00<br>0   |  |                       | X       |              |                              |        | 174,571.   | 0   | 33,384.   |
| (16) STEPHANIE S STREETT<br>EXECUTIVE DIRECTOR                           | 50.00<br>0   |  |                       | X       |              |                              |        | 138,750.   | 0   | 30,999.   |
| (17) ROBERT S. HARRISON<br>CEO, CGI                                      | 45.00<br>5.00  |  |                       |         | X            |                              |        | 208,138.   | 0   | 35,619.   |
| (18) DENNIS CHENG<br>CDO   | 50.00<br>0   |  |                       |         | X            |                              |        | 215,200.   | 0   | 21,685.   |
| (19) MARK GUNTON<br>CEO, CGEP  | 50.00<br>0   |  |                       |         |              | X                            |        | 256,565.   | 0   | 38,960.   |
| (20) SCOTT TAITEL<br>COO, CGEP   | 50.00<br>0   |  |                       |         |              | X                            |        | 186,571.   | 0   | 29,113.   |
| (21) LAURA GRAHAM<br>SENIOR ADVISOR                                      | 50.00<br>0   |  |                       |         |              | X                            |        | 182,710.   | 0   | 1,248.  |
| (22) VIRGINIA EHRLICH<br>CEO, CHMI                                       | 50.00<br>0   |  |                       |         |              | X                            |        | 181,864.   | 0   | 19,159.   |
| (23) FREDERIC POUST<br>DIR. SPONSORS & MRKTING                           | 50.00<br>0   |  |                       |         |              | X                            |        | 464,229.   | 0   | 20,028.   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> . . . . .  |  |  |                       |         |              |                              |        | 621,713.   | 0   | 47,484.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |  |                       |         |              |                              |        | 2,008,598.   | 0   | 230,195.  |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |  |                       |         |              |                              |        | 2,630,311.   | 0   | 277,679.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 35

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 34

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

|   |  |   |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|--|---|---------------------------|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . .   | <b>1a</b>                 | 134,955.             |  |   |  |
|   | <b>b</b>   | Membership dues . . . . .   | <b>1b</b>                 | 10,746.              |  |   |  |
|   | <b>c</b>   | Fundraising events . . . . .  | <b>1c</b>                 | 14,833,387.          |  |   |  |
|   | <b>d</b>   | Related organizations . . . . .   | <b>1d</b>                 | 12,684,738.          |  |   |  |
|   | <b>e</b>   | Government grants (contributions) . .   | <b>1e</b>                 | 4,863,534.           |  |   |  |
|   | <b>f</b>   | All other contributions, gifts, grants,<br>and similar amounts not included above .   | <b>1f</b>                 | 111,855,001.         |  |   |  |
|   | <b>g</b>   | Noncash contributions included in lines 1a-1f: \$   |                           | 532,977.             |  |   |  |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . .   |                           | 144,382,361.         |  |   |  |
| <b>Program Service Revenue</b>                                    |  |   |                           | <b>Business Code</b> |  |   |  |
|   | <b>2a</b>  | PRESIDENTIAL CENTER   |                           | 900099               | 1,029,841.   | 238,147.                                | 791,694.   |
|   | <b>b</b>   | CLINTON GLOBAL INITIATIVE   |                           | 900099               | 896,400.   | 896,400.                                |  |
|   | <b>c</b>   |   |                           |                      |  |   |  |
|   | <b>d</b>   |   |                           |                      |  |   |  |
|   | <b>e</b>   |   |                           |                      |  |   |  |
|   | <b>f</b>   | All other program service revenue . . . . .   |                           |                      |  |   |  |
|   | <b>g</b>   | <b>Total.</b> Add lines 2a-2f . . . . .   |                           | 1,926,241.           |  |   |  |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .   |                           | 159,457.             |  |   | 159,457.   |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds . . .  |                           | 0                    |  |   |  |
|   | <b>5</b>   | Royalties . . . . .   |                           | 0                    |  |   |  |
|   |  |   | (i) Real (ii) Personal    |                      |  |   |  |
|   | <b>6a</b>  | Gross rents . . . . .   |                           |                      |  |   |  |
|   | <b>b</b>   | Less: rental expenses . . . . .   |                           |                      |  |   |  |
|   | <b>c</b>   | Rental income or (loss) . . . . .   |                           |                      |  |   |  |
|   | <b>d</b>   | Net rental income or (loss) . . . . .   |                           | 0                    |  |   |  |
|   |  |   | (i) Securities (ii) Other |                      |  |   |  |
|   | <b>7a</b>  | Gross amount from sales of<br>assets other than inventory . . . . .   |                           |                      |  |   |  |
|   | <b>b</b>   | Less: cost or other basis<br>and sales expenses . . . . .   |                           |                      |  |   |  |
|   | <b>c</b>   | Gain or (loss) . . . . .  |                           |                      |  |   |  |
|   | <b>d</b>   | Net gain or (loss) . . . . .  |                           | 0                    |  |   |  |
|   | <b>8a</b>  | Gross income from fundraising<br>events (not including \$ 14,833,387.<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>                  | 364,151.             |  |   |  |
|   | <b>b</b>   | Less: direct expenses . . . . .   | <b>b</b>                  | 1,223,181.           |  |   |  |
|   | <b>c</b>   | Net income or (loss) from fundraising events . . . . .  |                           | -859,030.            |  |   | -859,030.  |
|   | <b>9a</b>  | Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>                  |                      |  |   |  |
| <b>b</b>  | Less: direct expenses . . . . .                                    | <b>b</b>  |                           |                      |  |   |  |
| <b>c</b>  | Net income or (loss) from gaming activities . . . . .              |   | 0                         |                      |  |   |  |
| <b>10a</b>  | Gross sales of inventory, less<br>returns and allowances . . . . . | <b>a</b>  | 1,785,139.                |                      |  |   |  |
| <b>b</b>  | Less: cost of goods sold . . . . .                                 | <b>b</b>  | 975,389.                  |                      |  |   |  |
| <b>c</b>  | Net income or (loss) from sales of inventory . . . . .             |   | 809,750.                  |                      | 633,765.   | 175,985.                                |  |
| <b>Miscellaneous Revenue</b>                                      |  |   |                           | <b>Business Code</b> |  |   |  |
| <b>11a</b>  | OTHER REVENUE  |   | 900099                    | 2,470,660.           | 2,470,660.   |   |  |
| <b>b</b>  |  |   |                           |                      |  |   |  |
| <b>c</b>  |  |   |                           |                      |  |   |  |
| <b>d</b>  | All other revenue . . . . .  |   |                           |                      |  |   |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .                          |   | 2,470,660.                |                      |  |   |  |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . .                   |   | 148,889,439.              | 3,605,207.           | 1,425,459.   | -523,588.                               |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .   | 5,454,133.            | 5,454,133.                      |  |                             |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .   | 0                     |                                 |  |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . .  | 3,410,919.            | 3,410,919.                      |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .   | 0                     |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 1,358,372.            | 346,888.                        | 796,284.                               | 215,200.                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0                     |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .  | 21,798,525.           | 16,578,543.                     | 3,107,930.                             | 2,112,052.                  |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 971,610.              | 682,997.                        | 184,106.                               | 104,507.                    |
| <b>9</b> Other employee benefits . . . . .   | 3,762,685.            | 2,718,333.                      | 757,023.                               | 287,329.                    |
| <b>10</b> Payroll taxes . . . . .  | 2,022,916.            | 1,542,287.                      | 295,048.                               | 185,581.                    |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  | 0                     |                                 |  |                             |
| <b>b</b> Legal . . . . .   | 304,105.              | 283,597.                        | 20,508.                                |                             |
| <b>c</b> Accounting . . . . .  | 370,756.              | 133,166.                        | 237,590.                               |                             |
| <b>d</b> Lobbying . . . . .  | 0                     |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.  | 185,970.              |                                 |  | 185,970.                    |
| <b>f</b> Investment management fees . . . . .  | 0                     |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 8,153,057.            | 6,141,436.                      | 179,170.                               | 1,832,451.                  |
| <b>12</b> Advertising and promotion . . . . .  | 677,466.              | 610,504.                        |  | 66,962.                     |
| <b>13</b> Office expenses . . . . .  | 4,770,917.            | 4,064,994.                      | 463,032.                               | 242,891.                    |
| <b>14</b> Information technology . . . . .   | 2,066,067.            | 1,067,763.                      | 536,032.                               | 462,272.                    |
| <b>15</b> Royalties . . . . .  | 0                     |                                 |  |                             |
| <b>16</b> Occupancy . . . . .  | 4,010,380.            | 3,063,226.                      | 527,040.                               | 420,114.                    |
| <b>17</b> Travel . . . . .   | 8,448,502.            | 6,472,418.                      | 288,970.                               | 1,687,114.                  |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | 0                     |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 9,224,775.            | 8,996,173.                      | 24,624.                                | 203,978.                    |
| <b>20</b> Interest . . . . .   | 0                     |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .   | 0                     |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 4,724,162.            | 4,300,956.                      | 423,206.                               |                             |
| <b>23</b> Insurance . . . . .  | 372,147.              | 131,127.                        | 241,020.                               |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| <b>a</b> LOSS ON PROGRAM INVESTMENTS . . . . .   | 26,348.               | 26,348.                         |  |                             |
| <b>b</b> OTHER EXPENSES . . . . .  | 2,570,682.            | 2,283,003.                      | 287,679.                               |                             |
| <b>c</b> . . . . .   |                       |                                 |  |                             |
| <b>d</b> . . . . .   |                       |                                 |  |                             |
| <b>e</b> All other expenses . . . . .  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 84,684,494.           | 68,308,811.                     | 8,369,262.                             | 8,006,421.                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                     |                                 |  |                             |



**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|  |  | (A)<br>Beginning of year |              | (B)<br>End of year      |
|--|--|--------------------------|--------------|-------------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing   | 0                        | <b>1</b>     | 0                       |
|  | <b>2</b> Savings and temporary cash investments  | 89,498,607.              | <b>2</b>     | 91,057,703.             |
|  | <b>3</b> Pledges and grants receivable, net  | 8,610,879.               | <b>3</b>     | 56,399,881.             |
|  | <b>4</b> Accounts receivable, net  | 569,780.                 | <b>4</b>     | 1,404,820.              |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0                        | <b>5</b>     | 0                       |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0                        | <b>6</b>     | 0                       |
|  | <b>7</b> Notes and loans receivable, net   | 0                        | <b>7</b>     | 0                       |
|  | <b>8</b> Inventories for sale or use   | 1,473,836.               | <b>8</b>     | 894,990.                |
|  | <b>9</b> Prepaid expenses and deferred charges   | 90,136.                  | <b>9</b>     | 864,072.                |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 144,975,885.  |              |                         |
|  | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 34,980,204.   | 109,394,076. | <b>10c</b> 109,995,681. |
|  | <b>11</b> Investments - publicly traded securities   | 274,991.                 | <b>11</b>    | 14,649,160.             |
|  | <b>12</b> Investments - other securities. See Part IV, line 11   | 0                        | <b>12</b>    | 0                       |
|  | <b>13</b> Investments - program-related. See Part IV, line 11  | 1,363,066.               | <b>13</b>    | 2,174,513.              |
|  | <b>14</b> Intangible assets  | 0                        | <b>14</b>    | 0                       |
|  | <b>15</b> Other assets. See Part IV, line 11   | 14,427,903.              | <b>15</b>    | 365,000.                |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 225,703,274.   | <b>16</b>                | 277,805,820. |                         |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses  | 4,021,194.               | <b>17</b>    | 9,088,298.              |
|  | <b>18</b> Grants payable   | 0                        | <b>18</b>    | 0                       |
|  | <b>19</b> Deferred revenue   | 984,288.                 | <b>19</b>    | 12,032,339.             |
|  | <b>20</b> Tax-exempt bond liabilities  | 0                        | <b>20</b>    | 0                       |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b>    | 0                       |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0                        | <b>22</b>    | 0                       |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 74,985.                  | <b>23</b>    | 74,985.                 |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0                        | <b>24</b>    | 0                       |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 37,032,772.              | <b>25</b>    | 9,310,740.              |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25  | 42,113,239.              | <b>26</b>    | 30,506,362.             |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |              |                         |
|  | <b>27</b> Unrestricted net assets  | 159,044,754.             | <b>27</b>    | 163,985,951.            |
|  | <b>28</b> Temporarily restricted net assets  | 24,295,281.              | <b>28</b>    | 24,299,659.             |
|  | <b>29</b> Permanently restricted net assets  | 250,000.                 | <b>29</b>    | 59,013,848.             |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |              |                         |
|  | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>    |                         |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>    |                         |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>    |                         |
|  | <b>33</b> Total net assets or fund balances  | 183,590,035.             | <b>33</b>    | 247,299,458.            |
|  | <b>34</b> Total liabilities and net assets/fund balances   | 225,703,274.             | <b>34</b>    | 277,805,820.            |

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

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .  | <b>1</b>  | 148,889,439. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .   | <b>2</b>  | 84,684,494.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1 . . . . .   | <b>3</b>  | 64,204,945.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | <b>4</b>  | 183,590,035. |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .   | <b>5</b>  | 61,155.      |
| <b>6</b>  | Donated services and use of facilities . . . . .   | <b>6</b>  | 0            |
| <b>7</b>  | Investment expenses . . . . .  | <b>7</b>  | 0            |
| <b>8</b>  | Prior period adjustments . . . . .   | <b>8</b>  | 0            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>9</b>  | -556,677.    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . . | <b>10</b> | 247,299,458. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

Form **990** (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number

31-1580204

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009     | (b) 2010     | (c) 2011    | (d) 2012    | (e) 2013     | (f) Total    |
|---|--------------|--------------|-------------|-------------|--------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 126,979,554. | 138,003,746. | 66,487,709. | 51,546,352. | 144,382,361. | 527,399,722. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |              |              |             |             |              | 0            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |              |              |             |             |              | 0            |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 126,979,554. | 138,003,746. | 66,487,709. | 51,546,352. | 144,382,361. | 527,399,722. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |              |              |             |             |              | 42,373,100.  |
| <b>6 Public support.</b> Subtract line 5 from line 4. . . . .   |              |              |             |             |              | 485,026,622. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009     | (b) 2010     | (c) 2011    | (d) 2012    | (e) 2013     | (f) Total                |
|--|--------------|--------------|-------------|-------------|--------------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   | 126,979,554. | 138,003,746. | 66,487,709. | 51,546,352. | 144,382,361. | 527,399,722.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 364,211.     | 384,287.     | 76,395.     | 39,358.     | 159,457.     | 1,023,708.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |              |              |             |             |              | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . <b>ATCH. 1</b> . . . . .   | 2,232,084.   | 2,237,205.   | 583,070.    | 282,062.    | 2,470,660.   | 7,805,081.               |
| <b>11 Total support.</b> Add lines 7 through 10. . . . .   |              |              |             |             |              | 536,228,511.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |              |              |             |             | <b>12</b>    | 5,587,065.               |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |              |              |             |             |              | <input type="checkbox"/> |

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

|  |           |                                     |
|--|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | 90.45 %                             |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 87.32 %                             |
| <b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION                    | 2009              | 2010              | 2011            | 2012            | 2013              | TOTAL             |
|--------------------------------|-------------------|-------------------|-----------------|-----------------|-------------------|-------------------|
| MISCELLANEOUS                  | 384,201.          | 372,702.          | 583,070.        | 282,062.        | 2,470,660.        | 4,092,695.        |
| MUSEUM STORE & F,B,& E REVENUE | 1,847,883.        | 1,864,503.        |                 |                 |                   | 3,712,386.        |
| TOTALS                         | <u>2,232,084.</u> | <u>2,237,205.</u> | <u>583,070.</u> | <u>282,062.</u> | <u>2,470,660.</u> | <u>7,805,081.</u> |

## Schedule of Contributors

OMB No. 1545-0047

**2013**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Name of the organization**

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

**Employer identification number**

31-1580204

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **BILL, HILLARY & CHELSEA CLINTON FOUNDATION**Employer identification number  
31-1580204**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4      | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 15,000,000.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 10,000,000.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 10,000,000.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 9,969,393.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 5,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 5,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



Name of organization **BILL, HILLARY & CHELSEA CLINTON FOUNDATION**Employer identification number  
31-1580204**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4      | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 3,016,070.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 3,045,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 3,387,583.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization **BILL, HILLARY & CHELSEA CLINTON FOUNDATION**

Employer identification number

31-1580204

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| ---                       | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                       | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                       | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                       | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                       | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                       | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ---                       | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |

Name of organization **BILL, HILLARY & CHELSEA CLINTON FOUNDATION**Employer identification number  
**31-1580204****Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|---|-----------------|--|
| -----                     | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
| -----                     | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
| -----                     | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
| -----                     | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |
|                           | -----                                   | -----           | -----                                    |

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

Open to Public  
Inspection

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number

31-1580204

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2013

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

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

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

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

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

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

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . . ☐

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 267,491.         | 250,000.       | 250,000.           | 250,000.             | 250,000.            |
| <b>b</b> Contributions . . . . .                                  | 58,763,848.      | 17,491.        |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     | 64,946.          |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 59,096,285.      | 267,491.       | 250,000.           | 250,000.             | 250,000.            |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %

**b** Permanent endowment ▶ 99.9000 %

**c** Temporarily restricted endowment ▶ .1000 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

**(i)** unrelated organizations . . . . . **3a(i)** ☐ Yes ☒ No  
**(ii)** related organizations . . . . . **3a(ii)** ☐ Yes ☒ No

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b** ☐ Yes ☐ No

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 943,690.                        |                              | 943,690.       |
| <b>b</b> Buildings . . . . .   |                                      | 130,150,240.                    | 29,680,414.                  | 100,469,826.   |
| <b>c</b> Leasehold improvements . . . . .  |                                      | 6,775,324.                      | 3,114,929.                   | 3,660,395.     |
| <b>d</b> Equipment . . . . .   |                                      | 7,106,631.                      | 2,184,681.                   | 4,921,950.     |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                 |                              | 109,995,861.   |

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |            |
|---|----------------|------------|
| (1) Federal income taxes  |                |            |
| (2) FUNDS HELD FOR BENEFIT OF REL. ORG.                                     | 9,310,740.     |            |
| (3)   |                |            |
| (4)   |                |            |
| (5)   |                |            |
| (6)   |                |            |
| (7)   |                |            |
| (8)   |                |            |
| (9)   |                |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► |                | 9,310,740. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |  |           |           |  |
|----------|--|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |  |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |   |           |           |  |
|----------|---|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |  |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |  |
| <b>c</b> | Other losses  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  |  |

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information *(continued)*

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FORM 990, SCHEDULE D, PART V, LINE 4

THE ENDOWMENT CONSISTS OF FUNDS ESTABLISHED TO SUPPORT THE ONGOING  
MISSION OF THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION.

