

Dear Reader:

The Clinton Foundation creates partnerships between businesses, NGOs, governments, and individuals around the world to transform lives and communities. In pursuit of this mission and in all of our programming and operations, the Foundation aims to work faster, better, and leaner, and has taken steps to ensure that we are operating efficiently. No matter where we're working or which issues we're addressing, our investments, initiatives, and operations are built to be sustainable.

This IRS Form 990 provides important insight into the financial position of the Foundation. In critical, measurable areas – such as what we raise, what we spend, or what our reserves are – our fiscal position is strong.

The Foundation's 2012 Audited Financials show the financial health for the Foundation and its related entities, which are three 501(c)(3) organizations in total: William J. Clinton Foundation, Inc. (now the Bill, Hillary & Chelsea Clinton Foundation as of 2013), Clinton Global Initiative, Inc. (CGI), and Clinton Health Access Initiative, Inc. (CHAI). CGI was merged back into the Bill, Hillary & Chelsea Clinton Foundation in 2013

By law, tax returns for these individual entities are filed separately. For any foundation with multiple entities and a substantial number of multi-year commitments, however, the IRS Form 990 may not provide a clear assessment of a foundation's financial status.

Together, our three entities show a \$7 million surplus of revenues over expenses. CHAI alone shows an \$11 million surplus, including a \$4 million transfer from the Clinton Foundation for operating purposes. This transfer is reflected in the Clinton Foundation's IRS Form 990, which shows accordingly a \$4 million deficit.

A copy of these Consolidated Audited Financials can be found on our website at www.clintonfoundation.org/about.

The Foundation's fiscal strength and continued growth is very encouraging. In the 990, our unrestricted net assets, excluding fixed assets, increased \$2.4 million even as we reported a decrease in assets in two areas. First, when property owned by the

Foundation depreciates, we count that as an expense even though it doesn't cost the Foundation cash in the current year. We account this way in order to comply with FASB rules. Second, when someone makes a financial commitment but later withdraws it, we are required to report that as a loss even though we never received those funds in the first place. Even with both of these adjustments, that we are required to make, the Foundation still did not have to draw from our reserve to fund operations.

This solid financial position enables us to continue to make critical investments in partnerships across the globe. In the first 12 years of the Foundation's existence, we have forged partnerships that are, as of today:

- Providing kids in 20,000 American schools with healthy food choices in an effort to eradicate childhood obesity;
- Helping more than 6.8 million people afford lifesaving HIV/AIDS medications;
- Giving 21,000 African farmers the tools to improve their crops to feed 30,000 people;
- Reducing greenhouse gas emissions by 248 million tons in cities worldwide.

Additionally, members of the Clinton Global Initiative have made nearly 2,500 commitments valued at almost \$88 billion and reaching people in more than 180 countries.

These are extraordinary results that we will build on in the years ahead. A strong, sustainable financial position will help us change more lives in more communities across the globe.

Sincerely,

Indrew Kessel

Andrew Kessel Chief Financial Officer

Independent Auditor's Report and Consolidated Financial Statements

December 31, 2012 and 2011



December 31, 2012 and 2011

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Independent Auditor's Report on Financial Statements and Supplementary Information

Board of Directors Bill, Hillary & Chelsea Clinton Foundation Little Rock, Arkansas

We have audited the accompanying consolidated financial statements of Bill, Hillary & Chelsea Clinton Foundation (formerly William J. Clinton Foundation), which comprise the consolidated statements of financial position as of December 31, 2012 and 2011, the related consolidated statements of activities, cash flows and functional expenses for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 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 these consolidated financial statements based on our audits. We did not audit the 2012 financial statements of CHAI, Inc., a consolidated entity, whose statements reflect total assets constituting 12 percent of consolidated total assets at December 31, 2012, and total revenues constituting 36 percent of consolidated total revenues for the year then ended. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for CHAI, Inc., is based solely on the report of the other auditors. We conducted our audits 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 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 the auditor's 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, the auditor considers internal control relevant to the entity'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 entity's internal control. Accordingly, we express no such opinion.





Board of Directors Bill, Hillary & Chelsea Clinton Foundation Page 2

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, based on our audit and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Bill, Hillary & Chelsea Clinton Foundation as of December 31, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

BKD,LLP

Little Rock, Arkansas September 10, 2013

Consolidated Statements of Financial Position December 31, 2012 and 2011

Assets

	2012	2011
Cash and cash equivalents	\$ 107,066,637	\$ 76,927,021
Assets limited as to use	18,106,977	25,783,376
Accounts receivable	1,008,619	1,625,496
Grants receivable	1,428,051	3,104,293
Beneficial interest in net assets of related entity	3,080,345	-
Contributions receivable, net	12,425,459	19,315,091
Inventory and prepaid expenses	2,540,187	1,430,219
Investments	1,638,057	2,640,096
Property and equipment, net of accumulated depreciation	110,020,451	113,045,397
Total assets	\$ 257,314,783	\$ 243,870,989
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ 8,978,650	\$ 7,677,530
Deferred revenue	36,863,232	32,224,002
Long-term debt	74,985	104,234
Total liabilities	45,916,867	40,005,766
Net Assets		
Unrestricted	46,246,742	45,060,773
Unrestricted, invested in fixed assets	110,020,451	113,045,397
Total unrestricted	156,267,193	158,106,170
Temporarily restricted	54,880,723	45,509,053
Permanently restricted	250,000	250,000

Total net assets

<u>\$ 257,314,783</u> <u>\$ 243,870,989</u>

211,397,916

203,865,223

Consolidated Statements of Activities Years Ended December 31, 2012 and 2011

	2012			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues, Gains and Other Support				
Contributions	\$ 33,047,058	\$ 80,152,460	\$ -	\$ 113,199,518
Grants	114,546,567	-	-	114,546,567
Investment return	33,748	487,358	-	521,106
Other	2,821,730	-	-	2,821,730
Change in interest in net assets of related entity	365,000	2,715,345	-	3,080,345
Net assets released from restrictions	70,858,392	(70,858,392)		
Total revenue, gains and other	221,672,495	12,496,771		234,169,266
Expenses and Losses				
Program services	200,871,074	-	-	200,871,074
Management and general	14,795,588	-	-	14,795,588
Fund raising	7,844,810	-	-	7,844,810
Provision for uncollectible pledges		3,125,101		3,125,101
Total expenses and losses	223,511,472	3,125,101		226,636,573
Change in Net Assets	(1,838,977)	9,371,670	-	7,532,693
Net Assets, Beginning of Year	158,106,170	45,509,053	250,000	203,865,223
Net Assets, End of Year	\$ 156,267,193	\$ 54,880,723	\$ 250,000	\$ 211,397,916

2011					
Unrestricted	Temporarily Restricted	Permanently Restricted	Total		
\$ 54,998,508	\$ 62,420,275	\$-	\$ 117,418,783		
135,753,259	-	-	135,753,259		
145,718	19,108	-	164,826		
6,051,442	-	-	6,051,442		
-	-	-	-		
53,763,498	(53,763,498)				
250,712,425	8,675,885		259,388,310		
231,717,377	-	-	231,717,377		
12,252,415	-	-	12,252,415		
10,504,919	-	-	10,504,919		
	475,000		475,000		
254,474,711	475,000		254,949,711		
(3,762,286)	8,200,885	-	4,438,599		
161,868,456	37,308,168	250,000	199,426,624		
\$ 158,106,170	\$ 45,509,053	\$ 250,000	\$ 203,865,223		

Consolidated Statements of Cash Flows

Years Ended December 31, 2012 and 2011

	2012	2011
Operating Activities		
Change in net assets	\$ 7,532,693	\$ 4,438,599
Items not requiring (providing) operating activities cash flows		
Depreciation	4,752,967	4,703,907
Provision for bad debts	3,125,101	475,000
Change in beneficial interest in net assets of related entity	(3,080,345)	-
Changes in		
Assets limited as to use	7,676,399	60,521,322
Accounts receivable	616,877	39,146
Grants receivable	1,676,242	246,667
Contributions receivable	3,764,531	(6,016,995)
Inventory and prepaid expenses	(1,109,968)	572,396
Accounts payable and accrued expenses	1,301,120	(2,389,459)
Deferred grant revenue	4,639,230	 (52,254,861)
Net cash provided by operating activities	 30,894,847	 10,335,722
Investing Activities		
Purchase of property and equipment	(1,728,021)	(622,866)
Net sales (purchases) of investments	 1,002,039	 (2,655,995)
Net cash used in investing activities	 (725,982)	 (3,278,861)
Financing Activities		
Payment of long-term debt	 (29,249)	 (63,347)
Net cash used in financing activities	 (29,249)	 (63,347)
Increase in Cash and Cash Equivalents	30,139,616	6,993,514
Cash and Cash Equivalents, Beginning of Year	 76,927,021	 69,933,507
Cash and Cash Equivalents, End of Year	\$ 107,066,637	\$ 76,927,021

Consolidated Statements of Functional Expenses Years Ended December 31, 2012 and 2011

			2012	
	Program	Managemer	nt/ Fund	
	Services	General	Raising	Total
Salaries and benefits	\$ 50,184,6	35 \$ 8,671,1	95 \$ 3,755,842	\$ 62,611,672
Direct program expenditures	20,903,2	84 54,4	05 9,237	20,966,926
Professional and consulting	8,790,7	35 1,743,2	27 1,192,664	11,726,626
Conferences and events	8,659,0	58 40,94	41 546,061	9,246,060
UNITAID commodities expense	67,681,5	83		67,681,583
Procurement and shipping	2,080,6	93		2,080,693
Travel	11,569,2	13 723,2	67 1,261,996	13,554,476
Telecommunications	1,410,7	06 197,3	54 16,909	1,624,969
Meetings and trainings	5,202,8	47 100,92	30 9,371	5,313,148
Bank and other fees	208,1	93 321,0	66 1,230	530,489
Occupancy costs	4,040,4	80 593,52	35 250,997	4,885,012
Office expenses	3,340,6	85 252,1	11 67,090	3,659,886
Capital charges	2,179,9	76		2,179,976
Depreciation	4,265,4	77 470,6	96 16,794	4,752,967
Other	10,353,5	09 1,626,8	61 716,619	12,696,989
Totals, year ended				
December 31, 2012	\$ 200,871,0	74 \$ 14,795,5	88 \$ 7,844,810	\$ 223,511,472

	2011			
	Program	Management/	Fund	
	Services	General	Raising	Total
Salaries and benefits	\$ 45,633,512	\$ 6,573,049	\$ 3,729,943	\$ 55,936,504
Direct program expenditures	18,230,373	-	-	18,230,373
Professional and consulting	7,408,004	1,018,902	704,633	9,131,539
Conferences and events	9,606,273	18,481	4,263,232	13,887,986
UNITAID commodities expense	108,338,087	-	-	108,338,087
Procurement and shipping	181,320	-	-	181,320
Travel	10,978,898	707,406	456,725	12,143,029
Telecommunications	1,323,804	130,155	16,267	1,470,226
Meetings and trainings	2,882,739	17,638	543	2,900,920
Bank and other fees	238,215	69,605	1,128	308,948
Occupancy costs	2,853,789	397,034	203,028	3,453,851
Office expenses	2,502,727	404,106	130,497	3,037,330
Capital charges	931,526	-	-	931,526
Depreciation	4,273,380	425,430	5,097	4,703,907
Other	16,334,730	2,490,609	993,826	19,819,165
Totals, year ended				
December 31, 2011	\$ 231,717,377	\$ 12,252,415	\$ 10,504,919	\$ 254,474,711

Note 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 with the mission to improve global health, strengthen economies, promote healthier childhoods, and protect the environment by fostering partnerships among governments, businesses, nongovernmental organizations (NGOs), and private citizens. Throughout the Foundation's history and growth, Secretary Clinton and Chelsea offered their voice, vision, and counsel. To recognize their past contributions and acknowledge their role in shaping the Foundation's future, the Foundation was renamed the Bill, Hillary & Chelsea Clinton Foundation (the Clinton Foundation).

To accomplish its goals, the Clinton Foundation has established separate initiatives, each with a distinct mission but all reflecting the Clintons' vision: to implement sustainable programs that improve access worldwide to investment, opportunity, and lifesaving services now and for future generations. Working in diverse geographic regions and responding to local needs, the initiatives address targeted challenges in the Clinton Foundation's key areas of focus: economic development, climate change, global health, and health and wellness.

These initiatives are as follows:

- The William J. Clinton Presidential Center and Park (the Center) in Little Rock, Arkansas, links the significance of a 20th century American presidency with the ongoing and farreaching work of a global foundation. The Center chronicles and celebrates President Clinton's four decades of helping individuals and communities – at home and around the world – build a better future. The Center includes the Little Rock offices of the Clinton Foundation, the William J. Clinton Presidential Library and Museum, and the University of Arkansas Clinton School of Public Service. The Center is committed to supporting the work of the Clinton Foundation and serving the community by providing a first-class venue for exhibits, events, and educational programs.
- The 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. In addition to four major meetings, CGI held 73 topic-specific events in 2012, designed to support cross-track collaboration. CGI hosts the Annual Meeting, where heads of state, Nobel Prize laureates, hundreds of CEOs, heads of foundations, philanthropists, and directors from NGOs to make commitments; CGI University, which brings together students and youth organizations together to create commitments; and, CGI America to bring together businesses, foundations, nonprofits and government leaders to address economic recovery in the United States.

- The Clinton Climate Initiative (CCI) is implementing programs that create and advance solutions to the core problems driving climate change. In addition to addressing climate change, CCI's programs are also helping to reduce our reliance on oil; thus saving money for individuals and governments, creating jobs and growing economies. In partnership with the C40 Climate Leadership Group (C40), CCI focuses on helping large cities reduce their carbon emissions. Other CCI programs aim to increase energy efficiency through building retrofits; to increase access to clean energy technology and deploy it at the government, corporate, and homeowner levels; and to reverse deforestation by preserving and growing forests.
- The Clinton Health Access Initiative (CHAI) began its work by addressing the HIV/AIDS crisis and strengthening health systems in the developing world. Under the leadership of national governments, CHAI works to lower the prices and improve the availability of lifesaving medicines and diagnostics, lower the cost of and expand access to treatments, and build stronger health care infrastructure in underserved countries. CHAI creates and implements these programs with a sustainable model so that the governments with which they collaborate will eventually run the programs without assistance. CHAI has expanded this model to increase access to treatments for malaria, diarrhea, and tuberculosis; accelerate the rollout of new vaccines; and lower maternal, child, and infant mortality. In January 2010, CHAI became a separate nonprofit organization.
- The Alliance for a Healthier Generation, founded by the Clinton Foundation and the American Heart Association, is leading the charge against the childhood obesity epidemic by engaging directly with industry leaders, educators, parents, doctors and kids themselves. The goal of the Alliance is to reduce the nationwide prevalence of childhood obesity and empower kids nationwide to make healthy lifestyle choices.
- The Clinton Economic Opportunity Initiative (CEO) promotes economic growth in economically distressed and emerging communities by enlisting experienced entrepreneurs to help local businesses compete and succeed. CEO believes that enabling entrepreneurship is one of the strongest ways to create lasting economic growth in underserved communities because it creates jobs, promotes development, and generates wealth in those communities. By creating, implementing, and scaling sustainable models to support entrepreneurship, CEO strives to help entrepreneurs develop the strategic, management, and operational capacity to compete in the marketplace and contribute to their communities.
- The Clinton Development Initiative (CDI) works to give smallholder farmers in Rwanda and Malawi the tools needed to increase their harvests, generate stable incomes, support their families, and improve their communities. CDI works along the entire agricultural value chain and engages with small producers to develop sustainable farm cooperatives, grows seed and commercial crops on its own farms, and partners in the operation of agribusinesses, such as oilseed crushing and input distribution, so that its social missions are financially self-sufficient. At the invitation of the governments of Malawi and Rwanda, CDI works in close collaboration with nongovernmental organizations, social investors, and farmers to help smallholders enter the market ultimately ensuring that communities can sustain themselves. In Rwanda, the Clinton Foundation works in partnership with the Hunter Foundation.

- Launched in 2012, the Clinton Health Matters Initiative (CHMI) works to improve the health and well-being of people across the United States by activating individuals, communities, and organizations to make meaningful contributions to the health of others. CHMI works to implement evidence-based systems, environmental, and investment strategies, with the goals of ultimately reducing the prevalence of preventable diseases, reducing health care costs associated with preventable diseases, and improving the quality of life for people across the United States.
- The Clinton Giustra Sustainable Growth Initiative, which was renamed the Clinton Giustra Enterprise Partnership (CGEP) as of May 2013, established by the Clinton Foundation and Canadian philanthropist Frank Giustra, empowers individuals in developing nations with the tools needed to work themselves out of poverty. CGEP's portfolio of projects in Colombia, Peru, and Mexico provides poor and vulnerable populations with access to marketable skills training and certification, guidance in best agricultural practices, and access to other critical resources, such as health delivery, to enable new opportunities for improved income generation. Other projects target microenterprises with capacity building and market linkages. Additionally, investment funds, including those targeted to Colombia and Haiti, provide access to capital for enterprise creation and growth financing, allowing these firms to become catalysts for job creation.
- The Clinton Foundation has been actively engaged in Haiti since 2009, focusing on economic diversification, private sector investment and job creation in order to create long-term, sustainable economic development. After the 2010 earthquake, President Clinton formed the Clinton Foundation Haiti Fund and raised \$16.4 million from individual donors for immediate relief efforts. Since 2010, the Clinton Foundation has raised a total of \$34 million for Haiti, including relief funds as well as projects focused on restoring Haiti's communities, sustainable development, education and capacity building. In 2012, the Clinton Foundation concentrated on creating sustainable economic growth in the four priority sectors of energy, tourism, agriculture, and apparel/manufacturing, and worked to bring in new investors, develop and support local organizations and businesses, and create access to new markets in these sectors.

In 2012 and 2011, the CGI, the Alliance for a Healthier Generation, and the CHAI operated as separate legal entities. The other initiatives listed above are operated as separate departments of the Clinton Foundation.

Principles of Consolidation

The financial statements for 2012 and 2011 are consolidated and include the accounts of the Clinton Foundation, CGI and CHAI. 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, 2012 and 2011, cash equivalents consisted of money market accounts held with brokers and a repurchase agreement with a financial institution.

At December 31, 2012 and 2011, the Clinton Foundation's cash accounts did not exceed federally insured limits.

Pursuant to legislation enacted in 2010, the FDIC fully insured all noninterest-bearing transaction accounts beginning December 31, 2010, through December 31, 2012, at all FDIC-insured institutions. This legislation expired on December 31, 2012. Beginning January 1, 2013, noninterest-bearing transaction accounts are subject to the \$250,000 limit on FDIC insurance per covered institution.

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.

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other 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, 2012 and 2011, 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

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Clinton Foundation has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Clinton Foundation in perpetuity.

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 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 as 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. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The resulting discount is amortized using the level-yield method and is reported as 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.

Collections of works of art, historical treasures and similar assets are not capitalized in as much as the items are preserved and cared for continuously. Purchases of collection items are reported in the year of acquisition as decreases in unrestricted net assets or in temporarily or permanently restricted net assets if the assets used to purchase the items were restricted to that use by donor stipulation. Contributions of collection items are not reported in the financial statements. Proceeds from disposal of and insurance recoveries related to collection items are reported as increases in the appropriate net asset classes.

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, 2012 and 2011, \$8,317,217 and \$3,718,421, 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.

The Clinton Foundation files tax returns in the U.S. federal jurisdiction. With a few exceptions, the Clinton Foundation is no longer subject to U.S. federal examinations by tax authorities for years before 2009.

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.

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.

Reclassifications

Certain reclassifications have been made to the 2011 financial statements to conform to the 2012 financial statement presentation. These reclassifications had no effect on the change in net assets.

Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

In March 2013, the Clinton Foundation changed its name from William J. Clinton Foundation to Bill, Hillary & Chelsea Clinton Foundation.

In March 2013, the CGI merged all of its activities into the Bill, Hillary & Chelsea Clinton Foundation.

Note 2: Assets Limited as to Use

Assets limited as to use represent the cash available on hand for the UNITAID Commodities Program at December 31:

	2012		2011		
Assets limited as to use	\$	18,106,977	\$	25,783,376	

Note 3: Investments and Investment Return

Investments at December 31 consisted of the following:

	 2012	2011
Equity securities	\$ 7,500	\$ 7,500
Certificates of deposit	-	200,000
Mutual funds	267,491	267,491
Programmatic investments	 1,363,066	2,165,105
	\$ 1,638,057	\$ 2,640,096

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. As of December 31, 2012, the Clinton Foundation recorded impairment losses of approximately \$345,000 on the programmatic investments.