FORM 990, SCHEDULE D, PART X, LINE 2

THE CLINTON FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF  
THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER,  
THE CLINTON FOUNDATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED  
BUSINESS TAXABLE INCOME.

THE CLINTON FOUNDATION FILES TAX RETURNS IN THE US FEDERAL JURISDICTION.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

**Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

31-1580204

**Part I**

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

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

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| <b>(1)</b> CENTRAL AMERICA/CARIBBEAN                        | 1.                                  | 2.   | PROGRAM SERVICES  | CLIMATE & ECONOMIC DEV   | 3,835,872.   |
| <b>(2)</b> EAST ASIA AND THE PACIFIC                        | 2.                                  | 5.   | PROGRAM SERVICES  | CLIMATE WORK   | 4,779,595.   |
| <b>(3)</b> EUROPE   | 1.                                  | 3.   | PROGRAM SERVICES  | CLIMATE WORK   | 62,119.  |
| <b>(4)</b> NORTH AMERICA                                    |                                     |  | PROGRAM SERVICES  | CLIMATE WORK   | 21,562.  |
| <b>(5)</b> SOUTH AMERICA                                    | 3.                                  | 11.  | PROGRAM SERVICES  | ECONOMIC DEVELOPMENT   | 7,156,877.   |
| <b>(6)</b> SUB-SAHARAN AFRICA                               | 4.                                  | 52.  | PROGRAM SERVICES  | CLIMATE & ECONOMIC DEV   | 4,979,000.   |
| <b>(7)</b>  |                                     |  |   |  |  |
| <b>(8)</b>  |                                     |  |   |  |  |
| <b>(9)</b>  |                                     |  |   |  |  |
| <b>(10)</b>   |                                     |  |   |  |  |
| <b>(11)</b>   |                                     |  |   |  |  |
| <b>(12)</b>   |                                     |  |   |  |  |
| <b>(13)</b>   |                                     |  |   |  |  |
| <b>(14)</b>   |                                     |  |   |  |  |
| <b>(15)</b>   |                                     |  |   |  |  |
| <b>(16)</b>   |                                     |  |   |  |  |
| <b>(17)</b>   |                                     |  |   |  |  |
| <b>3a</b> Sub-total. . . . .                                | 11.                                 | 73.  |   |  | 20,835,025.  |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 11.                                 | 73.  |   |  | 20,835,025.  |

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

Schedule F (Form 990) 2013

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region              | (d) Purpose of grant      | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|-------------------------|---------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  | SOUTH AMERICA           | MOTHER/CHILD NUTRITION    | 390,430.                 | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (2)  |                          |  | CENT. AMERICA/CARIBBEAN | EARTHQUAKE RECONSTRUCT.   | 125,000.                 | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (3)  |                          |  | EAST ASIA/PACIFIC       | CARBNCAPTURE CLIMATE WORK | 73,087.                  | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (4)  |                          |  | EAST ASIA/PACIFIC       | CARBNCAPTURE CLIMATE WORK | 422,936.                 | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (5)  |                          |  | CENT. AMERICA/CARIBBEAN | EARTHQUAKE RECONSTRUCT.   | 9,800.                   | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (6)  |                          |  | CENT. AMERICA/CARIBBEAN | EARTHQUAKE RECONSTRUCT.   | 114,250.                 | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (7)  |                          |  | CENT. AMERICA/CARIBBEAN | EARTHQUAKE RECONSTRUCT.   | 203,567.                 | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (8)  |                          |  | CENT. AMERICA/CARIBBEAN | EARTHQUAKE RECONSTRUCT.   | 140,175.                 | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (9)  |                          |  | CENT. AMERICA/CARIBBEAN | EARTHQUAKE RECONSTRUCT.   | 43,626.                  | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (10) |                          |  | CENT. AMERICA/CARIBBEAN | EARTHQUAKE RECONSTRUCT.   | 98,748.                  | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (11) |                          |  | SUB-SAHARAN AFRICA      | AGRICULTURAL DEVELOPMENT  | 250,000.                 | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (12) |                          |  | CENT. AMERICA/CARIBBEAN | EARTHQUAKE RECONSTRUCT.   | 1,250,000.               | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (13) |                          |  | CENT. AMERICA/CARIBBEAN | EARTHQUAKE RECONSTRUCT.   | 56,000.                  | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (14) |                          |  | CENT. AMERICA/CARIBBEAN | EARTHQUAKE RECONSTRUCT.   | 128,300.                 | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (15) |                          |  | CENT. AMERICA/CARIBBEAN | EARTHQUAKE RECONSTRUCT.   | 100,000.                 | WIRE TRANSFE                    |                                   | 0                                      | N/A   |
| (16) |                          |  |                         |                           |                          |                                 |                                   |  |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . 15.

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

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

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

Schedule F (Form 990) 2013

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2013

**Part V** **Supplemental Information**

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

FORM 990, SCHEDULE F, PART I, LINE 2

THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS

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

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

CONTINUED FUNDING.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

Open to Public  
Inspection

Employer identification number

31-1580204

Part I

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

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No  
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity         | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|-----------------------|--|----|-----------------------------------|---|---|
|   |                       | Yes  | No |                                   |   |   |
| 1 AMERICAN MARKETING AND COMMUNICATIONS CORP              | DIRECT MAIL MARKETING |  | X  | 222,173.                          | 75,000.   | 147,173.  |
| 2 M + R STRATEGIC SERVICES                                | EMAIL FUNDRAISING     |  | X  | 1,763,490.                        | 110,970.  | 1,652,520.  |
| 3   |                       |  |    |                                   |   |   |
| 4   |                       |  |    |                                   |   |   |
| 5   |                       |  |    |                                   |   |   |
| 6   |                       |  |    |                                   |   |   |
| 7   |                       |  |    |                                   |   |   |
| 8   |                       |  |    |                                   |   |   |
| 9   |                       |  |    |                                   |   |   |
| 10  |                       |  |    |                                   |   |   |
| Total   |                       |  |    | 1,985,663.                        | 185,970.  | 1,799,693.  |

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

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

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

|                 |   | (a) Event #1<br>LONDON GALA<br>(event type) | (b) Event #2<br>RECEP. / DINNERS<br>(event type) | (c) Other events<br>12.<br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|---|---|--|---|--|
|                 |   |   |  |   |  |
| Revenue         | 1 Gross receipts . . . . .  | 3,259,940.                                  | 6,130,844.                                       | 5,806,754.                                | 15,197,538.  |
|                 | 2 Less: Contributions . . . . .   | 3,113,189.                                  | 6,013,669.                                       | 5,706,529.                                | 14,833,387.  |
|                 | 3 Gross income (line 1 minus<br>line 2). . . . .                            | 146,751.                                    | 117,175.   | 100,225.                                  | 364,151.   |
| Direct Expenses | 4 Cash prizes . . . . .   |   |  |   |  |
|                 | 5 Noncash prizes . . . . .  |   |  |   |  |
|                 | 6 Rent/facility costs . . . . .   | 96,659.                                     | 17,340.  | 104,492.                                  | 218,491.   |
|                 | 7 Food and beverages . . . . .  | 105,863.                                    | 73,524.  | 49,886.                                   | 229,273.   |
|                 | 8 Entertainment . . . . .   | 3,071.                                      | 8,000.   | 43,547.                                   | 54,618.  |
|                 | 9 Other direct expenses . . . . .   | 184,703.                                    | 228,580.   | 307,516.                                  | 720,799.   |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |   |  |   | 1,223,181.   |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |  |   | -859,030.  |

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

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

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

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

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

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor**17** Mandatory distributions:

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

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



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

Open to Public  
Inspection

Employer identification number

31-1580204

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ALLIANCE FOR A HEALTHIER GENERATION<br>1200 NW NAITO PARKWAY PORTLAND, OR 97209           | 27-2028308 | 501(C)(3)                     | 2,300,000.               |                                   | N/A   | N/A                                    | CHILDHOOD OBESITY                  |
| (2) ARCHITECTURE FOR HUMANITY<br>848 FOLSOM ST SAN FRANCISCO, CA 94107                        | 30-0038297 | 501(C)(3)                     | 402,448.                 |                                   | N/A   | N/A                                    | HAITI RECONSTRUCTION               |
| (3) CITY OF LITTLE ROCK<br>500 WEST MARKHAM LITTLE ROCK, AR 72201                             | 71-6014465 | GOVERNMENT                    | 100,000.                 |                                   | N/A   | N/A                                    | PRESIDENTIAL CENTER                |
| (4) HENDRIX COLLEGE<br>1600 WASHINGTON ST CONWAY, AR 72032                                    | 71-0236897 | 501(C)(3)                     | 175,000.                 |                                   | N/A   | N/A                                    | EDUCATION                          |
| (5) MISSION OF HOPE HAITI<br>PO BOX 60004 FORT MYERS, FL 33906                                | 13-7207776 | 501(C)(3)                     | 150,670.                 |                                   | N/A   | N/A                                    | HAITI RECONSTRUCTION               |
| (6) NORTH COAST FARMS AND DEVELOPMENT<br>3071 FIVE OAKS LANE, GREEN COVE SPRINGS, FL          | 45-2766475 | 501(C)(3)                     | 47,500.                  |                                   | N/A   | N/A                                    | HAITI RECONSTRUCTION               |
| (7) SOLAR ELECTRIC LIGHT FUND<br>1612 K STREET WASHINGTON, DC 20006                           | 52-1701564 | 501(C)(3)                     | 116,730.                 |                                   | N/A   | N/A                                    | HAITI RECONSTRUCTION               |
| (8) SUSTAINABLE ORGANIC INTEGRATED LIVELIHOODS<br>3950 GREEN VAL.SCHL.RD,SEBASTOPOL, CA 95472 | 20-8195963 | 501(C)(3)                     | 25,000.                  |                                   | N/A   | N/A                                    | HAITI RECONSTRUCTION               |
| (9) TECHNOSERVE<br>1120 19TH STREET WASHINGTON, DC 20036                                      | 13-2626135 | 501(C)(3)                     | 109,852.                 |                                   | N/A   | N/A                                    | HAITI RECONSTRUCTION               |
| (10) CLINTON HEALTH ACCESS INITIATIVE<br>383 DORCHESTER AVE BOSTON, MA 02127                  | 27-1414646 | 501(C)(3)                     | 2,000,000.               |                                   | N/A   | N/A                                    | GLOBAL HEALTH                      |
| (11) CHICAGO CARES, INC.<br>2 N RIVERSIDE CHICAGO, IL 60606                                   | 36-3777709 | 501(C)(3)                     | 20,000.                  |                                   | N/A   | N/A                                    | COMM. ACTION SUPPORT               |
| (12)  |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

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

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

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

FORM 990, SCHEDULE I, PART I, LINE 2

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

SCHEDULE J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

- Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

Open to Public  
Inspection

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number

31-1580204

Part I Questions Regarding Compensation

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

Yes No

|    |   |   |
|----|---|---|
|    |   |   |
| 1b |   | X |
| 2  | X |   |
|    |   |   |
| 4a |   | X |
| 4b |   | X |
| 4c |   | X |
|    |   |   |
| 5a |   | X |
| 5b |   | X |
|    |   |   |
| 6a |   | X |
| 6b |   | X |
|    |   |   |
| 7  |   | X |
|    |   |   |
| 8  |   | X |
| 9  |   |   |

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                             |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 BRUCE R LINDSEY-CEO TIL<br>CHAIRMAN OF BOARD | (i)  | 360,672.   | 0                                   | 0                                   | 15,300.  | 18,884.                 | 394,856.                        | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 ANDREW KESSEL<br>CFO                         | (i)  | 171,571.   | 3,000.                              | 0                                   | 10,433.  | 22,951.                 | 207,955.                        | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 STEPHANIE S STREETT<br>EXECUTIVE DIRECTOR    | (i)  | 135,750.   | 3,000.                              | 0                                   | 8,232.   | 22,767.                 | 169,749.                        | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 ROBERT S. HARRISON<br>CEO, CGI               | (i)  | 205,138.   | 3,000.                              | 0                                   | 12,494.  | 23,125.                 | 243,757.                        | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 ERIC BRAVERMAN<br>CEO BEGINNING JULY 2013    | (i)  | 227,082.   | 0                                   | 33,959.                             | 11,538.  | 1,762.                  | 274,341.                        | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6 MARK GUNTON<br>CEO, CGEP                     | (i)  | 253,565.   | 3,000.                              | 0                                   | 15,575.  | 23,385.                 | 295,525.                        | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 DENNIS CHENG<br>CDO                          | (i)  | 212,200.   | 3,000.                              | 0                                   | 12,785.  | 8,900.                  | 236,885.                        | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8 SCOTT TAITEL<br>COO, CGEP                    | (i)  | 183,571.   | 3,000.                              | 0                                   | 11,038.  | 18,075.                 | 215,684.                        | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9 LAURA GRAHAM<br>SENIOR ADVISOR               | (i)  | 180,160.   | 2,550.                              | 0                                   | 0  | 1,248.                  | 183,958.                        | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10 VIRGINIA EHRLICH<br>CEO, CHMI               | (i)  | 178,864.   | 3,000.                              | 0                                   | 10,379.  | 8,780.                  | 201,023.                        | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11 FREDERIC POUST<br>DIR. SPONSORS & MRKTING   | (i)  | 214,230.   | 249,999.                            | 0                                   | 12,404.  | 7,624.                  | 484,257.                        | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

Schedule J (Form 990) 2013

**Part III Supplemental Information**

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

FORM 990, SCHEDULE J, PART I, LINE 1A

THE BOARD RECOGNIZES THAT, DUE TO EXTRAORDINARY SECURITY AND OTHER REQUIREMENTS, WILLIAM J. CLINTON, HILLARY RODHAM CLINTON, AND CHELSEA CLINTON MAY REQUIRE THE NEED TO TRAVEL BY CHARTER OR IN FIRST CLASS, THE DETERMINATION OF WHICH WILL BE MADE ON A CASE-BY-CASE BASIS.

ERIC BRAVERMAN WAS PROVIDED A HOUSING ALLOWANCE FOR SEVERAL MONTHS FROM HIRE DATE. HOUSING ALLOWANCE WAS TREATED AS TAXABLE COMPENSATION ON HIS 2013 FORM W-2.

FORM 990, SCHEDULE J, PART I, LINE 2

THE HOUSING ALLOWANCE INDICATED IS COVERED BY POLICY, TRAVEL INDICATED ABOVE IS NOT IN A SEPARATE WRITTEN POLICY, BUT IS KNOWN TO THE BOARD. IN MOST CASES SUCH TRAVEL IS PAID FOR DIRECTLY BY THE FOUNDATION AND REIMBURSEMENT IS NOT NECESSARY.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number

31-1580204

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> . . . . . ▶ \$   |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

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

Schedule L (Form 990 or 990-EZ) 2013

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) FONDO ACCESO SAS          | ENTITY-B.LINDSEY DIRECTOR                                       | 1,175,250.                | PROGRAM-RELATED INVESTMENT     |   | X  |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

FORM 990, SCHEDULE L, PART IV

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

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

**Noncash Contributions**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Employer identification number

31-1580204

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  | X                             |  | 116,567.   | MARKET LIST PRICE  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     | X                             | 16.  | 361,014.   | CASH REC'D. ON SALE  |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |  |  |  |
| 15 Real estate - Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate - Commercial . . . . .  |                               |  |  |  |
| 17 Real estate - Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  | X                             | 2.   | 55,396.  | MARKET LIST PRICE  |
| 20 Drugs and medical supplies . . . . .                                      |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .   |                               |  |  |  |
| 25 Other ▶ ( ) . . . . .   |                               |  |  |  |
| 26 Other ▶ ( ) . . . . .   |                               |  |  |  |
| 27 Other ▶ ( ) . . . . .   |                               |  |  |  |
| 28 Other ▶ ( ) . . . . .   |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 1.