Total investment return as of December 31, is comprised of the following:

	2012			2011		
Interest and dividend income	\$	521,106	\$	164,826		

Note 4: Contributions and Grants Receivable

All contributions receivable are reported as a component of temporarily restricted net assets and consisted of the following at December 31:

	2012	2011
Due within one year	\$ 12,305,685	\$ 19,153,610
Due in one to five years	2,215,790	1,790,790
Due in more than five years	23,831	86,989
	14,545,306	21,031,389
Less		
Allowance for uncollectible contributions	1,526,076	804,215
Unamortized discount	593,771	912,083
	\$ 12,425,459	\$ 19,315,091

CHAI has received conditional promises to give of approximately \$171,947,000 and \$35,300,000 at December 31, 2012 and 2011. These conditional promises to give will not be recognized as an asset or revenue until the conditions are substantially met.

CHAI has future grant commitments from its grantors of approximately \$21,527,000 and \$6,641,000 at December 31, 2012 and 2011, respectively.

Note 5: Property and Equipment

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

	2012	2011	
Land	\$ 943,690	\$ 943,690	
Furniture and equipment	5,479,441	5,514,102	
Buildings and fixtures	135,449,131 134,819		
	141,872,262	141,277,773	
Less accumulated depreciation	31,851,811 28,		
	\$ 110,020,451	\$ 113,045,397	

Note 6: Net Assets

Temporarily Restricted Net Assets

Temporarily restricted net assets on December 31, 2012 and 2011, were available for the following purposes:

	 2012	2011
For future periods (pledges receivable)	\$ 5,110,476	\$ 7,738,399
Haiti relief and recovery	2,340,269	2,338,935
Foundation initiatives	 47,429,978	 35,431,719
	\$ 54,880,723	\$ 45,509,053

Permanently Restricted Net Assets

Permanently restricted net assets at December 31, 2012 and 2011, were restricted to:

	 2012	2011
Investment in perpetuity, the income of which is		
expendable to support speakers' endowment	\$ 250,000	\$ 250,000

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.

	2012	2011
Purpose restrictions accomplished		
Haiti relief and recovery	\$ 733,486	\$ 3,175,620
Foundation initiatives	65,185,330	45,298,053
	<u> </u>	40 472 (72
	65,918,816	48,473,673
Time restrictions expired		
Collection of pledges	4,939,576	5,289,825
	\$ 70,858,392	\$ 53,763,498

Note 7: Operating Leases

The Clinton Foundation's leases are generally month-to-month operating leases for office space both domestically and internationally, while other leases are cancellable in 2011. Rental expense for all operating leases was \$2,337,087 and \$1,780,321 for 2012 and 2011, respectively.

Note 8: 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 \$2,188,386 and \$1,799,731 for 2012 and 2011, respectively.

Notes to Consolidated Financial Statements December 31, 2012 and 2011

Note 9: 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.

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.

Note 10: 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

Assets Limited to Use and 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, 2012 or 2011.

Recurring Measurements

The following table presents the fair value measurements of assets and liabilities in the accompany 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, 2012 and 2011:

			Fair Value Measurements Using			sing		
	Fair Value		Quoted Prices in Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)		Significant Unobservable Inputs (Level 3)	
December 31, 2012								
Money market funds *	\$	603,334	\$	603,334	\$	-	\$	-
Equity securities		7,500		7,500		-		-
Mutual funds		267,491		267,491		-		-
December 31, 2011								
Money market funds *	\$	9,526,471	\$	9,526,471	\$	-	\$	-
Equity securities		7,500		7,500		-		-
Mutual funds		267,491		267,491		-		-

* Included in cash and cash equivalents

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.

Notes to Consolidated Financial Statements

December 31, 2012 and 2011

Programmatic and Other Investments

The carrying amount approximates fair value.

Long-term Debt

The carrying amount approximates fair value.

The following table presents estimated fair values of the Clinton Foundation's financial instruments at December 31, 2012 and 2011:

	2012		20	11
	Carrying	Fair	Carrying	Fair
	Amount	Value	Amount	Value
Financial assets				
Cash and cash equivalents	\$ 107,066,637	\$ 107,066,637	\$ 76,927,021 \$	\$ 76,927,021
Assets limited as to use	18,106,977	18,106,977	25,783,376	25,783,376
Contributions receivable, net	12,425,459	12,425,459	19,315,091	19,315,091
Investments	1,638,057	1,638,057	2,640,096	2,640,096
Financial liabilities Long-term debt	74,985	74,985	104,234	104,234

Note 11: 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 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 \$3,080,345 and \$0 at December 31, 2012 and 2011, respectively.

Note 12: 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 2012 and 2011, the Clinton Foundation received from CGSGI Canada approximately \$4,600,000 and \$8,900,000, respectively. At December 31, 2012, the Clinton Foundation had a contribution receivable from CGSGI Canada of \$948,899.

Note 13: 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:

Assets in Foreign Countries

The Clinton Foundation maintains cash balances and equipment in Asia, Africa and South America. At December 31, 2012 and 2011, the Clinton Foundation had approximately \$14.0 million and \$11.8 million, respectively, deposited in foreign banks and equipment with an approximate net book value of \$3.3 million and \$1.45 million, respectively, in foreign countries.

Grants

UNITAID contributed approximately \$81,000,000 and \$130,000,000 in 2012 and 2011, 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.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung Department of the Tressury Durder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung Department Revenue Service Durder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung Department Revenue Service Durder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung Department Revenue Service Durder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung Department Revenue Service Durder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung Department Revenue Revenue Code (except black lung Department Revenue	Form	990	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 628, 241. 2, 266, 216. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 57, 147, 869. 54, 712, 950. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 18, 382, 051. 18, 438, 574. 16 Berofits paid to or for members (Part IX, column (A), line 10) 183, 000. 204, 179. b Total fundraling fees (Part IX, column (A), line 116, 116, 241 32, 231, 112. 32, 017, 657. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 57, 606, 827. 58, 751, 896. 19 Revenue less expenses. Subtract line 18 from line 12. -458, 958. -4, 038, 948. 19 Revenue less expenses. Subtract line 21 from line 20. 187, 628, 983. 183, 590, 035. 20 Total assets (Part X, line 16) 187, 628, 983. 183, 590, 035. 21 Total liabilities (Part X, line 26) 187, 628, 983. 183, 590, 035.	\$ 10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d) PUBLIC INSPECTION	68,42	3. 487,358.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		Other rever	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	628,24	1. 2,266,216.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 18, 382, 051. 18, 438, 574. 16 a Professional fundralsing tees (Part IX, column (A), line 25) 5, 251, 268. 183, 000. 204, 179. 17 Other expenses (Part IX, column (A), line 25) 5, 251, 268. 32, 231, 112. 32, 017, 657. 18 Total fundralsing expenses (Part IX, column (A), line 25) 57, 606, 827. 58, 751, 898. 19 Revenue less expenses. Subtract line 18 from line 12. 57, 606, 827. 58, 751, 898. 19 Revenue less expenses. Subtract line 18 from line 20. 10, 261, 131. 42, 113, 239. 20 Total assets (Part X, line 16). 10, 261, 131. 42, 113, 239. 21 Total liabilities (Part X, line 26). 187, 628, 983. 183, 590, 035. Part II Signature Block 10, 261, 131. 42, 113, 239. 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, belarding of preparer (other thenofficer) is based or phill normation or which preparer has any knowledge. 11/15/2.26/3.	12	Total reven	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,147,86	9. 54,712,950.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 <t< td=""><td>13</td><td></td><td></td><td>6,810,66</td><td>4. 8,091,488.</td></t<>	13			6,810,66	4. 8,091,488.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 18, 382, 051. 18, 438, 574. 16 a Professional fundralsing expenses (Part IX, column (A), line 11e) 183, 000. 204, 179. b Total fundralsing expenses (Part IX, column (A), line 25) 5, 251, 268. 32, 231, 112. 32, 017, 657. 17 Other expenses (Part IX, column (A), line 25) 57, 606, 827. 58, 751, 898. -4, 038, 948. 19 Revenue less expenses. Subtract line 18 from line 12. 57, 606, 827. 58, 751, 898. -4, 038, 948. 19 Revenue less expenses. Subtract line 18 from line 12. -458, 958. -4, 038, 948. 10 20 Total assets (Part X, line 16) 10, 261, 131. 42, 113, 239. 20 Total assets (Part X, line 26) 10, 261, 131. 42, 113, 239. 21 Total liabilities (Part X, line 26) 10, 261, 131. 42, 113, 239. 22 Net assets or fund balances. Subtract line 21 from line 20. 187, 628, 983. 183, 590, 035. Part II Signature Block Signature of officer Date 10/15/12. 10.15/12. 10.15/12. 10.15/12. 10.15/12. 10.15/12. 10.15/12. 10.15/12. 10.15/12.	14	Benefits pa	Id to or for members (Part IX, column (A), line 4)		0 0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 32, 231, 112. 32, 017, 657. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 57, 606, 827. 58, 751, 898. 19 Revenue less expenses. Subtract line 18 from line 12. -458, 958. -4, 038, 948. 19 Revenue less expenses. Subtract line 18 from line 12. 107, 890, 114. 225, 703, 274. 20 Total assets (Part X, line 16) 197, 890, 114. 225, 703, 274. 21 Total liabilities (Part X, line 26) 10, 261, 131. 42, 113, 239. 22 Net assets or fund balances. Subtract line 21 from line 20. 187, 628, 983. 183, 590, 035. Part II Signature Block 107, 261, 131. 42, 113, 239. Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete, Opclareting of preparer (other than/officer) is based oryali information of which preparer has any knowledge. Date 11 (15/2.2013) Signature of officer Interface from time and title Preparer's signature Date P111 Paid Print name and title Preparer's signature Date P111/5/13 P111 Paid Prim's address P.O. BOX 3667 LITTLE ROCK, AR 72203-3667	8 15			18,382,05	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 32, 231, 112. 32, 017, 657. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 57, 606, 827. 58, 751, 898. 19 Revenue less expenses. Subtract line 18 from line 12. -458, 958. -4, 038, 948. 19 Revenue less expenses. Subtract line 18 from line 12. 107, 890, 114. 225, 703, 274. 20 Total assets (Part X, line 16) 197, 890, 114. 225, 703, 274. 21 Total liabilities (Part X, line 26) 10, 261, 131. 42, 113, 239. 22 Net assets or fund balances. Subtract line 21 from line 20. 187, 628, 983. 183, 590, 035. Part II Signature Block 107, 261, 131. 42, 113, 239. Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete, Opclareting of preparer (other than/officer) is based oryali information of which preparer has any knowledge. Date 11 (15/2.20/3) Sign Imm of officer Imm of Mitter Pint/75/1.3 End of Vear Paid Print name and title Pint/75/2.667 Pint Imm officer) Pol353262 Imm saddress P.O. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. 501-372-1040 Pol1353262	S 16:	a Professiona	al fundraising fees (Part IX, column (A), line 11e)	. 183,00	0. 204,179.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 32, 231, 112. 32, 017, 657. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 57, 606, 827. 58, 751, 898. 19 Revenue less expenses. Subtract line 18 from line 12. -458, 958. -4, 038, 948. 19 Revenue less expenses. Subtract line 18 from line 12. 107, 890, 114. 225, 703, 274. 20 Total assets (Part X, line 16) 197, 890, 114. 225, 703, 274. 21 Total liabilities (Part X, line 26) 10, 261, 131. 42, 113, 239. 22 Net assets or fund balances. Subtract line 21 from line 20. 187, 628, 983. 183, 590, 035. Part II Signature Block 107, 261, 131. 42, 113, 239. Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete, Opclareting of preparer (other than/officer) is based oryali information of which preparer has any knowledge. Date 11 (15/2.20/3) Sign Imm of officer Imm of Mitter Pint/75/1.3 End of Vear Paid Print name and title Pint/75/2.667 Pint Imm officer) Pol353262 Imm saddress P.O. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. 501-372-1040 Pol1353262	A I	b Total fundra	aising expenses (Part IX, column (D), line 25) 5, 251, 268.	- Section 2.	
19 Revenue less expenses. Subtract line 18 from line 12	17	Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24f)		
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 197, 890, 114. 225, 703, 274. 21 Total liabilities (Part X, line 26) 10, 261, 131. 42, 113, 239. 22 Net assets or fund balances. Subtract line 21 from line 20 187, 628, 983. 183, 590, 035. Part II Signature Block 187, 628, 983. 183, 590, 035. Under penalties of perjury. I declare that I have examined this return, including, accompanying schedules and slatements, and to the best of my knowledge and bellef, it is true, correct, and complete, Declaration of preparer (other than/officer) is based or all information of which preparer has any knowledge. Date Sign Image: Check if Date Image: Check if Paid Print/Type or print name and title Preparer's signature Date Preparer Image: Check if PTIN Use Only ERN IE SKYRME Preparer's signature Date Firm's name BKD, LLP EN Point saddress P10. For Paperwork Reduction Act Notice, see the separate instructions					and the second s
Part II Signature Block Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaretion of preparer (other than officer) is based or all information of which preparer has any knowledge. Sign Here Signature of officer Date Image: Check if self- employed Print/Type preparer's name Preparer's signature Date Check if self- employed P11/15/13 P11N Paid Preparer's name BKD, LLP Preparer's signature Date Check if self- employed P11/15/13 P11N Firm's name BKD, LLP EIN P10. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. \$501-372-1040 May the IRS discuss this return with the preparer shown above? (see instructions)	19	Revenue le	ss expenses. Subtract line 18 from line 12		
Part II Signature Block Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaretion of preparer (other than officer) is based or all information of which preparer has any knowledge. Sign Here Signature of officer Date Image: Check if self- employed Print/Type preparer's name Preparer's signature Date Check if self- employed P11/15/13 P11N Paid Preparer's name BKD, LLP Preparer's signature Date Check if self- employed P11/15/13 P11N Firm's name BKD, LLP EIN P10. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. \$501-372-1040 May the IRS discuss this return with the preparer shown above? (see instructions)					
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Part II Signature Block Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaretion of preparer (other than officer) is based or all information of which preparer has any knowledge. Sign Here Signature of officer Date Image: Check if self- employed Print/Type preparer's name Preparer's signature Date Check if self- employed P11/15/13 P11N Paid Preparer's name BKD, LLP Preparer's signature Date Check if self- employed P11/15/13 P11N Firm's name BKD, LLP EIN P10. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. \$501-372-1040 May the IRS discuss this return with the preparer shown above? (see instructions)	A 21			1	
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 oryall information of which preparer has any knowledge. Sign Signature of officer Date Image: Application of preparer 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 oryall information of which preparer has any knowledge. Sign Signature of officer Date Image: Application of preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date Image: Application of preparer's name Preparer's signature Date Firm's name BKD, LLP EIN Point/Type preparer's name Firm's address P.O. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. \$501-372-1040 May the IRS discuss this return with the preparer shown above? (see instructions) Type 0 (2012) For Paperwork Reduction Act Notice, see the separate instructions. For 990 (2012)	호금 22			187,628,98	3. 183, 590, 035.
Sign Here Signature of officer Multiple Signature of officer ANDRGW NESSEL CFU Date Type or print name and title Preparer's signature Date II/15/13 PTIN Paid Print/Type preparer's name Preparer's signature Date II/15/13 PTIN Firm's name BKD, LLP EIN PO1353262 P101353262 Firm's address P.O. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. 501-372-1040 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. For 990 (2012) For 990 (2012)					
Here Signature of officer Date Date Here Here Here Here Here Here Date Here Paid Print/Type or print name and title Preparer's signature Date Check if PTIN Preparer ERNIE SKYRME Enne Preparer's signature Date If If S/I3 POI353262 Firm's name BKD, LLP EIN EIN POI353262 Firm's address P.O. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. 501-372-1040 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)	correct,	and complete, (y, i declare that thave examined this fectul, incidently accompanying schedules and stateme reclaration of preparer (other than officer) is based oryali information of which preparer has a	ny knowledge.	owiedge and beller, it is true,
Here Signature of officer Date Date Here Here Here Here Here Here Date Here Preparer Here Here Here Here Here Here Here Here Here Paid Preparer Preparer's name Preparer's signature Date Check if PTIN Preparer ERNIE SKYRME Here's signature Date Here's self-employed P01353262 Firm's name BKD, LLP EIN EIN P01353262 Firm's address P.O. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. 501-372-1040 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012) Form 990 (2012)	01	. /.	has it that		
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Print/Type or print name and title Preparer's signature Date Check if self-employed PTIN Preparer Use Only Firm's name BKD, LLP EIN P01353262 Firm's address P.O. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. 501-372-1040 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012) Form 990 (2012)	nere	U Olgina		Date	15/2013
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Paid Preparer Use Only ERNIE SKYRME Emil Mumb II/IS/I3 self- employed P01353262 Firm's name BKD, LLP EIN EIN EIN EIN EIN Firm's address P.O. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. > 501-372-1040 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012) Form 990 (2012)				Check if	DTIN
Preparer Use Only Firm's name BKD, LLP EIN Firm's address P.O. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. 501-372-1040 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. For 990 (2012) SA	Paid			self-	
Use Only P.O. BOX 3667 LITTLE ROCK, AR 72203-3667 Phone no. > 501-372-1040 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. For 990 (2012) For 990 (2012)	Prepare	r			P01353262
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012) SA	Use Onl	y		and the second s	01 272 1040
For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)	Maythe				
JSA				<u></u>	
	JSA		onon Aut notice, see the separate hish deutits.		rom 990 (2012)

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PAGE 2

(Rev. January 2013)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Х

►	File	а	separate	application	for	each	return.	
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If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time
to file income tax returns Enter filer's identifying number see instructions

		Enter mer sidentifying number, see mat dettons
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	WILLIAM J. CLINTON FOUNDATION	31-1580204
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for filing your	1200 PRESIDENT CLINTON AVENUE	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	LITTLE ROCK, AR 72201	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ ANDREW KESSEL

т					
	elephone No. ► 501 748-0471 FAX No. ►				
	the organization does not have an office or place of business in the United States, check this box				
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			this is	
for t	he whole group, check this box \blacktriangleright $lacksquare$. If it is for part of the group, check this box $lacksquare$		and a	attach	
<u>a list</u>	with the names and EINs of all members the extension is for.				
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time				
	until 08/15, 20 13, to file the exempt organization return for the organization named al	bove	e. The	e extension	is
	for the organization's return for:				
	► X calendar year 2012 or				
	▶ tax year beginning, 20, and ending,	20			
	, <u> </u>				
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final retur	n			
2	Change in accounting period	11			
30	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
Ja					
	nonrefundable credits. See instructions.	3a	\$		
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS				
	(Electronic Federal Tax Payment System). See instructions.	3c	\$		
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO fo	r pay	/ment	t instructions	s.
For F	Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form	n 886	68 (Rev. 1-20	J13)