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

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

Schedule M (Form 990) (2013)

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PAGE 42



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

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number

31-1580204

FORM 990, PART I, LINES 8 THROUGH 22

YEAR OVER YEAR COMPARISONS ARE IMPACTED AS A RESULT OF THE CLINTON GLOBAL INITIATIVE ("CGI") BEING A SEPARATE ENTITY AND HAVING A SEPARATE 2012 FORM 990, WHERE CGI WAS MERGED INTO THE CLINTON FOUNDATION IN 2013. AS SUCH, THE 2012 FINANCIAL STATEMENTS REFLECT THE CLINTON FOUNDATION WITHOUT CGI, AND THE 2013 FINANCIAL STATEMENTS REFLECT THE CLINTON FOUNDATION INCLUDING THE MERGED CGI.

FORM 990, PART III, LINE 2

TOO SMALL TO FAIL AIMS TO HELP PARENTS AND BUSINESSES TAKE MEANINGFUL ACTIONS TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN AGES ZERO TO FIVE, SO THAT MORE OF AMERICA'S CHILDREN ARE PREPARED TO SUCCEED IN THE 21ST CENTURY. WE ARE WORKING TO PROMOTE NEW RESEARCH ON THE SCIENCE OF CHILDREN'S BRAIN DEVELOPMENT, EARLY LEARNING AND EARLY HEALTH, AND WE WILL HELP PARENTS, BUSINESSES AND COMMUNITIES IDENTIFY SPECIFIC ACTIONS, CONSISTENT WITH THE NEW RESEARCH, THAT THEY CAN TAKE TO IMPROVE THE LIVES OF YOUNG CHILDREN.

NO CEILINGS: THE FULL PARTICIPATION PROJECT IS AN EFFORT LED BY HILLARY RODHAM CLINTON AT THE CLINTON FOUNDATION TO BRING TOGETHER PARTNER ORGANIZATIONS TO EVALUATE AND SHARE THE PROGRESS WOMEN AND GIRLS HAVE MADE IN THE 20 YEARS SINCE THE UN FOURTH WORLD CONFERENCE ON WOMEN IN BEIJING. THIS NEW EFFORT WILL HELP CHART THE PATH FORWARD TO ACCELERATE FULL PARTICIPATION FOR WOMEN AND GIRLS IN THE 21ST CENTURY. THE FULL

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| BILL, HILLARY & CHELSEA CLINTON FOUNDATION | 31-1580204                     |

PARTICIPATION OF WOMEN AND GIRLS IS CRITICAL TO GLOBAL PROGRESS,  
DEVELOPMENT, AND SECURITY.

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

NATURE OF OPERATIONS:

BUILDING ON A LIFETIME OF PUBLIC SERVICE, PRESIDENT BILL CLINTON  
ESTABLISHED THE WILLIAM J. CLINTON FOUNDATION TO TRANSFORM LIVES AND  
COMMUNITIES FROM WHAT THEY ARE TODAY TO WHAT THEY CAN BE TOMORROW BY  
BUILDING PARTNERSHIPS BETWEEN BUSINESSES, NGOS, GOVERNMENTS, AND  
INDIVIDUALS EVERYWHERE. IN 2013, TO RECOGNIZE THE CONTRIBUTIONS OF  
SECRETARY CLINTON AND CHELSEA CLINTON TO THE FOUNDATION AND TO  
ACKNOWLEDGE THEIR ROLE IN SHAPING THE FOUNDATION'S FUTURE, THE FOUNDATION  
WAS RENAMED THE BILL, HILLARY, & CHELSEA CLINTON FOUNDATION (CLINTON  
FOUNDATION). TODAY, THE CLINTON FOUNDATION WORKS TO IMPROVE GLOBAL HEALTH  
AND WELLNESS, INCREASE OPPORTUNITY FOR WOMEN AND GIRLS, REDUCE CHILDHOOD  
OBESITY, CREATIVE ECONOMIC OPPORTUNITY AND GROWTH, AND HELP COMMUNITIES  
ADDRESS THE EFFECTS OF CLIMATE CHANGE.

TO ACCOMPLISH ITS GOALS, THE CLINTON FOUNDATION HAS ESTABLISHED SEPARATE  
INITIATIVES, EACH WITH A DISTINCT MISSION BUT ALL REFLECTING THE  
CLINTONS' VISION: TO CREATE PARTNERSHIPS OF GREAT PURPOSE TO DELIVER  
SUSTAINABLE SOLUTIONS THAT LAST AND TRANSFORMS COMMUNITIES FROM WHAT THEY  
ARE TO WHAT THEY CAN BE. THE INITIATIVES ARE AS FOLLOWS:

- THE ALLIANCE FOR A HEALTHIER GENERATION (ALLIANCE), FOUNDED BY THE  
CLINTON FOUNDATION AND THE AMERICAN HEART ASSOCIATION, IS LEADING THE

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| Name of the organization                   | Employer identification number |
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CHARGE AGAINST THE CHILDHOOD OBESITY EPIDEMIC IN THE UNITED STATES BY ENGAGING DIRECTLY WITH INDUSTRY LEADERS, EDUCATORS, PARENTS, DOCTORS, AND KIDS THEMSELVES. THE GOAL OF THE ALLIANCE IS TO REDUCE THE PREVALENCE OF CHILDHOOD OBESITY AND EMPOWER KIDS NATIONWIDE TO MAKE HEALTHY LIFESTYLE CHOICES. IN 2013, THE ALLIANCE RECRUITED MORE THAN 5,000 ADDITIONAL SCHOOLS FOR THE HEALTHY SCHOOLS PROGRAM, WHICH AS OF 2013, INCREASED THE NUMBER OF SCHOOLS SERVED TO MORE THAN 20,000 AND INDIVIDUAL CHILDREN REACHED TO 12.2 MILLION.

- THE CLINTON CLIMATE INITIATIVE (CCI) IMPLEMENTS PROGRAMS TO REDUCE CARBON EMISSIONS, INCREASE ENERGY EFFICIENCY, DEPLOY RENEWABLE ENERGY, AND PROVE THAT WHAT IS GOOD FOR THE ENVIRONMENT IS ALSO GOOD FOR THE ECONOMY. BY WORKING WITH CITIES, FOREST-DEPENDENT COMMUNITIES, AND ISLAND NATIONS, THE CLINTON CLIMATE INITIATIVE DEVELOPS AND IMPLEMENTS CLEANER PUBLIC TRANSPORTATION, WASTE MANAGEMENT SYSTEMS, BUILDING RETROFIT PROGRAMS, AND FOREST PRESERVATION PROJECTS. IN 2013, WITH SUPPORT FROM NORWAY, CCI'S FORESTRY TEAM LAUNCHED A NEW \$12.5 MILLION PROGRAM WITH THE KENYAN GOVERNMENT TO DELIVER RELIABLE GREENHOUSE GAS DATA FOR THE ENTIRE LAND SECTOR. ADDITIONALLY, IN 2013, CCI'S ISLANDS PROGRAM SIGNED MEMORANDUMS OF UNDERSTANDING WITH 22 ISLAND NATIONS TO DEVELOP CLEAN ENERGY PROJECTS. IN THE UNITED STATES, CCI LAUNCHED AN EFFORT TO REPLICATE ITS HOME ENERGY AFFORDABILITY LOAN (HEAL) PROGRAM IN ARKANSAS ON A NATIONAL SCALE.

- THE CLINTON DEVELOPMENT INITIATIVE (CDI) PROVIDES SMALLHOLDER FARMERS

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IN RWANDA, MALAWI, AND TANZANIA WITH THE TOOLS THEY NEED TO INCREASE THEIR HARVESTS, GENERATE STABLE INCOMES, SUPPORT THEIR FAMILIES, AND IMPROVE THEIR COMMUNITIES. AT THE INVITATION OF GOVERNMENTS, THE CLINTON DEVELOPMENT INITIATIVE WORKS IN CLOSE COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS, SOCIAL INVESTORS, AND FARMERS TO HELP SMALLHOLDERS ENTER THE MARKET, ENSURING THAT COMMUNITIES CAN SUSTAIN THEMSELVES. IN RWANDA, THE CLINTON FOUNDATION WORKS IN PARTNERSHIP WITH THE HUNTER FOUNDATION. IN 2013, CDI ESTABLISHED THE ANCHOR FARM PROJECT IN TANZANIA TO INCREASE INCOMES FOR 120,000 FARMERS OVER THE NEXT FIVE YEARS AND INCREASE PRODUCTION AND DISTRIBUTION TO SMALLHOLDER FARMERS OF IMPROVED MAIZE, SOYA, AND SUNFLOWER SEED BY 2,800 TONS. IN THE 2012/2013 SEASON, 42 PERCENT OF FARMERS DIRECTLY TRAINED BY CDI WERE WOMEN, FULFILLING CDI'S FARMER CLUB GUIDELINES THAT EACH CLUB OF TEN TO TWENTY MEMBERS BE COMPRISED OF AT LEAST 40 PERCENT WOMEN.

- IN HAITI, THE CLINTON FOUNDATION FOCUSES ON CREATING SUSTAINABLE ECONOMIC GROWTH IN THE FOUR PRIORITY SECTORS OF ENERGY, TOURISM, AGRICULTURE, AND APPAREL/MANUFACTURING. THE FOUNDATION WORKS IN HAITI TO DEVELOP FULL-CYCLE INVESTING, BRINGING TOGETHER PRODUCERS, INVESTORS, AND MARKETS IN A WAY THAT IS SOCIALLY, ENVIRONMENTALLY, AND ECONOMICALLY IMPACTFUL. IN 2013, THE CLINTON FOUNDATION FACILITATED \$30 MILLION IN FOREIGN DIRECT INVESTMENT AND VISITS OF MORE THAN 50 INTERNATIONAL INVESTORS, WHILE SUPPORTING THE GROWTH OF 40 ENTREPRENEURIAL BUSINESSES ACROSS HAITI. THE CLINTON FOUNDATION ALSO HELPED WITH THE PLANTING OF MORE THAN 350,000 TREES AND PLANTS THROUGHOUT THE COUNTRY, BUILT,

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REPAIRED, OR IMPROVED SCHOOLS FOR 3,400 STUDENTS, AND WORKED WITH PARTNERS TO INSTALL OVER 225 KW OF SOLAR POWER AT SCHOOLS, MEDICAL FACILITIES, AND SMALL BUSINESSES.

- THE CLINTON GIUSTRA ENTERPRISE PARTNERSHIP (ENTERPRISE PARTNERSHIP) CREATES NEW ENTERPRISES THAT CAPITALIZE ON MARKET OPPORTUNITIES TO GENERATE SOCIAL IMPACT AND FINANCIAL RETURNS BY ADDRESSING EXISTING MARKET GAPS IN DEVELOPING COUNTRY SUPPLY AND DISTRIBUTION CHAINS. THE ENTERPRISE PARTNERSHIP HAS BEEN REFINING ITS APPROACH FOR SEVERAL YEARS AND WORKS TO ENHANCE THE ECONOMIC AND SOCIAL BENEFITS OF MARGINALIZED COMMUNITIES BY INCORPORATING THESE INDIVIDUALS INTO ONE OF THREE "MARKET-DRIVEN" MODELS - DISTRIBUTION ENTERPRISES, SUPPLY CHAIN ENTERPRISES, AND TRAINING CENTER ENTERPRISES. THROUGH THESE MODELS, THE ENTERPRISE PARTNERSHIP SEEKS TO HELP PEOPLE WORK THEMSELVES OUT OF POVERTY. IN 2013, THE ENTERPRISE PARTNERSHIP OPENED THE FIRST SUPPLY CHAIN AND TRAINING CENTER ENTERPRISES IN CARTAGENA, COLOMBIA, AND LAUNCHED A FEMALE ENTREPRENEUR DISTRIBUTION VENTURE, CHAKIPI, IN SOUTHERN PERU, TO SUPPORT LIFE-CHANGING INCOME OPPORTUNITIES FOR 3,000 WOMEN.

- THE CLINTON GLOBAL INITIATIVE'S (CGI) MISSION IS TO INSPIRE, CONNECT, AND EMPOWER EVERYONE TO FORGE SOLUTIONS TO THE WORLD'S MOST PRESSING CHALLENGES. CGI CONVENES LEADERS FROM THE PRIVATE SECTOR, PUBLIC SECTOR, AND CIVIL SOCIETY TO DRIVE ACTION THROUGH ITS UNIQUE MODEL. RATHER THAN DIRECTLY IMPLEMENTING PROJECTS, CGI HELPS ITS MEMBERS TURN IDEAS INTO ACTION BY MAKING IMPACTFUL AND MEASURABLE COMMITMENTS TO ACTION WITHIN

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NINE TRACKS, EACH REPRESENTING A TOPICAL GLOBAL CHALLENGE OR STRATEGIC APPROACH. TO SUPPORT THE DEVELOPMENT OF COMMITMENTS YEAR-ROUND, CGI FACILITATES CONVERSATIONS, PROVIDES OPPORTUNITIES TO IDENTIFY PARTNERS, AND COMMUNICATES THE RESULTS OF THE WORK. CGI'S MAJOR MEETINGS INCLUDE THE CGI ANNUAL MEETING, CGI UNIVERSITY, CGI AMERICA, AND CGI INTERNATIONAL. CGI MEMBERS MADE MORE THAN 300 COMMITMENTS IN 2013, VALUED AT OVER \$12.9 BILLION THAT, WHEN FULLY FUNDED AND IMPLEMENTED, WILL IMPACT THE LIVES OF MORE THAN 22.2 MILLION PEOPLE.

- THE CLINTON HEALTH ACCESS INITIATIVE WORKS TO ADDRESS THE HIV/AIDS CRISIS IN THE DEVELOPING WORLD AND STRENGTHEN HEALTH SYSTEMS THERE. TAKING ITS LEAD FROM GOVERNMENTS AND WORKING WITH PARTNERS, THE CLINTON HEALTH ACCESS INITIATIVE HAS IMPROVED MARKETS FOR MEDICINES AND DIAGNOSTICS, LOWERED THE COSTS OF TREATMENT, AND EXPANDED ACCESS TO LIFE-SAVING TECHNOLOGIES, CREATING A SUSTAINABLE MODEL THAT CAN BE OWNED AND MAINTAINED BY GOVERNMENTS. THE CLINTON HEALTH ACCESS INITIATIVE (CHAI) HAS SINCE EXPANDED THIS MODEL TO INCREASE ACCESS TO HIGH-QUALITY TREATMENT FOR MALARIA, ACCELERATE THE ROLLOUT OF NEW VACCINES, AND LOWER INFANT MORTALITY. IN JANUARY 2010, CHAI BECAME A SEPARATE NONPROFIT ORGANIZATION. AS OF 2013, 6.8 MILLION PEOPLE IN MORE THAN 70 COUNTRIES HAD ACCESS TO CHAI-NEGOTIATED PRICES FOR HIV/AIDS MEDICINES. ADDITIONALLY, IN 2013, TOGETHER WITH UNITAID, CHAI HELPED TO REDUCE THE PRICE OF PEDIATRIC ARV REGIMENS BY OVER 80 PERCENT, AND CATALYZED THE SCALE UP OF TREATMENT TO 647,000 CHILDREN.

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| Name of the organization                   | Employer identification number |
| BILL, HILLARY & CHELSEA CLINTON FOUNDATION | 31-1580204                     |

- BY BUILDING STRATEGIC PARTNERSHIPS, WORKING ACROSS SECTORS, AND LEVERAGING TECHNOLOGY AND DIGITAL INNOVATION, THE CLINTON HEALTH MATTERS INITIATIVE (CHMI) WORKS TO REDUCE THE PREVALENCE OF PREVENTABLE HEALTH OUTCOMES, CLOSE HEALTH INEQUITY AND DISPARITY GAPS, AND REDUCE HEALTH CARE COSTS BY IMPROVING ACCESS TO KEY CONTRIBUTORS TO HEALTH FOR ALL PEOPLE. IN 2013, CHMI GENERATED MORE THAN 50 FORMALIZED STRATEGIC PARTNERSHIPS WITH NATIONAL AND LOCAL ENTITIES, WHICH COLLECTIVELY REFLECTED AN INVESTMENT OF MORE THAN \$100 MILLION IN HEALTH AND WELLNESS THAT WILL POSITIVELY IMPACT MORE THAN 25 MILLION PEOPLE ACROSS THE UNITED STATES. ALSO, IN 2013, CHMI HOSTED FOUR CODEATHONS, WHICH CHALLENGED DEVELOPERS AND DESIGNERS TO CREATE MOBILE OR ONLINE APPLICATIONS FOCUSED ON THE SOCIAL DETERMINANTS OF HEALTH, SUCH AS SLEEP OR STRESS.