Form 8868 (Rev. 1-2013)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Pan	Contract of the local division of the local	Additional (Not Automatic) 3-Month			ninal (no copies needed).	
10-10-1		· · · · · · · · · · · · · · · · · · ·	i		nter filer's identifying number, se	ee instructions
		Name of exempt organization or other filer, see	e instructions.		Employer identification number ((EIN) or
Туре	e or					
print		WILLIAM J. CLINTON FOUNDATIO	ON		31-1580204	
-	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)					
File by due da		1200 PRESIDENT CLINTON AVEN	UE			
filing y		City, town or post office, state, and ZIP code.	For a f oreign ac	dress, see instructions.		
return. See instructions. LITTLE ROCK, AR 72201						
Ente	r the Re	eturn code for the return that this application	on is for (file	a separate application for ea	ach return)	01
	ication		Return	Application		Return
ls Fo	r		Code	ls For		Code
Form	1 990 or	Form 990-EZ	01			
Form	990-Bl	L	02	Form 1041-A		08
Form	1 4720	(individual)	03	Form 4720		09
Form	990-PF		04	Form 5227		10
Form	1 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
-		(trust other than above)	06	Form 8870		12
STO	P! Do n	ot complete Part II if you were not alread	dy granted a	n automatic 3-month exter	nsion on a previously filed Fo	rm 8868.
e Th	ne book	s are in the care of ⊳ ANDREW KESSEI				
Τe	elephon	eNo. ▶ 501 748-0471		FAX No. 🕨	·	
		anization does not have an office or place	of business i	n the United States, check t	his box	
		or a Group Return, enter the organization's				
for th	ne whole	e group, check this box	. If it is for p	art of the group, check this	box and a	ttach a
		names and EINs of all members the extens				
4		st an additional 3-month extension of time			.1/15_, 20_13	
5	For cal	lendar year <u>2012</u> , or other tax year begi	nning			, 20
6		ax year entered in line 5 is for less than 12				
	Пс	hange in accounting period				
7		n detail why you need the extension				
	ADDIT	IONAL TIME IS REQUIRED TO ACC	CUMULATE	THE INFORMATION NE	CESSARY TO	
		A COMPLETE AND ACCURATE RETUR				
8a	If this	application is for Form 990-BL, 990-PF,	990-T, 4720	0, or 6069, enter the ten	tative tax, less any	
		undable credits. See instructions.			8a \$	
b	If this	application is for Form 990-PF, 990-	T, 4720, o	r 6069, enter any refun	idable credits and	
	estima	ted tax payments made. Include any	prior year of	overpayment allowed as	a credit and any	
	amoun	t paid previously with Form 8868.	-	-	8b \$	
с	-	e Due. Subtract line 8b from line 8a. Inclu	de your payn	nent with this form, if requi	red, by using EFTPS	
	(Electr	onic Federal Tax Payment System). See ins	tructions.		8c \$	
	·			ist be completed for P		
Under	penalties	of perjury, I declare that I have examined this for		-	-	edge and belief.
		t, and complete, and that I am authorized to prepare thi	•			
		$\mathcal{C} \sim 0/$		$\sim \Lambda_{\Lambda}$		1. 1.
Signat	ture 🕨	Emie Skyme		Title 🕨 🦪	Date ► 7/	30/13

Form 8868 (Rev. 1-2013)

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

Check if Schedule O contains a response to any question in this Part III	Pa	art III Statement of Program Service Accomplishments	
THE CLINTON POLINEATION WORKS TO TMPROVE SIGNAL HEALTH AND WELLINESS, INCREASE DOPORTUNITY AND GROWTH, AND HELP COMMUNITIES ADDRESS CHER EFFECTS OF CLINATE CHANGE. Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 or 950-E27			X
INCREASE OPPORTUNITY FOR WORKIN AND GIRLS, REDUCE CHILDHOOD DESITY, CREATE ECONOMIC OPPORTUNITY AND SORUTH, AND HELP COMMUNITIES ADDRESS THE EFFECTS OF CLIMATE CHANNES. Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 OE27 If "Ke," describe these new services on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "Ke," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expresses. Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expresses. Schedule O. Describe the organization's are equired to report the amount of grants and allocations to oth the total expresses, and revenue, if any, for each program service reported. a (Code:		Briefly describe the organization's mission:	
CREATE ECONOMIC OPPORTUNITY AND GROWTH, AND HELP COMMUNITIES ADDRESS THE EFFECTS OF CLINATE CHANGE. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "se," describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported. a (Code:) (Expenses \$ 110,000, including grants of \$ 1,01,610.)(Revenue \$) Cutring and any program service.) Clinton Clinate Institute Science (Code) including grants of \$ 1,01,610.)(Revenue \$) Cutring of the service science (Code) including grants of \$ 1,01,610.)(Revenue \$)) Clinton Clinate Institute Science (Code) including grants of \$ 1,01,610.)(Revenue \$) Code:) (Expenses \$ 7,001,000. including grants of \$ 200,220.)(Revenue \$)) THE CLINTON CLINATE INITIATIVE SEE SCHEDULE O FOR FURTHER DETAILS Code:) (Expenses \$ 7,001,000. including grants of \$ 200,220.)(Revenue \$ 130,235.)) CLINDON PRESIDENTIAL CENTER SEE SCHEDULE O FOR FURTHER DETAILS Clintoon PRESIDENTIAL CENTER SEE SCHEDULE O FOR FURTHER DETAILS) Code:) (Expenses \$ 7,001,000. including grants of \$ 200,220.)(Revenue \$ 130,235.) Clintoon PRESIDENTIAL CENTER SEE SCHEDULE O FO			
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Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-E27		CREATE ECONOMIC OPPORTUNITY AND GROWTH, AND HELP COMMUNITIES ADDRESS	
prior Form 980 or 980-527		THE EFFECTS OF CLIMATE CHANGE.	
services?		prior Form 990 or 990-EZ?	
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(Expenses \$ 20,024,241. including grants of \$ 6,678,575.)(Revenue \$ 364,781.) e Total program service expenses ► 47,999,241.		CLINTON PRESIDENTIAL CENTER SEE SCHEDULE O FOR FURTHER DETAILS	
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A Earm 990 (2)		(Expenses \$ 20,024,241. including grants of \$ 6,678,575.) (Revenue \$ 364,781.)	
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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
_	Part III	5		X
6	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			v
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
•	complete Schedule D, Part III	8		
9	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	9		Х
40	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	3		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	10.009999999999999		000000000000000000000000000000000000000
a	complete Schedule D, Part VI	11a	х	
h	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	11b		Х
с	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	11c		Х
d	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	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		X
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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.0		v
. –	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		Х	
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	~	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		Х	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		х
20-5	If "Yes," complete Schedule G, Part III	19 20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
<u>u</u>	in the terms zea, and the organization attach a copy of its addited infancial statements to this retaint?			

Form **990** (2012)

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Par	Checklist of Required Schedules (continued)		N	N-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		x	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	~	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			v
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			ĺ
	If "Yes," complete Schedule L, Part I.	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
26		26		X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
54	or IV, and Part V, line 1	34	X	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
35 a ⊾		55a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51	x	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	~	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			ĺ
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2012)

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			.X
		· · · · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	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 . 275	10003859999999999		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).		X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 25	X	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4 a	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			
		4a	х	
h	If "Yes," enter the name of the foreign country: ► <u>ATTACHMENT</u> 1			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
А	required to file Form 8282?			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders	l		
D	against amounts due or received from them.)			
12 3	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u></u>	<u></u>
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Form 990 (2012)

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in			"No"
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
Ia	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ŭ	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
74	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	_		
-	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	i01(c)	(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inte	rest p	oolicy,
_	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 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201 501-748-0471	ne		
JSA	Organization. Provide Records 1200 Probability of Markon Birthe Rock, RK (2201 - 301-740-04/1		990	(2012)
				_~·~/

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	
	Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	

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.

(B) Average hours per week (list any	box,	unles	heck ss pe	rson	is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
50.00									
	Х		Х				385,046.	0	27,535.
2.00	X						0	0	(
30.00									
	Х						0	0	(
	-		x				168,310.	0	28,481.
50.00								0	26,293.
50.00					v			0	24,877.
50.00									30,086.
50.00					x			0	24,014.
50.00					x			0	19,432.
50.00								0	27,629.
	Average hours per week (list any hours for related organizations below dotted line) 50.00 2.00 2.00 2.00 2.00 30.00 5.00 45.00 50.00 50.00 50.00	Average hours per week (list any hours for related organizations below dotted line) (do r box, office organizations below dotted line) 50.00 7 2.00 2.00 X 2.00 X 30.00 X 55.00 X 5.00 X 5.00 X 5.00 X 5.00 5.00 50.00 5.00 50.00 5.00 50.00 5.000 50.00 5.000 50.000 5.000 50.000 5.000	Average hours per week (list any hours for related organizations below dotted line) (do not cl box, unles officer and restrict of n relited organizations below dotted line) 50.00 5.00 7 difficer restrict to n restrict organizations below dotted line) 50.00 5.00 X 2.00 2.00 X 30.00 5.00 X 45.00 X 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00	Average hours per week (list any hours for related organizations below dotted line)(do not check box, unless pe officer and a co of not viculation freiding transfer t	Average hours per week (list any hours for related organizations below dotted line) (do not check more box, unless person officer and a direct of in institution in its titution in its tits titution is titution is titution is titution is tit	Average hours per week (list any hours for related organizations below dotted line) (do not check more than to box, unless person is both officer and a director/trust of a file cual trustee 0 in in officer and a director/trust officer and	Average hours per week (list any hours for related organizations below dotted line) (do not check more than one box, unless person is both an officer and a director/trustee) or not check more than one box, unless person is both an officer and a director/trustee) organizations below dotted line) or not check more than one box, unless person is both an officer and a director/trustee) 0 not check more than one box, unless person is both an officer and a director/trustee) 0 not check more than one box, unless person is both an officer and a director/trustee) 0 not check more than one box, unless person is both an officer and a director/trustee) 0 not check more than one box, unless person is both an officer and a director/trustee) 0 not check more than one box, unless person is both an officer and a director/trustee) 0 not check more than one box, unless person is both an officer and a director/trustee) 0 50.000 x 0 x x 0 x x 0 x x 0 x x 0 x x 0 x x 0 x x 0 x x 0 x x	Average hours per week (list any hours for related organizations below dotted line)(do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from the organization (W-2/1099-MISC)50.00 2.000701101010101010101010101010101010101000	Average hours per week (list any hours for related organizations below dotted line)(do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from organization (W-2/1099-MISC)Reportable compensation from (W-2/1099-MISC)