- THE WILLIAM J. CLINTON PRESIDENTIAL CENTER (CENTER) IS THE HOME OF THE LITTLE ROCK OFFICES OF THE CLINTON FOUNDATION, THE CLINTON LIBRARY AND MUSEUM, AND THE CLINTON SCHOOL OF PUBLIC SERVICE, THE FIRST INSTITUTION IN THE NATION TO OFFER A MASTER'S OF PUBLIC SERVICE (MPS) DEGREE. THE CENTER HOSTS A VARIETY OF EDUCATIONAL PROGRAMS, WORLD-CLASS LECTURES, AND UNIQUE EXHIBITS EACH YEAR, AND IS A PLACE WHERE PEOPLE COME TO LEARN ABOUT THE HISTORY OF THEIR COUNTRY AND THE WORLD, AND BE INSPIRED TO ENGAGE IN PUBLIC SERVICE. SINCE ITS GRAND OPENING IN 2004, THE CENTER HAS WELCOMED THREE MILLION VISITORS FROM AROUND THE WORLD. IN 2013, THE CENTER HOSTED A SYMPOSIUM ON INTELLIGENCE AND PRESIDENTIAL POLICYMAKING DURING THE BOSNIAN WAR AND DEVELOPED AN EXHIBIT EXPLORING PRESIDENT CLINTON'S ROLE IN THE NORTHERN IRELAND PEACE PROCESS FOR THE CLINTON



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| Name of the organization                   | Employer identification number |
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CENTRE IN ENNISKILLEN, NORTHERN IRELAND.

- TOO SMALL TO FAIL, A JOINT INITIATIVE OF THE CLINTON FOUNDATION AND NEXT GENERATION WHICH WAS LAUNCHED IN 2013, AIMS TO HELP PARENTS AND BUSINESSES TAKE MEANINGFUL ACTIONS TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN AGES ZERO TO FIVE, SO THAT MORE OF AMERICA'S CHILDREN ARE PREPARED TO SUCCEED IN THE 21ST CENTURY. TOO SMALL TO FAIL WORKS TO PROMOTE NEW RESEARCH ON THE SCIENCE OF CHILDREN'S BRAIN DEVELOPMENT, EARLY LEARNING AND EARLY HEALTH, AND HELPS PARENTS, BUSINESSES, AND COMMUNITIES IDENTIFY SPECIFIC ACTIONS, CONSISTENT WITH THE NEW RESEARCH, THAT THEY CAN TAKE TO IMPROVE THE LIVES OF YOUNG CHILDREN. IN 2013, TOO SMALL TO FAIL RELEASED A STRATEGIC ROADMAP DELINEATING A TWO-PRONGED APPROACH: A PUBLIC AWARENESS CAMPAIGN, AND A CALL TO ACTION FOR THE PRIVATE SECTOR TO MAKE COMMITMENTS AND BREAK DOWN ECONOMIC BARRIERS TO VOCABULARY DEVELOPMENT. ADDITIONALLY, UNIVISION PARTNERED WITH TOO SMALL TO FAIL TO LAUNCH A MULTI-PLATFORM CAMPAIGN TO NARROW THE WORD GAP AMONG YOUNG HISPANIC CHILDREN.

- LAUNCHED IN 2013, NO CEILINGS: THE FULL PARTICIPATION PROJECT IS AN EFFORT LED BY SECRETARY CLINTON AND CHELSEA CLINTON AT THE CLINTON FOUNDATION TO BRING TOGETHER PARTNER ORGANIZATIONS TO EVALUATE AND SHARE THE PROGRESS WOMEN AND GIRLS HAVE MADE IN THE 20 YEARS SINCE THE UN FOURTH WORLD CONFERENCE ON WOMEN IN BEIJING. THIS EFFORT WILL HELP CHART THE PATH FORWARD TO ACCELERATE FULL PARTICIPATION FOR WOMEN AND GIRLS IN THE 21ST CENTURY. THE FULL PARTICIPATION OF WOMEN AND GIRLS IS CRITICAL

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| Name of the organization                   | Employer identification number |
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TO GLOBAL PROGRESS, DEVELOPMENT, AND SECURITY.

IN 2013, THE ALLIANCE FOR A HEALTHIER GENERATION AND THE CLINTON HEALTH ACCESS INITIATIVE OPERATED AS SEPARATE LEGAL ENTITIES. AFTER OPERATING AS A SEPARATE ENTITY FROM 2009 THROUGH 2012, THE CLINTON GLOBAL INITIATIVE RE-JOINED AS A PROGRAM WITHIN THE CLINTON FOUNDATION IN 2013. THE OTHER INITIATIVES LISTED ABOVE ARE OPERATED AS SEPARATE PROGRAMS WITHIN FOUNDATION. THE OTHER INITIATIVES LISTED ABOVE ARE OPERATED AS SEPARATE PROGRAMS WITHIN THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 1A

THE FOUNDATION'S BUSINESS AND AFFAIRS ARE MANAGED BY ITS BOARD OF DIRECTORS. THE BOARD'S EXECUTIVE COMMITTEE MAY ACT FOR THE BOARD BETWEEN MEETINGS. REGULAR MINUTES OF THE EXECUTIVE COMMITTEE'S PROCEEDINGS ARE KEPT AND REPORTED TO THE BOARD. THE EXECUTIVE COMMITTEE RESERVES THE LIMITED POWER TO REVIEW AND APPROVE DECISIONS RELATED TO THE USE OF THE CLINTON NAME AND THE RENAMING OF THE FOUNDATION.

THE FOUNDATION'S BYLAWS ESTABLISH TWO CLASSES OF DIRECTORS. CLASS A CONSISTS OF THE EXECUTIVE COMMITTEE. ALL OTHER DIRECTORS ARE CLASS B DIRECTORS. ACTIONS BY THE BOARD REQUIRE THE SUPPORT OF A MAJORITY OF DIRECTORS ELIGIBLE TO VOTE, INCLUDING A MAJORITY OF CLASS A DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2

WILLIAM JEFFERSON CLINTON, HILLARY RODHAM CLINTON, AND CHELSEA V. CLINTON HAVE A FAMILY RELATIONSHIP.

|  |                                |
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| Name of the organization                   | Employer identification number |
| BILL, HILLARY & CHELSEA CLINTON FOUNDATION | 31-1580204                     |

FORM 990, PART VI, SECTION A, LINE 4

THE FOUNDATION REVISED ITS BYLAWS. THE AMENDED AND RESTATED BYLAWS AND THE ACCOMPANYING BOARD GOVERNANCE DOCUMENT EXPAND THE NUMBER OF DIRECTORS; ESTABLISH STAGGERED TERMS FOR AND CLASSES OF DIRECTORS; PROVIDE FOR EXECUTIVE AND AUDIT COMMITTEES; INCORPORATE THE CONFLICT OF INTEREST POLICY; CLARIFY THE CIRCUMSTANCES UNDER WHICH DIRECTORS MAY BE COMPENSATED; AND ESTABLISH LIMITATIONS ON INDEMNIFICATION OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11

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.

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

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

FORM 990, PART VI, SECTION B, LINE 15

THE ORGANIZATION PARTICIPATES IN AN ANNUAL COMPENSATION STUDY THAT REVIEWS THREE SURVEYS TO DETERMINE THE REASONABLENESS OF ALL STAFF COMPENSATION INCLUDING TOP MANAGEMENT. THE ORGANIZATION ALSO UTILIZES AN INDEPENDENT COMPENSATION CONSULTANT AND TOP MANAGEMENT'S SALARIES ARE REVIEWED BY THE BOARD ANNUALLY.

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| Name of the organization                   | Employer identification number |
| BILL, HILLARY & CHELSEA CLINTON FOUNDATION | 31-1580204                     |

FORM 990, PART VI, SECTION B, LINE 16B

THE CLINTON FOUNDATION IS ENGAGED IN TWO PARTNERSHIPS WITH THE INTENT OF HELPING LIFT PEOPLE OUT OF POVERTY BY ORGANIZING THEM INTO SOCIAL ENTERPRISES. ANY ACTION OF THESE PARTNERSHIPS REQUIRES CONCURRENCE OF THE FOUNDATION, TO ENSURE THAT ACTIVITIES ALIGN WITH THE FOUNDATION'S CHARITABLE PURPOSES AND WITH THE SOCIAL MISSION. A POLICY GOVERNING THESE ACTIVITIES AS WELL AS THE FOUNDATION'S ENGAGEMENT IN PROGRAM RELATED INVESTMENTS IN GENERAL IS EFFECTIVE AS OF THE 2014 TAX YEAR.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

|  |                |
|--|----------------|
| CHANGE IN INTEREST IN NET ASSETS OF RELATED ENTITY | (\$ 2,715,345) |
| PROVISION FOR UNCOLLECTIBLE PLEDGES                | (\$ 225,000)   |
| TRANSFER FROM CLINTON GLOBAL INITIATIVE (MERGER)   | \$ 2,383,668   |
|  | -----          |
| TOTAL  | (\$ 556,677)   |

FORM 990, PART XII, LINE 2C

THE CLINTON FOUNDATION HAS ESTABLISHED AN AUDIT COMMITTEE WITH RESPONSIBILITY TO OVERSEE THE ANNUAL AUDIT OF ITS FINANCIAL STATEMENT AND

|  |                                |
|--|--------------------------------|
| Name of the organization                   | Employer identification number |
| BILL, HILLARY & CHELSEA CLINTON FOUNDATION | 31-1580204                     |

SELECTION OF AN INDEPENDENT AUDITOR.

ATTACHMENT 1

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

THE CLINTON FOUNDATION CONVENES BUSINESSES, GOVERNMENTS, NGOS AND INDIVIDUALS TO IMPROVE GLOBAL HEALTH AND WELLNESS, INCREASE OPPORTUNITY FOR WOMEN AND GIRLS, REDUCE CHILDHOOD OBESITY, CREATE ECONOMIC OPPORTUNITY AND GROWTH, AND HELP COMMUNITIES ADDRESS THE EFFECTS OF CLIMATE CHANGE.

ATTACHMENT 2

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

AUSTRALIA

COLOMBIA

INDIA

KENYA

MALAWI

PERU

RWANDA

UKRAINE

VIETNAM

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,

FL, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

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

|  |                                |
|--|--------------------------------|
| Name of the organization                   | Employer identification number |
| BILL, HILLARY & CHELSEA CLINTON FOUNDATION | 31-1580204                     |
| ATTACHMENT 4                               |                                |

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

| <u>NAME AND ADDRESS</u>   | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| FIVE CURRENTS LLC<br>1200 AVIATION BLVD<br>REDONDO BEACH, CA 90254          | CONF. PRODUCTION               | 1,040,474.          |
| MATTER UNLIMITED LLC<br>175 VARICK STREET<br>NEW YORK, NY 10013             | WEB DESIGN & PROD.             | 626,059.            |
| LANKEY & LIMEY LTD<br>85 JAMES TERRACE<br>YONKERS, NY 10704                 | CONF. PRODUCTION               | 576,621.            |
| STAGE CALL, LLC<br>311 W. 43RD ST<br>NEW YORK, NY 10036                     | CONF. PRODUCTION               | 532,206.            |
| COMMUNITY COUNSELLING SERVICE CO<br>PO BOX 824885<br>PHILADELPHIA, PA 19182 | ENDOWMENT PLAN DEV.            | 448,750.            |

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

BILL, HILLARY &amp; CHELSEA CLINTON FOUNDATION

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Employer identification number

31-1580204

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ACACIA DEVELOPEMENT, CO.<br>500 8TH STREET, NW WASHINGTON DC, 20004              | ECON DEVLPMNT           | DE   | 0                   | 0                         | BHCC FDN                         |
| (2) ACCESO WORLDWIDE FUND INC. 46-4160920<br>500 8TH STREET, NW WASHINGTON DC, 20004 | ECON DEVLPMNT           | DE   | 0                   | 0                         | BHCC FDN                         |
| (3) -----  |                         |  |                     |                           |                                  |
| (4) -----  |                         |  |                     |                           |                                  |
| (5) -----  |                         |  |                     |                           |                                  |
| (6) -----  |                         |  |                     |                           |                                  |

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

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

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

Schedule R (Form 990) 2013

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) HAITI DEVELOPMENT FUND LLC 45-<br>77 WATER STREET    | INVESTMENT              | DE   | N/A                                 | RELATED   | -27,083.                        | 300,154.                               |   | X  | 0   | X   |    | 50.0000                        |
| (2) -----  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (3) -----  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (4) -----  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (5) -----  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (6) -----  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (7) -----  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or<br>trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percen-<br>tage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|--|-------------------------------------|--|---------------------------------|---------------------------------------|-------------------------------------|---|----|
|   |                         |  |                                     |  |                                 |                                       |                                     | Yes   | No |
| (1) -----   |                         |  |                                     |  |                                 |                                       |                                     |   |    |
| (2) -----   |                         |  |                                     |  |                                 |                                       |                                     |   |    |
| (3) -----   |                         |  |                                     |  |                                 |                                       |                                     |   |    |
| (4) -----   |                         |  |                                     |  |                                 |                                       |                                     |   |    |
| (5) -----   |                         |  |                                     |  |                                 |                                       |                                     |   |    |
| (6) -----   |                         |  |                                     |  |                                 |                                       |                                     |   |    |
| (7) -----   |                         |  |                                     |  |                                 |                                       |                                     |   |    |



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .                  | <b>1a</b> | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> | X  |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> | X  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> | X  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> | X  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> | X  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> | X  |

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

| (a)<br>Name of related organization       | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|---|----------------------------------|------------------------|---|
| (1) CLINTON GLOBAL INITIATIVE             | S                                | 2,383,668.             | FMV   |
| (2) CLINTON HEALTH ACCESS INITIATIVE      | D, S                             | 3,558,496.             | FMV   |
| (3) CLINTON HEALTH ACCESS INITIATIVE      | B                                | 2,000,000.             | FMV   |
| (4) CLINTON FOUNDATION INSALINGSSTIFTELSE | C                                | 12,684,738.            | FMV   |
| (5) CLINTON HEALTH ACCESS INITIATIVE      | P                                | 1,191,864.             | FMV   |
| (6) CLINTON FOUNDATION INSALINGSSTIFTELSE | S                                | 2,618,607.             | FMV   |

**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>section 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|---|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |   | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (2) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (3) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (4) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (5) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (6) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (7) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (8) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (9) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (10) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (11) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (12) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (13) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (14) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (15) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (16) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |

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

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

---

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection**A** For the 2013 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**CLINTON HEALTH ACCESS INITIATIVE, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**383 DORCHESTER AVENUE**

Room/suite

**400**

City or town, state or province, country, and ZIP or foreign postal code

**BOSTON, MA 02127****F** Name and address of principal officer: **IRA C. MAGAZINER**  
**SAME AS C ABOVE****D** Employer identification number**27-1414646****E** Telephone number**617-774-0110****G** Gross receipts \$ **117,450,463.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CLINTONHEALTHACCESS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2009** **M** State of legal domicile: **AR****Part I Summary**

|                             |     |  |                           |              |
|-----------------------------|-----|--|---------------------------|--------------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities: <b>SUPPORT GOVERNMENTS TO BUILD AND STRENGTHEN INTEGRATED HEALTH SYSTEMS IN THE DEVELOPING WORLD AND</b> |                           |              |
|                             | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                           |              |
|                             | 3   | Number of voting members of the governing body (Part VI, line 1a)  | 3                         | 9            |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)  | 4                         | 7            |
|                             | 5   | Total number of individuals employed in calendar year 2013 (Part V, line 2a)   | 5                         | 307          |
|                             | 6   | Total number of volunteers (estimate if necessary)   | 6                         | 51           |
|                             | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12   | 7a                        | 0.           |
|                             | b   | Net unrelated business taxable income from Form 990-T, line 34   | 7b                        | 0.           |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |
|                             | 9   | Program service revenue (Part VIII, line 2g)   | 88,448,655.               | 117,270,913. |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 0.                        | 0.           |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 98,029.                   | 129,444.     |
|                             | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 148,563.                  | 38,717.      |
| Expenses                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 88,695,247.               | 117,439,074. |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)  | 6,416,733.                | 10,948,408.  |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 0.                        | 0.           |
|                             | 16a | Professional fundraising fees (Part IX, column (A), line 11e)  | 37,223,521.               | 49,069,562.  |
|                             | b   | Total fundraising expenses (Part IX, column (D), line 25) ▶  | 59,500.                   | 67,200.      |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 899,558.                  |              |
|                             | 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 33,270,412.               | 46,406,163.  |
|                             | 19  | Revenue less expenses. Subtract line 18 from line 12   | 76,970,166.               | 106,491,333. |
| Net Assets or Fund Balances | 20  | Total assets (Part X, line 16)   | Beginning of Current Year | End of Year  |
|                             | 21  | Total liabilities (Part X, line 26)  | 68,838,138.               | 83,246,819.  |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20   | 43,413,925.               | 47,028,305.  |
|                             |     |  | 25,424,213.               | 36,218,514.  |

**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.

|                        |  |                                |      |   |                               |
|------------------------|--|--------------------------------|------|---|-------------------------------|
| Sign Here              | Signature of officer   | Date                           |      |   |                               |
|                        | <b>JULIE B. FEDER, CFO</b><br>Type or print name and title             |                                |      |   |                               |
| Paid Preparer Use Only | Print/Type preparer's name   | Preparer's signature           | Date | Check <input type="checkbox"/> if self-employed | PTIN                          |
|                        | <b>CRAIG KLEIN</b>   |                                |      |   | <b>P00734640</b>              |
|                        | Firm's name ▶ <b>CBIZ TOFIAS</b>                                       | Firm's EIN ▶ <b>26-3753134</b> |      |   |                               |
|                        | Firm's address ▶ <b>500 BOYLSTON STREET</b><br><b>BOSTON, MA 02116</b> |                                |      |   | Phone no. <b>617-761-0600</b> |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

☒**1** Briefly describe the organization's mission:

THE CLINTON HEALTH ACCESS INITIATIVE (CHAI) WAS FOUNDED IN 2002 BY PRESIDENT BILL CLINTON AND IRA MAGAZINER TO PROVIDE SOLUTIONS TO THE BIGGEST CHALLENGES IMPEDING EFFECTIVE HEALTH CARE DELIVERY IN DEVELOPING COUNTRIES. SEE SCHEDULE O.

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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

**4a** (Code: ) (Expenses \$ 29,686,378. including grants of \$ 2,586,770.) (Revenue \$ )

HIV/AIDS: CHAI IS WORKING TO SCALE-UP ADULT AND PEDIATRIC HIV/AIDS AND TB PREVENTION, CARE, AND TREATMENT IN THE HARDEST HIT COUNTRIES, INCREASE THE SURVIVAL RATES OF INDIVIDUALS ON TREATMENT GLOBALLY, REDUCE TRANSMISSION RATES AND LOWER THE COST OF TREATMENT AROUND THE WORLD, INCLUDING OPPORTUNISTIC INFECTIONS.

**4b** (Code: ) (Expenses \$ 22,310,968. including grants of \$ 1,421,995.) (Revenue \$ )

GLOBAL HEALTH SPENDING: CHAI IS WORKING AROUND THE WORLD TO INCREASE THE EFFICIENCY AND EFFECTIVENESS OF GLOBAL HEALTH SPENDING TO MOVE TOWARDS MORE SUSTAINABLE FINANCING SYSTEMS AND REDUCE FINANCIAL BARRIERS PREVENTING ACCESS TO ESSENTIAL HEALTH SERVICES.

**4c** (Code: ) (Expenses \$ 18,324,309. including grants of \$ 3,722,193.) (Revenue \$ )

MATERNAL AND CHILD HEALTH: CHAI FOCUSES ON STRENGTHENING SYSTEMS NECESSARY TO REDUCE MATERNAL AND NEONATAL MORTALITY IN TARGETED COUNTRIES WHERE CHAI IS ALREADY SUPPORTING GOVERNMENTS TO IMPROVE KEY COMPONENTS OF THE CORE HEALTH SYSTEM, CHAI HELPS TO RESOLVE THE SYSTEMIC WEAKNESSES THAT UNDERMINE THE COVERAGE AND QUALITY OF INTERVENTIONS PROVEN TO REDUCE MATERNAL AND NEONATAL MORTALITY. FOCUSING INTERVENTIONS WILL INCLUDE EMERGENCY OBSTETRIC CARE AND THE INCREASED USE AND SUPPORT OF MIDWIVES. CHAI SIMULTANEOUSLY WORKS WITH GOVERNMENTS OF THE HIGHEST-BURDEN COUNTRIES TO DEVELOP AND IMPLEMENT INTENSIVE NEW PROGRAMS TO EXPAND ACCESS TO ZINC AND ORAL REHYDRATION SOLUTIONS - AND NEW EFFECTIVE DRUGS AS THEY BECOME AVAILABLE - FOR THE TREATMENT OF DIARRHEA, ONE OF THE MAJOR KILLERS OF CHILDREN UNDER FIVE.

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

(Expenses \$ 28,811,915. including grants of \$ 3,217,450.) (Revenue \$ )

**4e** Total program service expenses 99,133,570.

**Part IV Checklist of Required Schedules**

|   | Yes          | No |
|---|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | <b>2</b> X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | <b>4</b>     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   | <b>5</b>     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | <b>6</b>     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   | <b>8</b>     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            | <b>9</b>     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | <b>10</b>    | X  |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | <b>11a</b> X |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   | <b>11b</b>   | X  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   | <b>11c</b>   | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  | <b>11d</b> X |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | <b>11e</b> X |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | <b>11f</b> X |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | <b>12a</b>   | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  | <b>12b</b> X |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  | <b>14a</b> X |    |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | <b>14b</b> X |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   | <b>15</b> X  |    |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   | <b>16</b>    | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   | <b>17</b> X  |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | <b>18</b>    | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | <b>20b</b>   |    |

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

|   | Yes          | No |
|---|--------------|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | <b>21</b> X  |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | <b>22</b>    | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | <b>23</b> X  |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                           | <b>24a</b>   | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | <b>24b</b>   |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | <b>24c</b>   |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | <b>24d</b>   |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | <b>25a</b>   | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | <b>25b</b>   | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II                                    | <b>26</b>    | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | <b>27</b>    | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |              |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | <b>28a</b>   | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | <b>28b</b>   | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | <b>28c</b>   | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | <b>29</b>    | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | <b>30</b>    | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | <b>31</b>    | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | <b>32</b>    | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | <b>33</b>    | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | <b>34</b> X  |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> X |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | <b>35b</b>   | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | <b>36</b>    | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | <b>37</b>    | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  | <b>38</b> X  |    |

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

☒ X

|              |  | Yes | No |
|--------------|--|-----|----|
| <b>1a</b>    | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 41  |    |
| <b>b</b>     | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 0   |    |
| <b>c</b>     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | X   |    |
| <b>2a</b>    | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | 307 |    |
| <b>b</b>     | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | X   |    |
| <b>3a</b>    | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>b</b>     | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O   |     |    |
| <b>4a</b>    | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   | X   |    |
| <b>b</b>     | If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| <b>5a</b>    | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>b</b>     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>     | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| <b>6a</b>    | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  |     | X  |
| <b>b</b>     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>     | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | X  |
| <b>b</b>     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>c</b>     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>d</b>     | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>e</b>     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>g</b>     | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>     | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>     | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>     | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>b</b>     | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>    | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>     | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>b</b>     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>    | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>     | Gross income from members or shareholders  |     |    |
| <b>b</b>     | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>b</b>     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| <b>13</b>    | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>     | Is the organization licensed to issue qualified health plans in more than one state?   |     |    |
| <b>Note.</b> | See the instructions for additional information the organization must report on Schedule O.  |     |    |
| <b>b</b>     | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |    |
| <b>c</b>     | Enter the amount of reserves on hand   |     |    |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>b</b>     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |

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

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AR, CA, CT, FL, IL, MA, NJ, NY, PA, RI**

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JULIE B. FEDER - 617-774-0110**  
**383 DORCHESTER AVENUE, #400, BOSTON, MA 02127**

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

Check if Schedule O contains a response or note to any line in this Part VII

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                            | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) WILLIAM J. CLINTON<br>CHAIR OF THE BOARD     | 1.00<br>0.00  |  | X                     |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) BRUCE LINDSEY<br>BOARD MEMBER                | 1.00<br>54.00   | X  |                       |         |              |                              |        | 0.   | 379,300.  | 18,859.   |
| (3) PAUL FARMER<br>BOARD MEMBER                  | 1.00<br>0.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) RAYMOND CHAMBER<br>BOARD MEMBER              | 1.00<br>0.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) CHELSEA CLINTON<br>BOARD MEMBER              | 1.00<br>34.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) MAGGIE WILLAITS<br>BOARD MEMBER              | 1.00<br>0.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) MALA GAONKAR<br>BOARD MEMBER                 | 1.00<br>0.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) TACHI YAMADA<br>BOARD MEMBER                 | 1.00<br>0.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) IRA MAGAZINER<br>CEO/VICE-CHAIR OF THE BOARD | 50.00<br>0.00   | X  |                       | X       |              |                              |        | 268,266.   | 0.  | 22,093.   |
| (10) MUSTAPHA LEAVENWORTH BAKALI<br>COO          | 50.00<br>0.00   |  |                       | X       |              |                              |        | 253,452.   | 0.  | 15,858.   |
| (11) JULIE B. FEDER<br>CFO                       | 50.00<br>0.00   |  |                       | X       |              |                              |        | 254,846.   | 0.  | 29,738.   |
| (12) JEANNE BROSNAN<br>EVP, HR MANAGEMENT        | 50.00<br>0.00   |  |                       |         |              | X                            |        | 173,712.   | 0.  | 17,292.   |
| (13) DAVID RIPIN<br>EVP, ACCESS PROGRAMS         | 50.00<br>0.00   |  |                       |         |              | X                            |        | 165,808.   | 0.  | 32,041.   |
| (14) ALICE KANGTHE<br>EXECUTIVE VICE PRESIDENT   | 50.00<br>0.00   |  |                       |         |              | X                            |        | 160,000.   | 0.  | 3,416.  |
| (15) OWENS WIWA<br>REGIONAL DIRECTOR             | 50.00<br>0.00   |  |                       |         |              | X                            |        | 180,000.   | 0.  | 21,858.   |
| (16) KELLY MCCRYSTAL<br>EXECUTIVE VICE PRESIDENT | 50.00<br>0.00   |  |                       |         |              | X                            |        | 151,222.   | 0.  | 14,436.   |
|  |   |  |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|   |  |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512-514 |
|---|--|---------------------------|----------------------|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1 a</b> Federated campaigns   | <b>1a</b>                 |                      |   |   |  |
|   | <b>b</b> Membership dues   | <b>1b</b>                 |                      |   |   |  |
|   | <b>c</b> Fundraising events  | <b>1c</b>                 |                      |   |   |  |
|   | <b>d</b> Related organizations   | <b>1d</b>                 | 2,000,000.           |   |   |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>                 | 55,858,566.          |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above   | <b>1f</b>                 | 59,412,347.          |   |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |                           |                      |   |   |  |
|   | <b>h Total.</b> Add lines 1a-1f  |                           | 117,270,913.         |   |   |  |
|   | <b>Program Service<br/>Revenue</b>   | <b>Business Code</b>      |                      |   |   |  |
| <b>2 a</b>  |  |                           |                      |   |   |  |
| <b>b</b>  |  |                           |                      |   |   |  |
| <b>c</b>  |  |                           |                      |   |   |  |
| <b>d</b>  |  |                           |                      |   |   |  |
| <b>e</b>  |  |                           |                      |   |   |  |
| <b>f</b> All other program service revenue                        |  |                           |                      |   |   |  |
| <b>g Total.</b> Add lines 2a-2f                                   |  |                           |                      |   |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)   |                           | 95,183.              |   |   | 95,183.  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |                           |                      |   |   |  |
|   | <b>5</b> Royalties   |                           |                      |   |   |  |
|   | <b>6 a</b> Gross rents   | (i) Real (ii) Personal    |                      |   |   |  |
|   | <b>b</b> Less: rental expenses   |                           |                      |   |   |  |
|   | <b>c</b> Rental income or (loss)   |                           |                      |   |   |  |
|   | <b>d</b> Net rental income or (loss)   |                           |                      |   |   |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities (ii) Other |                      |   |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses   |                           | 45,650.              |   |   |  |
|   | <b>c</b> Gain or (loss)  |                           | 11,389.              |   |   |  |
|   | <b>d</b> Net gain or (loss)  |                           | 34,261.              |   |   | 34,261.  |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | <b>a</b>                  |                      |   |   |  |
|   | <b>b</b> Less: direct expenses   | <b>b</b>                  |                      |   |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events  |                           |                      |   |   |  |
|   | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19  | <b>a</b>                  |                      |   |   |  |
|   | <b>b</b> Less: direct expenses   | <b>b</b>                  |                      |   |   |  |
|   | <b>c</b> Net income or (loss) from gaming activities   |                           |                      |   |   |  |
|   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances   | <b>a</b>                  |                      |   |   |  |
|   | <b>b</b> Less: cost of goods sold  | <b>b</b>                  |                      |   |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory  |                           |                      |   |   |  |
| <b>Miscellaneous Revenue</b>                                      |  | <b>Business Code</b>      |                      |   |   |  |
| <b>11 a</b> OTHER REVENUE   | 900099   | 38,717.                   |                      |   | 38,717.                                 |  |
| <b>b</b>  |  |                           |                      |   |   |  |
| <b>c</b>  |  |                           |                      |   |   |  |
| <b>d</b> All other revenue  |  |                           |                      |   |   |  |
| <b>e Total.</b> Add lines 11a-11d                                 |  | 38,717.                   |                      |   |   |  |
| <b>12 Total revenue.</b> See instructions.                        |  | 117,439,074.              | 0.                   | 0.  | 168,161.                                |  |



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 1,780,885.            | 1,780,885.                      |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  | 9,167,523.            | 9,167,523.                      |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 1,573,629.            | 1,023,065.                      | 543,145.                               | 7,419.                      |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 37,358,736.           | 34,012,551.                     | 2,795,967.                             | 550,218.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 1,739,057.            | 1,584,892.                      | 125,763.                               | 28,402.                     |
| 9 Other employee benefits   | 6,198,904.            | 5,389,530.                      | 729,924.                               | 79,450.                     |
| 10 Payroll taxes  | 2,199,236.            | 1,895,963.                      | 257,108.                               | 46,165.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 288,853.              | 244,002.                        | 44,851.                                |                             |
| c Accounting  | 338,525.              | 133,195.                        | 205,330.                               |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   | 67,200.               |                                 |  | 67,200.                     |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 6,989,730.            | 6,762,278.                      | 216,852.                               | 10,600.                     |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  | 2,405,309.            | 2,150,905.                      | 245,852.                               | 8,552.                      |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 1,946,654.            | 1,659,700.                      | 286,954.                               |                             |
| 17 Travel   | 10,671,899.           | 10,156,936.                     | 447,399.                               | 67,564.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 7,425,130.            | 7,374,711.                      | 42,362.                                | 8,057.                      |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 239,520.              | 18,011.                         | 221,509.                               |                             |
| 23 Insurance  | 198,030.              | 115,202.                        | 82,805.                                | 23.                         |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>DIRECT PROGRAM EXPENSE</b>   | 6,637,084.            | 6,636,846.                      | 238.                                   |                             |
| b <b>CAPITAL CHARGES</b>  | 3,962,233.            | 3,962,233.                      |  |                             |
| c <b>TELEPHONE</b>  | 1,857,191.            | 1,714,443.                      | 118,547.                               | 24,201.                     |
| d <b>PROCUREMENT &amp; SHIPPING</b>   | 1,668,168.            | 1,668,868.                      | -700.                                  |                             |
| e All other expenses  | 1,777,837.            | 1,681,831.                      | 94,299.                                | 1,707.                      |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 106,491,333.          | 99,133,570.                     | 6,458,205.                             | 899,558.                    |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | 1 Cash - non-interest-bearing .....  |                          | 1           |                    |
|   | 2 Savings and temporary cash investments .....   | 9,249,360.               | 2           | 10,524,428.        |
|   | 3 Pledges and grants receivable, net .....   | 2,928,631.               | 3           | 9,331,223.         |
|   | 4 Accounts receivable, net .....   | 438,460.                 | 4           | 787,924.           |
|   | 5 Loans and other receivables from current and former officers, directors,<br>trustees, key employees, and highest compensated employees. Complete<br>Part II of Schedule L .....  |                          | 5           |                    |
|   | 6 Loans and other receivables from other disqualified persons (as defined under<br>section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing<br>employers and sponsoring organizations of section 501(c)(9) voluntary<br>employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | 6           |                    |
|   | 7 Notes and loans receivable, net .....  |                          | 7           |                    |
|   | 8 Inventories for sale or use .....  |                          | 8           |                    |
|   | 9 Prepaid expenses and deferred charges .....  | 726,215.                 | 9           | 638,419.           |
|   | 10a Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....   | 10a 1,985,927.           |             |                    |
|   | b Less: accumulated depreciation .....   | 10b 1,775,130.           | 10c         | 210,797.           |
|   | 11 Investments - publicly traded securities .....  |                          | 11          |                    |
|   | 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 .....  | 55,139,789.              | 15          | 61,754,028.        |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 68,838,138.  | 16                       | 83,246,819. |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses .....   | 4,722,470.               | 17          | 5,397,459.         |
|   | 18 Grants payable .....  |                          | 18          |                    |
|   | 19 Deferred revenue .....  | 21,526,701.              | 19          | 38,117,809.        |
|   | 20 Tax-exempt bond liabilities .....   |                          | 20          |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D .....   |                          | 21          |                    |
|   | 22 Loans and other payables to current and former officers, directors, trustees,<br>key employees, highest compensated employees, and disqualified persons.<br>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 (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X of<br>Schedule D .....   | 17,164,754.              | 25          | 3,513,037.         |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....   | 43,413,925.              | 26          | 47,028,305.        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and<br/>complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |
|   | 27 Unrestricted net assets .....   | -2,097,229.              | 27          | 83,126.            |
|   | 28 Temporarily restricted net assets .....   | 27,521,442.              | 28          | 36,135,388.        |
|   | 29 Permanently restricted net assets .....   |                          | 29          |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/><br/>and complete lines 30 through 34.</b>  |                          |             |                    |
|   | 30 Capital stock or trust principal, or current funds .....  |                          | 30          |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund .....  |                          | 31          |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds .....  |                          | 32          |                    |
|   | 33 Total net assets or fund balances .....   | 25,424,213.              | 33          | 36,218,514.        |
|   | 34 Total liabilities and net assets/fund balances .....  | 68,838,138.              | 34          | 83,246,819.        |