BILL, HILLARY & CHELSEA CLINTON FOUNDATION 31-1580204

orm 990 (2012) Part VII Section A. Officers, Directors, Tr	ustees. Ke	v Em	olar	vee	es. a	and H	lia	hest Compensat	ed Employees (Page {
(A) Name and title	(B) Average hours per week (list any hours for	(do r box,	not cl unles	Pos Pos heck ss pe	ition more rson	e than c is both or/trust	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A				 	 		1,581,075. C 1,581,075.	0 0 0	208,347
 Total number of individuals (including but not reportable compensation from the organization 		hose 25		d al	bove	e) who	o re	ceived more than	\$100,000 of	
 B Did the organization list any former offi employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations g <i>individual</i>	dule J for suc sum of rep reater than 	ch ind oortab \$15 mpen	ividi le c i0,0 sati	ual com 00? • • on f	pen <i>If</i>	sation <i>"Yes</i> any	••• •• ••• •••	nd other compensions of the complete schedu	sation from the le J for such	Yes No 3 X 4 X 5 X
 Complete this table for your five highest cor compensation from the organization. Report year. 										
(A) Name and business ac ATTACHMENT 3	dress							(B) Description of se	ervices ((C) Compensation
2 Total number of independent contractors (more than \$100,000 in compensation from t 34				niteo	d to 1		se li	sted above) who	received	Form 990 (201:
Pa	rt VII	Statement of Reve Check if Schedule O c		nse to any quest	tion in this Part VIII	I				
---	---------	--	--------------------	--------------------	------------------------	--	---	---		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
nts nts	1a	Federated campaigns	1a							
Srar	b	Membership dues								
S, G	c	Fundraising events		8,076,510.						
Gift İlar	d	Related organizations		14,647,619.						
ns, Simi	e	Government grants (contribu								
er S	f	All other contributions, gifts, grar	·							
th b		and similar amounts not included	·	28,732,223.						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included	in lines 1a-1f: \$	34,465.						
	h	Total. Add lines 1a-1f	<u></u>	•	51,456,352.					
Program Service Revenue				Business Code						
eve	2a	CHDI & CDI INCOME		900099	333,323.	333,323.				
e R	b	LIBRARY ADMISSIONS		900099	138,243.	138,243.				
<u>vi</u> c	c	LIBRARY ACOUSTIGUIDE REN	TALS	900099	31,458.	31,458.				
Sel	d									
am.	е									
ıbo.	f	All other program service rev								
<u> </u>	g	Total. Add lines 2a-2f	<u></u>	•	503,024.					
	3	Investment income (includin								
		other similar amounts)			39,358.			39,358.		
	4	Income from investment of t	• •	•	0					
	5	Royalties • • • • • • • • • •	(i) Real	(ii) Personal	0					
	6a	Gross rents								
	b	Less: rental expenses								
	C L	Rental income or (loss)		►	0					
	d	Net rental income or (loss) .	(i) Securities	(ii) Other						
	7a	Gross amount from sales of	1,836,000.							
	ь	assets other than inventory Less: cost or other basis								
	D D	and sales expenses	1,388,000.							
	c	Gain or (loss)	448,000.							
	d	Net gain or (loss)			448,000.			448,000.		
e	8a	Gross income from fundra								
nu		events (not including \$8	-							
<u>sve</u>		of contributions reported on								
۳.		See Part IV, line 18	,	121,653.						
Other Revenue	b	Less: direct expenses		544,334.						
đ	с	Net income or (loss) from fu			-422,681.			-422,681.		
_	9a	Gross income from gaming a	activities.							
		See Part IV, line 19	a							
	b	Less: direct expenses	b							
	С	Net income or (loss) from ga	aming activities	· · · · · · · ▶	0					
	10a	Gross sales of invent								
		returns and allowances								
	b	Less: cost of goods sold								
	c	Net income or (loss) from sa Miscellaneous Reven		► Business Code	0					
				722320	2,406,835.		2,406,835.			
	11a	MUSEUM STORE & F,B,& E RI		122320	2,400,033.		2,400,000.			
	b	•								
	C .	·		900099	282,062.			282,062.		
	d	All other revenue		l	2,688,897.			202,002.		
	е 12	Total. Add lines 11a-11d • Total revenue. See instruction			54,712,950.	503,024.	2,406,835.	346,739.		

Form 990 (2012)

Se	ction 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a respo				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	6,655,750.	6,655,750.		·
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,435,738.	1,435,738.		
4 5	Benefits paid to or for members	0		765,365.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	О			
7	Other salaries and wages	13,557,769.	9,623,615.	2,192,233.	1,741,921
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	590,819. 2,167,426.	515,602. 1,568,720.	72,050.	3,167
9 0	Other employee benefits	1,357,195.	1,001,556.	219,375.	136,26
1 a	Fees for services (non-employees): Management	о			
b c	Legal	179,650. 513,051.	40,326.	179,650. 472,725.	
e	Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees	204,179.			204,17
	A amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).	5,653,777.	4,436,522.	401,727.	815,52
2 3	Advertising and promotion	1,164,391. 1,238,810.	1,102,472. 1,077,353.	46,434.	15,48 147,20
4	Information technology	435,712.	246,578.	62,918.	126,21
6	Occupancy	1,899,214. 4,565,004.	1,685,180. 3,246,580.	146,119. 148,819.	67,91 1,169,60
7 B	Payments of travel or entertainment expenses	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,240,300.	140,015.	1,103,00
9	for any federal, state, or local public officials	986,750.	473,200.		513,55
0 1	Interest Payments to affiliates	0	4 052 001	44 107	1 6 70
2 3 4	Depreciation, depletion, and amortization	4,314,822. 477,990.	4,253,921. 383,175.	44,107.	16,79 10,95
-	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.)				
-	IN-KIND EXPENSES	2,342,149. 3,125,101.	2,342,149. 3,125,101.		
	· _ _				
	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	5,121,236. 58,751,898.	4,785,703. 47,999,241.	221,258. 5,501,389.	114,27 5,251,26
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0			

JSA 2E1052 1.000

Page	1	1
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art	X	Balance Sheet			Page '
		Check if Schedule O contains a response to any question in this Part	Χ		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0	1	
	2	Savings and temporary cash investments	66,674,712.	2	89,498,607
	3	Pledges and grants receivable, net	15,054,681.	3	8,610,879
	4	Accounts receivable, net	637,522.	4	569,780
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	
	6	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	Q	6	
	7	Notes and loans receivable, net	0	7	
	8	Inventories for sale or use	805,084.	8	1,473,83
	9	Prepaid expenses and deferred charges	63,060.	9	90,13
1	0 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 139, 455, 208.			
	b	Less: accumulated depreciation	112,014,959.	10c	109,394,07
1	1	Investments - publicly traded securities	2,640,096.	11	1,638,05
1	2	Investments - other securities. See Part IV, line 11	0	12	
1	3	Investments - program-related. See Part IV, line 11	0	13	
1	4	Intangible assets	0	14	
1	5	Other assets. See Part IV, line 11	0	15	14,427,90
1	6	Total assets. Add lines 1 through 15 (must equal line 34)	197,890,114.	16	225,703,27
1	7	Accounts payable and accrued expenses	2,329,116.	17	4,021,19
1	8	Grants payable	0	18	
1	9	Deferred revenue	438,673.	19	984,28
2	20	Tax-exempt bond liabilities	0	20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
2	22	Loans and other payables to current and former officers, directors,			
2		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L	0	22	
2	23	Secured mortgages and notes payable to unrelated third parties	104,234.	23	74,98
2	24	Unsecured notes and loans payable to unrelated third parties	0	24	
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	F 000 100		
		of Schedule D	7,389,108.	25	37,032,77
2	26	Total liabilities. Add lines 17 through 25	10,261,131.	26	42,113,23
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	159,276,096.	27	159,044,75
	28	Temporarily restricted net assets	28,102,887.	28	24,295,28
2	29	Permanently restricted net assets	250,000.	29	250,00
		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
3	0	Capital stock or trust principal, or current funds		30	
3	51	Paid-in or capital surplus, or land, building, or equipment fund		31	
3 3 3 3	2	Retained earnings, endowment, accumulated income, or other funds		32	
3	3	Total net assets or fund balances	187,628,983.	33	183,590,03
10	34	Total liabilities and net assets/fund balances	197,890,114.	34	225,703,27

BILL, HILLARY & CHELSEA CLINTON FOUNDATION 31-1580204

Form 99	90 (2012)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		54,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2		58,7	51,	898.
3	Revenue less expenses. Subtract line 2 from line 1	3		-4,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	.87,6	28,	983.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>33,</u> column (B))	10	1	.83,5	90,	035.
Part						
	Check if Schedule O contains a response to any question in this Part XII	• • •		• • •		
-					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
•	Schedule O.					37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • •		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	I OF			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			01	x	
b	Were the organization's financial statements audited by an independent accountant?			2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	-		2c	x	
	of the audit, review, or compilation of its financial statements and selection of an independent accou			20		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiall	n in			
3-	As a result of a federal award, was the organization required to undergo an audit or audits as se	+ for	h in			
Ja	the Single Audit Act and OMB Circular A-133?	lioiti	1 111	3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		· · · the			<u> </u>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		uie.	3b		

Form 990 (2012)

SCHE	DU	LE	A
(Form	990	or	990-EZ)

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.

Open to Public Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization HILLARY & CHELSEA CLINTON FOUNDATION 31-1580204 BILL Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Typell c Type III-Functionally integrated d Type III-Non-functionally integrated Type I b а By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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? 11q(iii) h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (iv) Is the (vi) Is the (vii) Amount of monetary organization in organization in (described on lines 1-9 organization the organization support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) (B) (C)

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

(D)

(E)

Schedule A (Form 990 or 990-EZ) 2012

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	104,673,091.	126,979,554.	138,003,746.	66,487,709.	51,456,352.	487,600,452.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	104,673,091.	126,979,554.	138,003,746.	66,487,709.	51,456,352.	487,600,452.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f),,						49,721,914.
6	Public support. Subtract line 5 from line 4.						437,878,538.
	tion B. Total Support						101,010,0001
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	104,673,091.	126,979,554.	138,003,746.	66,487,709.	51,456,352.	487,600,452.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,779,487.	364,211.	384,287.	76,395.	39 , 358.	3,643,738.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	1,345,676.	2,232,084.	2,237,205.	1,699,650.	2,688,897.	10,203,512.
11	Total support. Add lines 7 through 10					10	501,447,702.
12	Gross receipts from related activities, etc. (s	,				12	4,762,152.
13 Sec	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	<u></u>	<u></u>				
14	Public support percentage for 2012 (li	•	•	11 column (f))		14	87.32%
15	Public support percentage from 2011		•			15	87.80%
	331/3% support test - 2012. If the o				and line 14 is		
	this box and stop here . The organization						
b	331/3% support test - 2011. If the c						
	check this box and stop here . The orga						
17a	10%-facts-and-circumstances test - 2	2012. If the org	anization did no	ot check a box	on line 13, 16a	, or 16b, and I	ine 14 is
	10% or more, and if the organization	meets the "fa	cts-and-circumst	ances" test, ch	eck this box ar	nd stop here . E	xplain in
	Part IV how the organization meets t	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly s	upported
	organization						►
b	10%-facts-and-circumstances test - 2	2011. If the org	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	-circumstances'	' test, check th	nis box and st e	op here.
	Explain in Part IV how the organizati	on meets the "	facts-and-circum	nstances" test. ⁻	The organizatio	n qualifies as a	publicly
	supported organization						►
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	
	instructions						<u></u> ▶∟

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Part IIISupport 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.)