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|    |  |    |              |
|----|--|----|--------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 117,439,074. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 106,491,333. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 10,947,741.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 25,424,213.  |
| 5  | Net unrealized gains (losses) on investments   | 5  |              |
| 6  | Donated services and use of facilities   | 6  | -153,440.    |
| 7  | Investment expenses  | 7  |              |
| 8  | Prior period adjustments   | 8  |              |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.           |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 36,218,514.  |

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

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

Form 990 (2013)

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

**Open to Public  
Inspection**

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions. |
|---------------|--|

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

|  | Yes      | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | 11g(i)   |    |
| (ii) A family member of a person described in (i) above? .....   | 11g(ii)  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | 11g(iii) |    |

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010    | (c) 2011    | (d) 2012    | (e) 2013     | (f) Total    |
|--|----------|-------------|-------------|-------------|--------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          | 66,874,152. | 64,721,151. | 88,448,655. | 117,270,913. | 337,314,871. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |             |             |             |              |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |             |             |             |              |              |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          | 66,874,152. | 64,721,151. | 88,448,655. | 117,270,913. | 337,314,871. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |             |             |             |              | 184,914,749. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |             |             |             |              | 152,400,122. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010    | (c) 2011    | (d) 2012    | (e) 2013     | (f) Total                           |
|--|----------|-------------|-------------|-------------|--------------|-------------------------------------|
| <b>7</b> Amounts from line 4 .....   |          | 66,874,152. | 64,721,151. | 88,448,655. | 117,270,913. | 337,314,871.                        |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          | 185,938.    | 96,403.     | 91,498.     | 95,183.      | 469,022.                            |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |             |             |             |              |                                     |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |             | 109,811.    | 148,563.    | 38,717.      | 297,091.                            |
| <b>11 Total support.</b> Add lines 7 through 10  |          |             |             |             |              | 338,080,984.                        |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |             |             |             | 12           |                                     |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |             |             |             |              | <input checked="" type="checkbox"/> |

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

|   |           |                          |
|---|-----------|--------------------------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....  | <b>15</b> | %                        |
| <b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/> |

Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....   |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          |           |

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

|  |           |  |   |
|--|-----------|--|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> |  | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....                      | <b>16</b> |  | % |

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

|   |           |  |   |
|---|-----------|--|---|
| <b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> |  | % |
| <b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....                        | <b>18</b> |  | % |

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

## Part IV

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

Employer identification number

CLINTON HEALTH ACCESS INITIATIVE, INC.

27-1414646

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

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

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

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

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

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

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

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

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

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

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

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

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



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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 164,296.                        | 125,938.                     | 38,358.        |
| d Equipment  |                                      | 1,821,631.                      | 1,649,192.                   | 172,439.       |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 210,797.       |

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) ASSETS LIMITED AS TO USE  | 61,567,255.    |
| (2) DUE FROM AFFILIATE  | 186,773.       |
| (3) .....   |                |
| (4) .....   |                |
| (5) .....   |                |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 61,754,028.    |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) ASSETS HELD FOR COMMODITIES   |                |
| (3) PURCHASE  | 3,513,037.     |
| (4) .....   |                |
| (5) .....   |                |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 3,513,037.     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|   |   |    |              |
|---|---|----|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 118,000,927. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |              |
| a | Net unrealized gains on investments   | 2a |              |
| b | Donated services and use of facilities  | 2b | 561,853.     |
| c | Recoveries of prior year grants   | 2c |              |
| d | Other (Describe in Part XIII.)  | 2d |              |
| e | Add lines 2a through 2d   | 2e | 561,853.     |
| 3 | Subtract line 2e from line 1  | 3  | 117,439,074. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |              |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |              |
| b | Other (Describe in Part XIII.)  | 4b |              |
| c | Add lines 4a and 4b   | 4c | 0.           |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 117,439,074. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|   |  |    |              |
|---|--|----|--------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 107,206,626. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |              |
| a | Donated services and use of facilities   | 2a | 715,293.     |
| b | Prior year adjustments   | 2b |              |
| c | Other losses   | 2c |              |
| d | Other (Describe in Part XIII.)   | 2d |              |
| e | Add lines 2a through 2d  | 2e | 715,293.     |
| 3 | Subtract line 2e from line 1   | 3  | 106,491,333. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |              |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |              |
| b | Other (Describe in Part XIII.)   | 4b |              |
| c | Add lines 4a and 4b  | 4c | 0.           |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 106,491,333. |

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

EXPLANATION: CHAI ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. CHAI HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION AND HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. CHAI IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. CHAI'S



**Part XIII** Supplemental Information *(continued)*

FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION  
FOR THREE YEARS FOLLOWING THE DATE OF FILING THE RELATED RETURN.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

Employer identification number

**CLINTON HEALTH ACCESS INITIATIVE, INC.****27-1414646****Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No****2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| SUB-SAHARAN AFRICA                                      | 16                                  | 569  | PROGRAM SERVICES  | HEALTH   | 53,043,570.  |
| EAST ASIA AND THE PACIFIC                               | 7                                   | 154  | PROGRAM SERVICES  | HEALTH   | 11,094,243.  |
| SOUTH ASIA  | 1                                   | 56   | PROGRAM SERVICES  | HEALTH   | 5,074,325.   |
| CENTRAL AMERICA AND THE CARIBBEAN                       | 1                                   | 6  | PROGRAM SERVICES  | HEALTH   | 1,036,192.   |
| RUSSIA & THE NEWLY INDEPENDENT STATES                   | 1                                   | 7  | PROGRAM SERVICES  | HEALTH   | 729,027.   |
| EUROPE (INCLUDING ICELAND & GREENLAND)                  | 1                                   | 8  | PROGRAM SERVICES  | HEALTH   | 0.   |
| NORTH AMERICA   | 1                                   | 2  | PROGRAM SERVICES  | HEALTH   | 0.   |
| SUB-SAHARAN AFRICA                                      | 0                                   | 0  | GRANTS  | HEALTH   | 4,977,516.   |
| <b>3 a Sub-total</b> .....                              | 28                                  | 802  |   |  | 75,954,873.  |
| <b>b Total from continuation sheets to Part I</b> ..... | 0                                   | 0  |   |  | 4,108,320.   |
| <b>c Totals (add lines 3a and 3b)</b> .....             | 28                                  | 802  |   |  | 80,063,193.  |

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

Schedule F (Form 990) 2013

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (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 | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EAST ASIA AND THE PACIFIC              | 0                                   | 0   | GRANTS   | HEALTH   | 1,468,869.                        |
| SOUTH ASIA                             | 0                                   | 0   | GRANTS   | HEALTH   | 1,442,330.                        |
| CENTRAL AMERICA AND THE CARIBBEAN      | 0                                   | 0   | GRANTS   | HEALTH   | 350,816.                          |
| RUSSIA & THE NEWLY INDEPENDENT STATES  | 0                                   | 0   | GRANTS   | HEALTH   | 96,840.                           |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0                                   | 0   | GRANTS   | HEALTH   | 664,639.                          |
| NORTH AMERICA                          | 0                                   | 0   | GRANTS   | HEALTH   | 84,826.                           |
|  |                                     |   |  |  |                                   |
|  |                                     |   |  |  |                                   |
|  |                                     |   |  |  |                                   |
|  |                                     |   |  |  |                                   |
|  |                                     |   |  |  |                                   |
| <b>Totals</b> .....                    |                                     |   |  |  | 4,108,320.                        |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                             | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 669,679.                 |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC              | HEALTH               | 605,527.                 |                                 | 0.                                |  |   |
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND) | HEALTH               | 544,230.                 |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 513,768.                 |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 422,235.                 |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 381,325.                 |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 340,346.                 |                                 | 0.                                |  |   |
|                               |  | SOUTH ASIA                             | HEALTH               | 243,718.                 |                                 | 0.                                |  |   |

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

0

3 Enter total number of other organizations or entities

128

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                        | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | EAST ASIA AND THE PACIFIC         | HEALTH               | 240,729.                 |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 224,484.                 |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 210,579.                 |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 200,247.                 |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 164,630.                 |                                 | 0.                                |  |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | HEALTH               | 151,642.                 |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 148,638.                 |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 142,152.                 |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 132,667.                 |                                 | 0.                                |  |   |

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| <b>1</b><br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------------------|--|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                                      |  | SOUTH ASIA                | HEALTH               | 131,564.                 |                                 | 0.                                |  |   |
|                                      |  | SUB-SAHARAN AFRICA        | HEALTH               | 129,387.                 |                                 | 0.                                |  |   |
|                                      |  | SOUTH ASIA                | HEALTH               | 115,680.                 |                                 | 0.                                |  |   |
|                                      |  | SOUTH ASIA                | HEALTH               | 114,758.                 |                                 | 0.                                |  |   |
|                                      |  | SUB-SAHARAN AFRICA        | HEALTH               | 112,999.                 |                                 | 0.                                |  |   |
|                                      |  | EAST ASIA AND THE PACIFIC | HEALTH               | 112,727.                 |                                 | 0.                                |  |   |
|                                      |  | SUB-SAHARAN AFRICA        | HEALTH               | 111,877.                 |                                 | 0.                                |  |   |
|                                      |  | SOUTH ASIA                | HEALTH               | 104,713.                 |                                 | 0.                                |  |   |
|                                      |  | SOUTH ASIA                | HEALTH               | 103,839.                 |                                 | 0.                                |  |   |

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                        | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 92,915.                  |                                 | 0.                                |  |   |
|                               |  | SOUTH ASIA                        | HEALTH               | 90,658.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 87,158.                  |                                 | 0.                                |  |   |
|                               |  | SOUTH ASIA                        | HEALTH               | 82,486.                  |                                 | 0.                                |  |   |
|                               |  | SOUTH ASIA                        | HEALTH               | 80,975.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 76,596.                  |                                 | 0.                                |  |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | HEALTH               | 71,100.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC         | HEALTH               | 62,626.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC         | HEALTH               | 58,000.                  |                                 | 0.                                |  |   |

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                             | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | SOUTH ASIA                             | HEALTH               | 57,468.                  |                                 | 0.                                |  |   |
|                               |  | NORTH AMERICA                          | HEALTH               | 53,012.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 51,434.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC              | HEALTH               | 50,914.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC              | HEALTH               | 50,182.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 50,178.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC              | HEALTH               | 49,693.                  |                                 | 0.                                |  |   |
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND) | HEALTH               | 49,445.                  |                                 | 0.                                |  |   |
|                               |  | SOUTH ASIA                             | HEALTH               | 47,053.                  |                                 | 0.                                |  |   |



**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                             | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | RUSSIA & THE NEWLY INDEPENDENT STATES  | HEALTH               | 45,733.                  |                                 | 0.                                |  |   |
|                               |  | SOUTH ASIA                             | HEALTH               | 45,076.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC              | HEALTH               | 45,000.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 43,528.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 43,206.                  |                                 | 0.                                |  |   |
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND) | HEALTH               | 41,800.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC              | HEALTH               | 41,482.                  |                                 | 0.                                |  |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN      | HEALTH               | 41,445.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 38,357.                  |                                 | 0.                                |  |   |

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | SOUTH ASIA                | HEALTH               | 37,062.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC | HEALTH               | 36,000.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA        | HEALTH               | 35,684.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA        | HEALTH               | 32,915.                  |                                 | 0.                                |  |   |
|                               |  | SOUTH ASIA                | HEALTH               | 31,930.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA        | HEALTH               | 31,706.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA        | HEALTH               | 30,000.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA        | HEALTH               | 28,061.                  |                                 | 0.                                |  |   |
|                               |  | SOUTH ASIA                | HEALTH               | 27,760.                  |                                 | 0.                                |  |   |

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region                                  | (d) Purpose of<br>grant | (e) Amount<br>of cash grant | (f) Manner of<br>cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|-------------------------------|---|---|-------------------------|-----------------------------|------------------------------------|---|--|---|
|                               |   | SOUTH ASIA                                  | HEALTH                  | 26,905.                     |                                    | 0.                                      |  |   |
|                               |   | SUB-SAHARAN<br>AFRICA                       | HEALTH                  | 26,650.                     |                                    | 0.                                      |  |   |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN        | HEALTH                  | 26,405.                     |                                    | 0.                                      |  |   |
|                               |   | RUSSIA & THE<br>NEWLY INDEPENDENT<br>STATES | HEALTH                  | 25,189.                     |                                    | 0.                                      |  |   |
|                               |   | SUB-SAHARAN<br>AFRICA                       | HEALTH                  | 25,039.                     |                                    | 0.                                      |  |   |
|                               |   | SUB-SAHARAN<br>AFRICA                       | HEALTH                  | 23,799.                     |                                    | 0.                                      |  |   |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN        | HEALTH                  | 23,535.                     |                                    | 0.                                      |  |   |
|                               |   | SUB-SAHARAN<br>AFRICA                       | HEALTH                  | 22,736.                     |                                    | 0.                                      |  |   |
|                               |   | SOUTH ASIA                                  | HEALTH                  | 22,710.                     |                                    | 0.                                      |  |   |

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                             | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | SOUTH ASIA                             | HEALTH               | 22,541.                  |                                 | 0.                                |  |   |
|                               |  | NORTH AMERICA                          | HEALTH               | 22,500.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 22,200.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 22,026.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC              | HEALTH               | 21,615.                  |                                 | 0.                                |  |   |
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND) | HEALTH               | 20,280.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 19,503.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 16,253.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 16,128.                  |                                 | 0.                                |  |   |

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                        | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | SOUTH ASIA                        | HEALTH               | 15,666.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 15,000.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 14,735.                  |                                 | 0.                                |  |   |
|                               |  | SOUTH ASIA                        | HEALTH               | 13,991.                  |                                 | 0.                                |  |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | HEALTH               | 13,450.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 13,240.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 13,000.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 12,880.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 12,494.                  |                                 | 0.                                |  |   |

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                        | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 12,354.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 12,200.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 12,145.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC         | HEALTH               | 12,139.                  |                                 | 0.                                |  |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | HEALTH               | 11,200.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC         | HEALTH               | 10,786.                  |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                | HEALTH               | 10,737.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC         | HEALTH               | 10,439.                  |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC         | HEALTH               | 10,178.                  |                                 | 0.                                |  |   |

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| <b>1</b><br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                            | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------------------|--|---------------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                                      |  | SOUTH ASIA                            | HEALTH               | 10,143.                  |                                 | 0.                                |  |   |
|                                      |  | SUB-SAHARAN AFRICA                    | HEALTH               | 10,059.                  |                                 | 0.                                |  |   |
|                                      |  | RUSSIA & THE NEWLY INDEPENDENT STATES | HEALTH               | 10,014.                  |                                 | 0.                                |  |   |
|                                      |  | SUB-SAHARAN AFRICA                    | HEALTH               | 9,840.                   |                                 | 0.                                |  |   |
|                                      |  | RUSSIA & THE NEWLY INDEPENDENT STATES | HEALTH               | 9,836.                   |                                 | 0.                                |  |   |
|                                      |  | SOUTH ASIA                            | HEALTH               | 9,419.                   |                                 | 0.                                |  |   |
|                                      |  | SUB-SAHARAN AFRICA                    | HEALTH               | 9,357.                   |                                 | 0.                                |  |   |
|                                      |  | NORTH AMERICA                         | HEALTH               | 9,314.                   |                                 | 0.                                |  |   |
|                                      |  | SUB-SAHARAN AFRICA                    | HEALTH               | 9,202.                   |                                 | 0.                                |  |   |

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                             | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | EAST ASIA AND THE PACIFIC              | HEALTH               | 9,199.                   |                                 | 0.                                |  |   |
|                               |  | EUROPE (INCLUDING ICELAND & GREENLAND) | HEALTH               | 8,884.                   |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC              | HEALTH               | 8,514.                   |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 8,343.                   |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 8,185.                   |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC              | HEALTH               | 8,058.                   |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 8,045.                   |                                 | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC              | HEALTH               | 7,617.                   |                                 | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA                     | HEALTH               | 7,565.                   |                                 | 0.                                |  |   |



**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| <b>1</b><br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                            | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------------------|--|---------------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                                      |  | EAST ASIA AND THE PACIFIC             | HEALTH               | 7,329.                   |                                 | 0.                                |  |   |
|                                      |  | SUB-SAHARAN AFRICA                    | HEALTH               | 7,328.                   |                                 | 0.                                |  |   |
|                                      |  | SUB-SAHARAN AFRICA                    | HEALTH               | 6,952.                   |                                 | 0.                                |  |   |
|                                      |  | SOUTH ASIA                            | HEALTH               | 6,215.                   |                                 | 0.                                |  |   |
|                                      |  | RUSSIA & THE NEWLY INDEPENDENT STATES | HEALTH               | 6,068.                   |                                 | 0.                                |  |   |
|                                      |  | CENTRAL AMERICA AND THE CARIBBEAN     | HEALTH               | 6,039.                   |                                 | 0.                                |  |   |
|                                      |  | SUB-SAHARAN AFRICA                    | HEALTH               | 6,038.                   |                                 | 0.                                |  |   |
|                                      |  | CENTRAL AMERICA AND THE CARIBBEAN     | HEALTH               | 6,000.                   |                                 | 0.                                |  |   |
|                                      |  | SUB-SAHARAN AFRICA                    | HEALTH               | 5,854.                   |                                 | 0.                                |  |   |

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| <b>1</b><br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region                   | (d) Purpose of<br>grant | (e) Amount<br>of cash grant | (f) Manner of<br>cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|--------------------------------------|---|------------------------------|-------------------------|-----------------------------|------------------------------------|---|--|---|
|                                      |   | SUB-SAHARAN<br>AFRICA        | HEALTH                  | 5,514.                      |                                    | 0.                                      |  |   |
|                                      |   | SUB-SAHARAN<br>AFRICA        | HEALTH                  | 5,364.                      |                                    | 0.                                      |  |   |
|                                      |   | EAST ASIA AND THE<br>PACIFIC | HEALTH                  | 5,088.                      |                                    | 0.                                      |  |   |
|                                      |   | EAST ASIA AND THE<br>PACIFIC | HEALTH                  | 5,027.                      |                                    | 0.                                      |  |   |
|                                      |   |                              |                         |                             |                                    |   |  |   |
|                                      |   |                              |                         |                             |                                    |   |  |   |
|                                      |   |                              |                         |                             |                                    |   |  |   |
|                                      |   |                              |                         |                             |                                    |   |  |   |
|                                      |   |                              |                         |                             |                                    |   |  |   |
|                                      |   |                              |                         |                             |                                    |   |  |   |
|                                      |   |                              |                         |                             |                                    |   |  |   |
|                                      |   |                              |                         |                             |                                    |   |  |   |
|                                      |   |                              |                         |                             |                                    |   |  |   |
|                                      |   |                              |                         |                             |                                    |   |  |   |

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2013

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**PART I, LINE 2:**

EXPLANATION: FOR GRANTS OUTSIDE THE US, EACH COUNTRY OR PROGRAM TEAM  
REQUESTS THEIR CASH NEEDS EACH MONTH WITH AP. AFTER THESE AMOUNTS ARE  
VERIFIED, THE HEADQUARTERS TEAM DISBURSES THE FUNDS TO THE COUNTRY/PROGRAM  
TEAMS. AT THE END OF EACH MONTH, THE EXPENSES FOR EACH TEAM ARE REVIEWED  
TO SEE WHERE FUNDS WERE USED AND WHAT PROJECT WAS CHARGED.

**SCHEDULE F, PART II, LINE 3:**

EXPLANATION: THE GRANTEES COUNTED ON LINE 3 CONSIST OF GOVERNMENT  
MINISTRIES OF HEALTH, HOSPITALS, AND OTHER ORGANIZATIONS IN FURTHERANCE  
OF OUR MISSION.

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.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

**Open To Public Inspection**

CLINTON HEALTH ACCESS INITIATIVE, INC.

27-1414646

**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.

**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.

|              |          |         |         |
|--------------|----------|---------|---------|
| <b>Total</b> | 975.000, | 67.200, | 907.800 |
|--------------|----------|---------|---------|

AR, CA, CT, FL, IL, NJ, NY, PA, RI, WA, MA

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

|                 |   | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|---|--------------|--------------|------------------|--|
|                 |   | (event type) | (event type) | (total number)   |  |
| Revenue         | 1 Gross receipts .....  |              |              |                  |  |
|                 | 2 Less: Contributions .....   |              |              |                  |  |
|                 | 3 Gross income (line 1 minus line 2) .....                            |              |              |                  |  |
| Direct Expenses | 4 Cash prizes .....   |              |              |                  |  |
|                 | 5 Noncash prizes .....  |              |              |                  |  |
|                 | 6 Rent/facility costs .....   |              |              |                  |  |
|                 | 7 Food and beverages .....  |              |              |                  |  |
|                 | 8 Entertainment .....   |              |              |                  |  |
|                 | 9 Other direct expenses .....   |              |              |                  |  |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |              |              |                  |  |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |              |              |                  |  |

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

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

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

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

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

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

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

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 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?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer
☐ Employee
☐ Independent contractor

## 17 Mandatory distributions:

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

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: THE HELEN BROWN GROUP LLC

(I) ADDRESS OF FUNDRAISER: 48 SUMMER ST., SUITE 2, WATERTOWN, MA 02472



|                |  |
|----------------|--|
| <b>Part IV</b> | <b>Supplemental Information</b> <i>(continued)</i> |
|----------------|--|

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**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**CLINTON HEALTH ACCESS INITIATIVE, INC.**

Employer identification number  
**27-1414646**

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

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

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FAMILY HEALTH INTERNATIONAL<br>359 BLACKWELL STREET, SUITE 200<br>DURHAM, NC 27701          | 23-7413005 | 501(C)(3)                     | 463,373.                 | 0.                                |   |  | HEALTH                             |
| YALE UNIVERSITY<br>P.O. BOX 1873<br>NEW HAVEN, CT 06508                                     | 06-0646973 | 501(C)(3)                     | 361,570.                 | 0.                                |   |  | HEALTH                             |
| POPULATION SERVICES INTERNATIONAL<br>1120 19TH STREET NW, SUITE 600<br>WASHINGTON, DC 20036 | 56-0942853 | 501(C)(3)                     | 250,123.                 | 0.                                |   |  | HEALTH                             |
| NEW YORK UNIVERSITY<br>70 WASHINGTON SQUARE<br>NEW YORK, NY 10012                           | 13-5562308 | 501(C)(3)                     | 193,230.                 | 0.                                |   |  | HEALTH                             |
| PARTNERS IN HEALTH<br>888 COMMONWEALTH AVENUE, 3RD FLOOR<br>BOSTON, MA 02215                | 04-3567502 | 501(C)(3)                     | 93,083.                  | 0.                                |   |  | HEALTH                             |
| HOWARD UNIVERSITY<br>2400 6TH STREET, NW<br>WASHINGTON, DC 20001                            | 53-0204707 | 501(C)(3)                     | 92,600.                  | 0.                                |   |  | HEALTH                             |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **13.**

**3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2013)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BOSTON UNIVERSITY<br>595 COMMONWEALTH AVENUE<br>BOSTON, MA 02215                              | 04-2103547 | 501(C)(3)                     | 85,922.                  | 0.                                |   |  | HEALTH                             |
| CONCERN WORLDWIDE<br>355 LEXINGTON AVENUE, 19TH FLOOR<br>NEW YORK, NY 10017                   | 13-3712030 | 501(C)(3)                     | 81,278.                  | 0.                                |   |  | HEALTH                             |
| PATHFINDER INTERNATIONAL<br>9 GALEN STREET, #217<br>WATERTOWN, MA 02372                       | 53-0235320 | 501(C)(3)                     | 47,670.                  | 0.                                |   |  | HEALTH                             |
| HARBOR PATH<br>2201 WESTLAKE AVENUE, SUITE 200<br>SEATTLE, WA 98121                           | 91-1157127 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | HEALTH                             |
| SCYNEXIS, INC.<br>P.O. BOX 12878<br>RESEARCH TRIANGLE PARK, NC 27709                          | 56-2181648 |                               | 35,600.                  | 0.                                |   |  | HEALTH                             |
| VIRGINIA COMMONWEALTH UNIVERSITY<br>800 EAST LEIGH STREET, P.O. BOX 980<br>RICHMOND, VA 23298 | 54-6001758 | 501(C)(3)                     | 16,000.                  | 0.                                |   |  | HEALTH                             |
| FLORIDA STATE UNIVERSITY<br>600 W COLLEGE AVENUE<br>TALLAHASSEE, FL 32306                     | 59-1961248 | 501(C)(3)                     | 15,436.                  | 0.                                |   |  | HEALTH                             |
| PRINCETON IN AFRICA<br>194 NASSUA STREET, SUITE 219<br>PRINCETON, NH 08542                    | 22-3824520 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | HEALTH                             |
|   |            |                               |                          |                                   |   |  |                                    |

**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.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2:**

EXPLANATION: FOR GRANTS INSIDE THE US, EACH COUNTRY OR PROGRAM TEAMS

REQUESTS THEIR CASH NEEDS EACH MONTH WITH AP. AFTER THESE AMOUNTS ARE

VERIFIED, THE HEADQUARTERS TEAM DISBURES THE FUNDS TO THE COUNTRY/PROGRAM

TEAMS. AT THE END OF EACH MONTH, THE EXPENSES FOR EACH TEAM ARE REVIEWED

TO SEE WHERE FUNDS WERE USED AND WHAT PROJECT WAS CHARGED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**CLINTON HEALTH ACCESS INITIATIVE, INC.**

Employer identification number

**27-1414646**

**Part I Questions Regarding Compensation**

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

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☒ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

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

**1b** **X**

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

**2** **X**

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ 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 VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**4a** **X**

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b** **X**

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c** **X**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization?

**5a** **X**

**b** Any related organization?

**5b** **X**

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization?

**6a** **X**

**b** Any related organization?

**6b** **X**

If "Yes" to line 6a or 6b, describe in Part III.

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

**7** **X**

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

**8** **X**

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

**9**

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

Schedule J (Form 990) 2013

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title              |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                 |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) BRUCE LINDSEY               | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| BOARD MEMBER                    | (ii) | 364,000.   | 0.                                  | 15,300.                             | 0.   | 18,859.                 | 398,159.                        | 0.  |
| (2) IRA MAGAZINER               | (i)  | 268,266.   | 0.                                  | 0.                                  | 0.   | 22,093.                 | 290,359.                        | 0.  |
| CEO/VICE-CHAIR OF THE BOARD     | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) MUSTAPHA LEAVENWORTH BAKALI | (i)  | 253,452.   | 0.                                  | 0.                                  | 0.   | 15,858.                 | 269,310.                        | 0.  |
| COO                             | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) JULIE B. FEDER              | (i)  | 254,846.   | 0.                                  | 0.                                  | 7,645.   | 22,093.                 | 284,584.                        | 0.  |
| CFO                             | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) JEANNE BROSNAN              | (i)  | 173,712.   | 0.                                  | 0.                                  | 0.   | 17,292.                 | 191,004.                        | 0.  |
| EVP, HR MANAGEMENT              | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) DAVID RIPIN                 | (i)  | 165,808.   | 0.                                  | 0.                                  | 9,948.   | 22,093.                 | 197,849.                        | 0.  |
| EVP, ACCESS PROGRAMS            | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) ALICE KANGETHE              | (i)  | 160,000.   | 0.                                  | 0.                                  | 0.   | 3,416.                  | 163,416.                        | 0.  |
| EXECUTIVE VICE PRESIDENT        | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) OWENS WIWA                  | (i)  | 180,000.   | 0.                                  | 0.                                  | 6,000.   | 15,858.                 | 201,858.                        | 0.  |
| REGIONAL DIRECTOR               | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) KELLY MCCRYSTAL             | (i)  | 151,222.   | 0.                                  | 0.                                  | 9,073.   | 5,363.                  | 165,658.                        | 0.  |
| EXECUTIVE VICE PRESIDENT        | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III** Supplemental Information

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

**PART I, LINE 1A:**

EXPLANATION: STAFF WHO ARE ENROLLED IN THE CHAI DOMESTIC MEDICAL PLAN ARE  
ELIGIBLE FOR REIMBURSEMENT OF THEIR GYM MEMBERSHIP UP TO \$250 PER CALENDAR  
YEAR. THE REIMBURSEMENT IS TAXABLE INCOME.



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number  
27-1414646

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPAND ACCESS TO HIGH-QUALITY CARE AND TREATMENT FOR HIV/AIDS, MALARIA  
AND OTHER DISEASES.

FORM 990, PART I, LINE 5:

EXPLANATION: THE NUMBER REPORTED ON PART I, LINE 5 REFLECTS THE NUMBER  
OF PEOPLE REPORTED ON FORM W-3. CHAI EMPLOYS 965 PEOPLE AROUND THE  
GLOBE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHAI APPLIES THE RIGOROUS THINKING, ANALYSIS AND URGENCY OF THE  
BUSINESS WORLD TO SAVE LIVES AND STRENGTHEN HEALTH SYSTEMS RAPIDLY AND  
MORE EFFICIENTLY. IN ADDITION TO RETAINING ITS INITIAL FOCUS ON  
HIV/AIDS CARE AND TREATMENT, CHAI IMPLEMENTS PROGRAMS ON VACCINES,  
MALARIA, AND HEALTH SYSTEMS STRENGTHENING MATERNAL AND CHILD HEALTH IN  
MORE THAN 25 COUNTRIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HUMAN RESOURCES FOR HEALTH & HEALTH SYSTEMS STRENGTHENING: CHAI IS  
ASSISTING GOVERNMENTS IN RESOURCE POOR COUNTRIES TO INCREASE HUMAN  
RESOURCES FOR HEALTH CAPACITY BY EDUCATING, DEPLOYING, AND SUSTAINING  
AN ADEQUATE NUMBER OF HIGH-QUALITY HEALTH CARE PROFESSIONALS.

EXPENSES \$ 12,298,275. INCLUDING GRANTS OF \$ 2,814,505. REVENUE \$ 0.

**VACCINES**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
332211  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)



Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

EXPENSES \$ 10,631,296. INCLUDING GRANTS OF \$ 221,987. REVENUE \$ 0.

MALARIA

EXPENSES \$ 5,882,344. INCLUDING GRANTS OF \$ 180,958. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:CAMBODIA, CAMEROON, ETHIOPIA, INDIA,INDONESIA, JAMAICA, KENYA, LESOTHO,LIBERIA, MALAWI, MOZAMBIQUE, NIGERIA,PAPUA NEW GUINEA, RWANDA, SOUTH AFRICA, SWAZILAND,TANZANIA, UKRAINE, UGANDA, VIETNAM,ZAMBIA, ZIMBABWE, LAOS, BURMAFORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: WILLIAM J. CLINTON AND CHELSEA CLINTON HAVE A PARENT/CHILD  
RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: UNDER CHAI'S BYLAWS, THE WILLIAM J. CLINTON FOUNDATION HAS THE  
POWER TO DESIGNATE FIVE (5) SUCCESSOR MEMBERS OF THE BOARD, TWO OF WHOM  
SHALL BE PRESIDENT WILLIAM J. CLINTON, WHO SHALL SERVE AS A DIRECTOR AND  
CHAIR OF THE BOARD UNTIL SUCH TIME AS HE RESIGNS, DIES OR BECOMES  
INCAPACITATED, AND IRA C. MAGAZINER, WHO SHALL SERVE AS A DIRECTOR AND VICE  
CHAIR OF THE BOARD FOR SO LONG AS HE REMAINS AN EMPLOYEE OR CONSULTANT OF  
THE CORPORATION OR UNTIL SUCH TIME AS HE RESIGN, DIES OR BECOMES  
INCAPACITATED.

FORM 990, PART VI, SECTION A, LINE 7A:332212  
09-04-13

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

EXPLANATION: UNDER CHAI'S BYLAWS, THE WILLIAM J. CLINTON FOUNDATION HAS THE POWER TO DESIGNATE FIVE (5) SUCCESSOR MEMBERS OF THE BOARD, TWO OF WHOM SHALL BE PRESIDENT WILLIAM J. CLINTON, WHO SHALL SERVE AS A DIRECTOR AND CHAIR OF THE BOARD UNTIL SUCH TIME AS HE RESIGNS, DIES OR BECOMES INCAPACITATED, AND IRA C. MAGAZINER, WHO SHALL SERVE AS A DIRECTOR AND VICE CHAIR OF THE BOARD FOR SO LONG AS HE REMAINS AN EMPLOYEE OR CONSULTANT OF THE CORPORATION OR UNTIL SUCH TIME AS HE RESIGN, DIES OR BECOMES INCAPACITATED.