Sec	tion A. Public Support		1	1					
Calei	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota	al
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge	-							
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
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								
с	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6.)								
ec	tion B. Total Support		•		1				
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota	al
9	Amounts from line 6								
	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties and income from similar sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
с	Add lines 10a and 10b								
1	Net income from unrelated business								
•	activities not included in line 10b,								
	whether or not the business is regularly								
_	carried on								
2	Other income. Do not include gain or								
	loss from the sale of capital assets								
•	(Explain in Part IV.)								
3	•• • • • • •								
	and 12.)		inter fination and	All fail for all a	5.611 A			(-)(2)	
4	First five years. If the Form 990 is for				•				
	organization, check this box and stop here			<u></u>				🚩	
	tion C. Computation of Public Sup								
5	Public support percentage for 2012 (line 8					15			%
6	Public support percentage from 2011 Sche					16			%
iec	tion D. Computation of Investme								
7	Investment income percentage for 2012 (li					17			%
8	Investment income percentage from 2011					18			%
	331/3% support tests - 2012. If the or	ganization did n	ot check the box	on line 14, and	d line 15 is more	e than	331/3 %,	and line	
				anization gualifia	a aa a nublialy	sunno	rted organ	ization 🕨	
	17 is not more than 331/3%, check th	is box and <mark>sto</mark>	p here. The orga	anization qualitie	s as a publicly	ouppo	tea ergan	Lation	
19 a									
19 a	17 is not more than 331/3%, check th	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	more	than 331/	3 %, and	

Schedule A (Form 990 or 990-EZ) 2012

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

SCHEDULE A, PART II -	OTHER INCO	ME			ATTACHMENT 1	L
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
MISCELLANEOUS	320,048.	384,201.	372,702.	583,070.	282,062.	1,942,083.
MUSEUM STORE & F,B, & E REV	1,025,628.	1,847,883.	1,864,503.	1,116,580.	2,406,835.	8,261,429.
TOTALS	1,345,676.	2,232,084.	2,237,205.	1,699,650.	2,688,897.	10,203,512.

Schedule A (Form 990 or 990-EZ) 2012

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.

OMB No. 1545-0047

2012

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

Employer identification number

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(⁰³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		• \$5,239,430.	Person X Payroll Noncash (Complete Part II if there a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 2		• \$ \$	Person X Payroll Noncash (Complete Part II if there a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 3		• \$31,534,838.	Person X Payroll Noncash (Complete Part II if there a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 4		\$\$\$	Person X Payroll X Noncash X (Complete Part II if there a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 5		• \$.975,872.	Person X Payroll Noncash (Complete Part II if there a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there a noncash contribution.)

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

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JSA

31-1580204

Employer identification number

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

from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	CLOTHING & HOUSEHOLD GOODS		
		 \$34,465.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

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	Form 990, 990-EZ, or 990-PF) (2012) ganization BILL,HILLARY & CHELSEA C	T.TNTON FOIINDATION	Page Employer identification number					
		JINION TOONDATION	31-1580204					
tl F c	Exclusively religious, charitable, etc., indi hat total more than \$1,000 for the year. For organizations completing Part III, enter contributions of \$1,000 or less for the yea Jse duplicate copies of Part III if additional	Complete columns (a) the total of exclusively re r. (Enter this information	eligious, charitable, etc.,					
(a) No.		•						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
	Transferee's name, address, and ZIP	2 + 4	Relationship of transferor to transferee					
		·						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-		(e) Transfer of gift						
	Transferee's name, address, and ZIP	° + 4	Relationship of transferor to transferee					
-								
		·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
	Transferee's name, address, and ZIP	+ 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
1 4111								
·	(e) Transfer of gift							
	Transferee's name. address. and ZIP	° + 4	Relationship of transferor to transferee					
	Transferee's name, address, and ZIP	· 	Relationship of transferor to transferee					
·	Transferee's name, address, and ZIP	2 + 4 						

SCHEE	DULE 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. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public
Inspection

Nam	te of the organization	Employer identification number
ΒI	LL, HILLARY & CHELSEA CLINTON FOUNDATION	31-1580204
Pa	organizations Maintaining Donor Advised Funds or Other Similar Fur organization answered "Yes" to Form 990, Part IV, line 6.	ds or Accounts. Complete if the
	(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 h	eld in donor advised
5	funds are the organization's property, subject to the organization's exclusive legal contr	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	
0	only for charitable purposes and not for the benefit of the donor or donor advisor, or f	
De	conferring impermissible private benefit?	
1 1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		- Alian - African Bristonia - University - African International - Anno
		ation of an historically important land area
		ation of a certified historic structure
~	Preservation of open space	tion in the former of a company tion
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute easement on the last day of the tax year.	ition in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
_	Total number of concernation accounts	
a	Total number of conservation easements	
b	· · · · · · · · · · · · · · · · · · ·	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on	
•	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or	erminated 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, inspecti	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	on easements during the year
-		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea	sements during the year
•		
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	
~	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its rever	-
	balance sheet, and include, if applicable, the text of the footnote to the organization's organization's accounting for conservation easements.	interioral statements that describes the
D۵	art III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets
1 6	Complete if the organization answered "Yes" to Form 990, Part IV, line	
4		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report works of art, historical treasures, or other similar assets held for public exhibitior public service, provide, in Part XIII, the text of the footnote to its financial statements th	 education, or research in furtherance of
L		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report ir works of art, historical treasures, or other similar assets held for public exhibition 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 si	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to thes	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	
	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2012
JSA	000	

BILL, HILLARY & CHELSEA CLINTON FOUNDATION 31-158

31-1580204	

Sche	dule D (Form 990) 2012								Page 2
Pai	t III Organizations Maintainir	ng Collections of	f Art, His	storical	Treasures,	, or Oth	ner Similar	Assets (cor	ntinued)
3	Using the organization's acquisitior	n, accession, and c	other recor	ds, check	c any of the	e followi	ng that are a	a significant ι	ise of its
	collection items (check all that apply	/):							
а	Public exhibition		d	Loan d	or exchange	e program	าร		
b	Scholarly research		е	Other					
с	Preservation for future generation	ations							
4	Provide a description of the organi	zation's collections	and expla	ain how t	hey further	the org	anization's e	xempt purpos	e in Part
	XIII.								
5	During the year, did the organization	n solicit or receive d	onations c	of art, histo	orical treasu	ures, or o	ther similar		
	assets to be sold to raise funds rathe	er than to be mainta	ained as pa	art of the c	organizatior	n's collect	tion?	Yes	No
Pai	t IV Escrow and Custodial A line 9, or reported an amo				anization	answere	ed "Yes" to	Form 990,	Part IV,
1a	Is the organization an agent, trustee								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in	Part XIII and comple	ete the foll	owing tab	le:	-			
							Amo	unt	
	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amo								No
	If "Yes," explain the arrangement in								
Par	t V Endowment Funds. Com	· • • • • • • • • • •							
4.		(a) Current year	(b) Pric		(c) Two yea		(d) Three years		years back
1a ⊾	Beginning of year balance	267,491.	30	4,026.	260	,804.	233,3	201.	227,051. 50,000.
									50,000.
G	Net investment earnings, gains, and losses	24,811.	_ 2	6,535.	10	,222.	27,5	.02	-43,750.
А	Grants or scholarships	24,011.	- 5	0,335.	40	, 222.	21,-		43,750.
	Other expenditures for facilities								
e	and programs								
f	Administrative expenses								
	End of year balance	292,302.	26	7,491.	204	,026.	260,8	204 2	233,301.
g	Provide the estimated percentage o							2004.	
2	Board designated or quasi-endowm			e (inte ig,	column (a))	neiu as.			
b	Permanent endowment \blacktriangleright 100.0		70						
	Temporarily restricted endowment								
C	The percentages in lines 2a, 2b, and		1004						
3a	Are there endowment funds not in the			ation that	are held an	d admini	stared for the		
vu	organization by:		ie organiza						Yes No
	(i) unrelated organizations								X
	(ii) related organizations								X
b	If "Yes" to 3a(ii), are the related orga								
4	Describe in Part XIII the intended us								
-	t VI Land, Buildings, and Equi								
	Description of property	(a) Cost or (invest	other basis	(b) Cost o	or other basis ther)		umulated ciation	(d) Book val	ue
1a	Land				943,690.			94	13,690.
b	Buildings				, 186,258.	26,74	13,876.		, 382.
с	Leasehold improvements							· ·	
d	Equipment			3,1	.77,733.	1,18	32,809.	1,99	94,924.
е	Other				347,527.		34,447.		3,080.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part	X, columr	n (B), line 10	D(c).)	►		94,076.
								Schedule D (For	m 990) 2012

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Schedule D (Form 990) 2012			Page 3
Part VII Investments - Other Securities. See Fe	orm 990, Part X, line	e 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See F	orm 990 Part X lin	L	
(a) Description of investment type	(b) Book value	(c) Method of valuat	ion:
		Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, li	ne 15		
	Description		(b) Book value
(1) BEN. INT RELATED ORG.			2,330,345.
(2) FUNDS DUE FROM RELATED ORG.			12,097,558.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I		<u></u>	14,427,903.
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Book valu	ie	
(1) Federal income taxes	27.020	770	
(2) FUNDS HELD FOR BENEFIT OF REL. ORG	. 37,032,	112.	
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
(10)			
(11) Tatal (Calump (b) must actual form 000, Bart X, cal. (B) line 25.)	▶ 37,032,	772	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of	of the toothote to the o	organization's financial statements that re	eports the organization's

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

Schedu	le D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
1	Total revenue, gains, and other support per audited financial statements	1	56,869,574.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 5,245,518.	1	
с	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.) 2d -4,000,000.		
е	Add lines 2a through 2d	2e	1,245,518.
3	Subtract line 2e from line 1	3	55,624,056.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	-911,106.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	54,712,950.
Part		-	
1	Total expenses and losses per audited financial statements	1	60,908,522.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
a			
b	Prior year adjustments		
c			
d	Other (Describe in Part XIII.) 24 911 106		
e	Add lines 2a through 2d	2e	6,156,624.
3	Subtract line 2e from line 1	3	54,751,898.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 4,000,000.		
C	Add lines 4a and 4b	4c	4,000,000.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> 18.)	5	58,751,898.
Part		-	
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro nation.	V, line vide a	s 1b and 2b; iny additional
 	CE PAGE 5		
_			