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

EXPLANATION: THE ACCOUNTING MANAGER COLLECTS AND CONSOLIDATES THE INFORMATION AFTER THE 2013 AUDIT IS COMPLETED. THE RETURN IS PREPARED BY OUR EXTERNAL TAX ADVISOR. THE GLOBAL CONTROLLER, SENIOR DIRECTOR OF FINANCE AND OPERATIONS, AND THE CFO REVIEW THE FORM 990, WHICH IS SUBSEQUENTLY REVIEWED BY THE AUDIT COMMITTEE. THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE 990 AT A MEETING PRIOR TO THE FILING OF THE FORM 990.

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

EXPLANATION: INTERESTED PERSONS MUST DISCLOSE ANY TRANSACTION OR ARRANGEMENT WHICH RESULTS IN A CONFLICT OF INTEREST TO THE BOARD OR COMMITTEE OF WHICH THEY ARE A MEMBER. THE BOARD MEETS, REVIEWS AND DISCUSSES ANY DISCLOSED CONFLICT OF INTEREST. CHAI SHALL TAKE APPROPRIATE DISCIPLINARY ACTIONS, AS DETERMINED BY THE BOARD, WITH RESPECT TO AN INTERESTED PERSON WHO HAS VIOLATED THE CONFLICT OF INTEREST POLICY. THIS APPLIES TO DIRECTORS, OFFICERS, KEY EMPLOYEES, OR COMMITTEE MEMBERS AND ALL OTHERS WHO ARE PERMITTED TO VOTE AT BOARD OF DIRECTOR MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:

332212  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

EXPLANATION: CHAI CONTRACTED WITH AN OUTSIDE CONSULTANT IN 2011 TO CONDUCT  
A MANAGEMENT STUDY TO HELP ASSIST IN DETERMINING EXECUTIVE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE  
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII:

EXPLANATION: THE COMPENSATION REPORTED ON PART VII FOR IRA MAGAZINER  
REPRESENTS COMPENSATION FOR HIS SERVICES TO CHAI AS CEO. SEPARATELY,  
THE CLINTON FOUNDATION HAS A CONSULTING AGREEMENT WITH SJS ADVISORS, OF  
WHICH IRA MAGAZINER IS A PRINCIPAL. THE CLINTON FOUNDATION PAID SJS  
ADVISORS \$124,980 FOR SERVICES RELATED TO THE CLINTON FOUNDATION'S  
CLINTON CLIMATE INITIATIVE.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**CLINTON HEALTH ACCESS INITIATIVE, INC.**

Employer identification number

**27-1414646**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
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|  |                         |   |                     |                           |                                     |

**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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| CLINTON FOUNDATION - 31-1580204<br>1200 PRESIDENT CLINTON AVENUE<br>LITTLE ROCK, AR 72201              | ECONOMIC DEVELOPMENT    | ARKANSAS  | 501(C)(3)                     | LINE 7  | N/A                                 |  | X  |
| WILLIAM J. CLINTON FOUNDATION - UK<br>610 PRESIDENT CLINTON AVE, 2ND FLOOR<br>LITTLE ROCK, AR 72201    | FUNDRAISING             | UNITED KINGDOM                                      | N/A                           | N/A   | CLINTON<br>FOUNDATION               | X  |    |
| CLINTON GLOBAL INITIATIVE, INC. - 27-1551550<br>1200 PRESIDENT CLINTON AVENUE<br>LITTLE ROCK, AR 72201 | INITIATIVE              | ARKANSAS  | 501(C)(3)                     | LINE 11A, I   | CLINTON<br>FOUNDATION               | X  |    |
| CLINTON FOUNDATION INSALINGSSTIFTELSE<br>TORNGREN MAGNELL VAST TRADGARD<br>STOCKHOLM, SWEDEN           | FUNDRAISING             | SWEDEN  | N/A                           | N/A   | CLINTON<br>FOUNDATION               | X  |    |

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

Schedule R (Form 990) 2013

**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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|  |                         |   |                                     |  |                                 |  |                                |   |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)

Yes No

**1a** X**1b** X**1c** X**1d** X**1e** X**1f** X**1g** X**1h** X**1i** X**1j** X**1k** X**1l** X**1m** X**1n** X**1o** X**1p** X**1q** X**1r** X**1s** X**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1)                                 |                                  |                        |  |
| (2)                                 |                                  |                        |  |
| (3)                                 |                                  |                        |  |
| (4)                                 |                                  |                        |  |
| (5)                                 |                                  |                        |  |
| (6)                                 |                                  |                        |  |

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

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

[illegible]



## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).



Form **990-T****Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**

OMB No. 1545-0687

Department of the Treasury  
Internal Revenue Service

For calendar year 2013 or other tax year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 2013.

▶ See separate instructions.

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**2013**Open to Public Inspection for  
501(c)(3) Organizations Only

|   |                      |  |  |
|---|----------------------|--|--|
| <b>A</b> <input type="checkbox"/> Check box if address changed  | <b>Print or Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)               | <b>D Employer identification number</b><br>(Employees' trust, see instructions.) |
| <b>B Exempt under section</b>   |                      | BILL, HILLARY & CHELSEA CLINTON FOUNDATION   | 31-1580204   |
| <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) |                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br>610 PRESIDENT CLINTON AVE. 2ND FLOOR | <b>E Unrelated business activity codes</b><br>(See instructions.)                |
| <b>C Book value of all assets at end of year</b><br>277,805,820.  |                      | City or town, state or province, country, and ZIP or foreign postal code<br>LITTLE ROCK, AR 72201              | 722320 453220  |
| <b>F Group exemption number (See instructions.) ▶</b>   |                      |  |  |
| <b>G Check organization type ▶</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust  |                      |  |  |

**H Describe the organization's primary unrelated business activity. ▶ CATERING AND MUSEUM SALES****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶**J** The books are in care of ▶ ANDREW KESSEL Telephone number ▶ (501) 748-0471

| Part I Unrelated Trade or Business Income |  |            |             | (A) Income | (B) Expenses | (C) Net    |
|---|--|------------|-------------|------------|--------------|------------|
| 1a  | Gross receipts or sales  | 2,281,306. |             |            |              |            |
| b   | Less returns and allowances  |            | c Balance ▶ | 1c         | 2,281,306.   |            |
| 2   | Cost of goods sold (Schedule A, line 7) . . . . .                                    |            |             | 2          | 855,847.     |            |
| 3   | Gross profit. Subtract line 2 from line 1c . . . . .                                 |            |             | 3          | 1,425,459.   | 1,425,459. |
| 4a  | Capital gain net income (attach Form 8949 and Schedule D)                            |            |             | 4a         |              |            |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . .                 |            |             | 4b         |              |            |
| c   | Capital loss deduction for trusts . . . . .  |            |             | 4c         |              |            |
| 5   | Income (loss) from partnerships and S corporations (attach statement)                |            |             | 5          |              |            |
| 6   | Rent income (Schedule C) . . . . .   |            |             | 6          |              |            |
| 7   | Unrelated debt-financed income (Schedule E) . . . . .                                |            |             | 7          |              |            |
| 8   | Interest, annuities, royalties, and rents from controlled organizations (Schedule F) |            |             | 8          |              |            |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     |            |             | 9          |              |            |
| 10  | Exploited exempt activity income (Schedule I) . . . . .                              |            |             | 10         |              |            |
| 11  | Advertising income (Schedule J) . . . . .  |            |             | 11         |              |            |
| 12  | Other income (See instructions; attach schedule.) . . . . .                          |            |             | 12         |              |            |
| 13  | Total. Combine lines 3 through 12 . . . . .  |            |             | 13         | 1,425,459.   | 1,425,459. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|    |  |     |            |
|----|--|-----|------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) . . . . .   | 14  |            |
| 15 | Salaries and wages . . . . .   | 15  | 875,975.   |
| 16 | Repairs and maintenance . . . . .  | 16  | 1,668.     |
| 17 | Bad debts . . . . .  | 17  | 142.       |
| 18 | Interest (attach schedule) . . . . .   | 18  |            |
| 19 | Taxes and licenses . . . . .   | 19  | 79,307.    |
| 20 | Charitable contributions (See instructions for limitation rules.) . . . . .  | 20  |            |
| 21 | Depreciation (attach Form 4562) . . . . .  | 21  |            |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return . . . . .  | 22a |            |
| 23 | Depletion . . . . .  | 22b |            |
| 24 | Contributions to deferred compensation plans . . . . .   | 23  |            |
| 25 | Employee benefit programs . . . . .  | 24  | 27,651.    |
| 26 | Excess exempt expenses (Schedule I) . . . . .  | 25  | 314,079.   |
| 27 | Excess readership costs (Schedule J) . . . . .   | 26  |            |
| 28 | Other deductions (attach schedule) . . . . . ATTACHMENT 1 . . . . .  | 27  |            |
| 29 | Total deductions. Add lines 14 through 28 . . . . .  | 28  | 328,303.   |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13   | 29  | 1,627,125. |
| 31 | Net operating loss deduction (limited to the amount on line 30) . . . . .  | 30  | -201,666.  |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .   | 31  |            |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) . . . . .   | 32  | -201,666.  |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . . | 33  | 1,000.     |
|    |  | 34  | -201,666.  |

**Part III Tax Computation**

|  |            |
|--|------------|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:                     |            |
| <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ (2) \$ (3) \$  |            |
| <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$<br>(2) Additional 3% tax (not more than \$100,000) \$  |            |
| <b>c</b> Income tax on the amount on line 34   | <b>35c</b> |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | <b>36</b>  |
| <b>37 Proxy tax.</b> See instructions  | <b>37</b>  |
| <b>38 Alternative minimum tax</b>  | <b>38</b>  |
| <b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies  | <b>39</b>  |

**Part IV Tax and Payments**

|  |            |   |
|--|------------|---|
| <b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | <b>40a</b> |   |
| <b>b</b> Other credits (see instructions)  | <b>40b</b> |   |
| <b>c</b> General business credit. Attach Form 3800 (see instructions)  | <b>40c</b> |   |
| <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)  | <b>40d</b> |   |
| <b>e Total credits.</b> Add lines 40a through 40d  | <b>40e</b> |   |
| <b>41</b> Subtract line 40e from line 39   | <b>41</b>  |   |
| <b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | <b>42</b>  |   |
| <b>43 Total tax.</b> Add lines 41 and 42   | <b>43</b>  | 0 |
| <b>44 a</b> Payments: A 2012 overpayment credited to 2013  | <b>44a</b> |   |
| <b>b</b> 2013 estimated tax payments   | <b>44b</b> |   |
| <b>c</b> Tax deposited with Form 8868  | <b>44c</b> |   |
| <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)  | <b>44d</b> |   |
| <b>e</b> Backup withholding (see instructions)   | <b>44e</b> |   |
| <b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)  | <b>44f</b> |   |
| <b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total  | <b>44g</b> |   |
| <b>45 Total payments.</b> Add lines 44a through 44g  | <b>45</b>  |   |
| <b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached   | <b>46</b>  |   |
| <b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed   | <b>47</b>  |   |
| <b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid   | <b>48</b>  |   |
| <b>49</b> Enter the amount of line 48 you want: <b>Credited to 2014 estimated tax</b> <b>Refunded</b>  | <b>49</b>  |   |

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

|   |            |           |
|---|------------|-----------|
| <b>1</b> At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <b>SEE ATTACHED</b> | <b>Yes</b> | <b>No</b> |
| <b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.  |            | X         |
| <b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$   |            |           |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **FIFO**

|  |           |          |   |            |           |
|--|-----------|----------|---|------------|-----------|
| <b>1</b> Inventory at beginning of year                    | <b>1</b>  |          | <b>6</b> Inventory at end of year   | <b>6</b>   |           |
| <b>2</b> Purchases   | <b>2</b>  | 855,847. | <b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | <b>7</b>   | 855,847.  |
| <b>3</b> Cost of labor                                     | <b>3</b>  |          | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | <b>Yes</b> | <b>No</b> |
| <b>4 a</b> Additional section 263A costs (attach schedule) | <b>4a</b> |          |   |            | X         |
| <b>b</b> Other costs (attach schedule)                     | <b>4b</b> |          |   |            |           |
| <b>5 Total.</b> Add lines 1 through 4b                     | <b>5</b>  | 855,847. |   |            |           |

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 taxpayer) is based on all information of which preparer has any knowledge.

|                  |                      |      |       |   |
|------------------|----------------------|------|-------|---|
| <b>Sign Here</b> | Signature of officer | Date | Title | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------|----------------------|------|-------|---|

|                               |   |                      |      |   |                  |
|-------------------------------|---|----------------------|------|---|------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                    | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN             |
|                               | Firm's name <b>PRICEWATERHOUSECOOPERS LLP</b> |                      |      |   | <b>P01080295</b> |
|                               | Firm's address <b>300 MADISON AVENUE</b>      |                      |      | Firm's EIN <b>13-4008324</b>                    |                  |
|                               | <b>NEW YORK, NY 10017</b>                     |                      |      | Phone no. <b>646-471-3000</b>                   |                  |

NEW YORK, NY 10017

Form **990-T** (2013)

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

**2. Rent received or accrued**

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | Total   |   |

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income (see instructions)**

| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|---|---|---|--|---|
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
| Totals . . . . . ▶  |   |   | Enter here and on page 1, Part I, line 7, column (A).                        | Enter here and on page 1, Part I, line 7, column (B).               |
| <b>Total dividends-received deductions</b> included in column 8 . . . . . ▶                       |   |   |  |   |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable Income  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                  |
|--------------------|---|-------------------------------------|--|---|
| (1)                |   |                                     |  |   |
| (2)                |   |                                     |  |   |
| (3)                |   |                                     |  |   |
| (4)                |   |                                     |  |   |
| Totals . . . . . ▶ |   |                                     | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).          | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                   | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---|--|---------------------------------|---|
| (1)                      |   |  |                                 |   |
| (2)                      |   |  |                                 |   |
| (3)                      |   |  |                                 |   |
| (4)                      |   |  |                                 |   |
|                          | Enter here and on page 1, Part I, line 9, column (A). |  |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
| <b>Totals</b> . . . . .  |   |  |                                 |   |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
|                                      | Enter here and on page 1, Part I, line 10, col. (A).      | Enter here and on page 1, Part I, line 10, col. (B).                        |  |   |                                      | Enter here and on page 1, Part II, line 26.                                      |
| <b>Totals</b> . . . . .              |   |   |  |   |                                      |  |

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                                | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)  |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals</b> (carry to Part II, line (5)) . . . . . |                             |                             |  |                       |                     |   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                        | 2. Gross advertising income                          | 3. Direct advertising costs                          | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|--|-----------------------|---------------------|---|
| (1)  |  |  |  |                       |                     |   |
| (2)  |  |  |  |                       |                     |   |
| (3)  |  |  |  |                       |                     |   |
| (4)  |  |  |  |                       |                     |   |
| <b>Totals from Part I</b>                    |  |  |  |                       |                     |   |
|  | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). |  |                       |                     | Enter here and on page 1, Part II, line 27.                                       |
| <b>Totals, Part II</b> (lines 1-5) . . . . . |  |  |  |                       |                     |   |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name   | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|--|--|
| (1)   |          |  | %  |
| (2)   |          |  | %  |
| (3)   |          |  | %  |
| (4)   |          |  | %  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . |          |  |  |

ATTACHMENT 1FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

|                                |          |
|--------------------------------|----------|
| EQUIPMENT RENTAL               | 3,154.   |
| CONSULTING & PROFESSIONAL FEES | 13,339.  |
| OFFICE EXPENSES                | 33,345.  |
| BANK CHARGES                   | 20.      |
| INVENTORY SHRINKAGE            | 35,563.  |
| TECHNOLOGY EXPENSES            | 8,651.   |
| TRAVEL EXPENSES                | 3,578.   |
| PAYROLL EXPENSES               | 2,559.   |
| CREDIT CARD FEES               | 14,968.  |
| MARKETING                      | 22,761.  |
| VOLUNTEER SUPPLIES             | 193.     |
| MISC. EXPENSES                 | 132,922. |
| SECURITY EXPENSES              | 57,250.  |

PART II - LINE 28 - OTHER DEDUCTIONS

328,303.

FEDERAL FOOTNOTES

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

|                                   |           |
|-----------------------------------|-----------|
| CARRYOVER GENERATED YE 12/31/2011 | \$34,437  |
| CARRYOVER GENERATED YE 12/31/2012 | \$180,700 |
| CARRYOVER GENERATED YE 12/31/2013 | \$201,666 |
| TOTAL UTILIZATION                 | NONE      |
| CARRIED FORWARD TO 12/31/2014     | \$416,803 |

FEDERAL FOOTNOTES

FORM 990-T, PART V, LINE 1 INTEREST IN OR A SIGNATURE OR OTHER  
AUTHORITY OVER A FINANCIAL ACCOUNT IN A FOREIGN COUNTRY. AUSTRALIA,  
COLUMBIA, INDIA, KENYA, MALAWI, PERU, RWANDA, UKRAINE, VIETNAM.