Schedule D (Form 990) 2012

Schedule D (Fo	rm 990) 2012	BILL,	HILLARY	&	CHELSEA	CLINTON	FOUNDATION	31-1580204	Pa	age 5
Part XIII	Supplemental Info	ormation	(continued)							

EXPENSE INCLUDED IN REVENUE PER AUDIT, INCLUDED AS EXPENSE PER RETURN FORM 990, SCHEDULE D, PART XI, LINE 2D INTER-COMPANY GRANTS \$(4,000,000)

REVENUE INCLUDED IN EXPENSE PER AUDIT, INCLUDED AS REVENUE PER RETURN FORM 990, SCHEDULE D, PART XI, LINE 4B COST OF GOODS SOLD (\$366,772) DIRECT FUNDRAISING EXPENSES (\$544,334)

(\$911,106)

REVENUE INCLUDED IN EXPENSE PE	R AUDIT, INCLUDED AS REVENUE PER RETURN
FORM 990, SCHEDULE D, PART XII	, LINE 2D
COST OF GOODS SOLD	\$366,772
DIRECT FUNDRAISING EXPENSES	\$544,334

\$911,106

EXPENSE INCLUDED IN REVENUE PER AUDIT, INCLUDED AS EXPENSE PER RETURN

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

INTER-COMPANY GRANTS \$4,000,000

Schedule D (Form 990) 2012

INTENDED USES OF ENDOWMENT FUNDS FORM 990, SCHEDULE D, PART V, LINE 4 THE INTENDED USE OF THE ENDOWMENT FUND IS TO SUPPORT BRINGING SPEAKERS TO

THE CLINTON PRESIDENTIAL CENTER.

Schedule D (Form 990) 2012

SCHEDULE F		Stater	ates 🗠	OMB No. 1545-0047				
(Form 9	990)		► Complete if		2012			
	of the Treasury		► Attach t		Open to Public			
Internal Reve Name of the	e organization						Employer identific	
BILL,	HILLARY & (CHELSEA C	LINTON FOU	UNDATION			31-158020	4
Part I	General In Form 990, P			Outside the l	Jnited States. Complete	e if the org	ganization answe	ered "Yes" to
					substantiate the amount o e, and the selection criter			
		-			••••••			X Yes No
	grantmakers. stance outside t		-	ganization's p	rocedures for monitoring	g the use	e of its grants	and other
3 Activ	vities per Regio	n. (The follov	ving Part I, line	3 table can be	e duplicated if additional sp	bace is ne	eded.)	
	(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)	a pr descrit	tivity listed in (d) is ogram service, be specific type of rice(s) in region	(f) Total expenditures for and investments in region
(1) CEN	TRAL AMERICA/CA	RIBBEAN	1.	2.	PROGRAM SERVICES	CLIMATE	, ECON DVLPMNT	1,133,974.
(2) EAS	T ASIA AND THE :	PACIFIC	2.	7.	PROGRAM SERVICES	CLIMATE]	2,239,991.
(3) EUR	OPE		1.	5.	PROGRAM SERVICES	CLIMATE		1,381,009.
(4) MID	dle east and no:	RTH AFRICA			PROGRAM SERVICES	CLIMATE	1	19,758.
(5) NOR	TH AMERICA				PROGRAM SERVICES	CLIMATE	1	174,774.
(6) SOU	TH AMERICA		3.	14.	PROGRAM SERVICES	CLIMATE	, ECON DEV.	12,102,489.
(7) SOU	TH ASIA				PROGRAM SERVICES	CLIMATE]	121,321.
(8) SUB-	-SAHARAN AFRICA		4.	43.	PROGRAM SERVICES	CLIMATE	, ECON. DEV.	4,257,344.
(9)								
<u>(10)</u>								
<u>(11)</u>								
<u>(12)</u>								
<u>(13)</u>								
<u>(14)</u>								
(15)								
<u>(16)</u>								
<u>(17)</u>								
b To	ub-total otal from c eets to Part I	ontinuation	11.	71.				21,430,660.
	tals (add lines		11.	71.				21,430,660.
For Paperv	work Reduction A	Act Notice, se	e the Instructions	s for Form 990.			Schedu	le F (Form 990) 2012

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

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Schedule F (Form 990) 2012

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method c valuation (book, FMV appraisal, other)
1)			SOUTH AMERICA	PROGRAM SER	450,978.	WIRE		N/A	N/A
2)			SOUTH AMERICA	PROGRAM SER	24,418.	WIRE		N/A	N/A
)	THE SECOND		SOUTH AMERICA	PROGRAM SER	91,501.	WIRE		N/A	N/A
l)			SOUTH AMERICA	PROGRAM SER	359,734.	WIRE		N/A	N/A
)			SOUTH AMERICA	PROGRAM SER	49,435.	WIRE		N/A	N/A
5)			CENT. AMERICA/CARIBBEAN	PROGRAM SER	12,442.	WIRE		N/A	N/A
					105 000				
<u>') </u>			CENT. AMERICA/CARIBBEAN	PROGRAM SER	125,000.	WIRE		N/A	N/A
3)			CENT. AMERICA/CARIBBEAN	PROGRAM SER	150,000.	WIRE		N/A	N/A
)			CENT. AMERICA/CARIBBEAN	PROGRAM SER	55,750.	WIRE		N/A	N/A
A \			NODELL INFECTOR	DDOGDAN GED	0.0 100	WIDE		NT (7)
0)			NORTH AMERICA	PROGRAM SER	86,480.	WIRE		N/A	N/A
1)			CENT. AMERICA/CARIBBEAN	PROGRAM SER	30,000.	WIRE		N/A	N/A
2)									
21									
3)									
4)									
5)									
6)									
6)									

Schedule F (Form 990) 2012

Page **2**

Part III Grants and Othe Part III can be due	r Assistance to Individuals Outsic plicated if additional space is neede	de the United St ed.	ates. Complete	if the organiza	tion answered "Yes"	to Form 990, Pa	art IV, line 16.
(a) ⊺ype of grant or assista		(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)							
<u>(10)</u>							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
<u>(18)</u>							

Schedule F (Form 990) 2012

Page **3**

Sched	ule F (Form 990) 2012		Page 4
Par	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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

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

MONITORING PROCEDURES FOR USE OF GRANT FUNDS

FORM 990, SCHEDULE F, PART I, LINE 2

THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS

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

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

CONTINUED FUNDING.

JSA

		•					OMB No. 1545-0047		
SCHEDULE G	S	upplementa					എ പറ		
(Form 990 or 990-EZ)	or 990-EZ) Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the								
Department of the Treasury	•	organization entered	more than \$	15,000 on Fo	rm 990-EZ, line 6a.	is, or it the	Open to Public		
Internal Revenue Service Name of the organization		Attach to Form 990 or	Form 990-E	Z. 🕨 See se	parate instructions.	Employer identification	Inspection		
BILL, HILLARY &	CHELSEA CLIN	TON FOUNDATIC	N			31-1580204			
Eundraisi	ng Activities. Con			nswered	"Yes" to Form 9				
)-EZ filers are not					,,			
1 Indicate whether	the organization rai	sed funds through	any of the	following	activities. Check a	ill that apply.			
a 🛛 Mail solicitat	ions	e	X Solid	citation of r	non-government g	rants			
b X Internet and	email solicitations	f		citation of g	government grants	6			
c Phone solicit	ations	g	X Spe	cial fundra	ising events				
d X In-person so									
2a Did the organizat							X Yes No		
or key employee	s listed in Form 990	, Fait vii) of entity	in connec	uon with p		sing services?	X Yes No		
b If "Yes," list the t			(fundraise	ers) pursua	int to agreements	under which the	fundraiser is to be		
compensated at I	east \$5,000 by the	organization.							
(i) Name and addre	a of individual		(iii) Did fur	ndraiser have	(iv) Cross rescints	(v) Amount paid to (or retained by)	(vi) Amount paid to		
or entity (fur		(ii) Activity		or control of outions?	(iv) Gross receipts from activity	fundraiser listed in	(or retained by) organization		
						col. (i)	organization		
1 AMERICAN MARK	ΈΨΤΝΟ ε	DIRECT	Yes	No					
COMMUNICATION		MARKETING		X	425,318.	96,100.	. 329,218.		
2	5 00101	ONLINE			423,310.	50,100			
- M&R STRATEGIES		FUNDRAISING		X	2,113,820.	108,079.	2,005,741.		
3					, ,	,	, ,		
4									
5									
6									
7									
1									
8									
9									
10									
					0 500 100	004 170			
Total		tion in registers -		•••••••••••	2,539,138.				
3 List all states in registration or lice	which the organiza ensing	tion is registered of	n license(u to solicit	contributions of	nas been nouried	it is exempt from		
AL, AK, AZ, AR, CA,	-	Γ. ΤΤ., ΤΝ.							
KS, KY, LA, ME, MD, N			I, NY, NC	,ND,OH.					
OK, OR, PA, RI, SC,			, ,	, ,,					

Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 2E1281 1.000 D6R0IB K925 11/15/2013 3:18:27 PM V 12-7F Schedule G (Form 990 or 990-EZ) 2012

71302

Schedule G (Form 990 or 990-EZ) 2012

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

		(a) Event #1 MILLENNIUM	(b) Event #2 POKER NIGHTS	(c) Other events 9 .	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Sevenue	1 Gross receipts	1,126,015.	3,180,919.	3,891,229.	8,198,163
-	2 Less: Contributions	1,049,537.	3,141,919.	3,885,054.	8,076,510
	3 Gross income (line 1 minus line 2).			6,175.	121,653
	4 Cash prizes				
	5 Noncash prizes		5,223.		5,223
nses	6 Rent/facility costs	144,643.			144,643
Direct Expenses	7 Food and beverages	24,421.	43,777.	5,747.	73,945
Direc	8 Entertainment				
	9 Other direct expenses	132,988.	119,872.	67,663.	320,523
1	10 Direct expense summary. Add lines 4	through 9 in column (d)	• • • • • • • • • • • • • • • •		(544,334.)
1	11 Net income summary. Combine line 3	<u>3, column (d), and line 10</u>)	<u>)</u>	-422,681
Par	rt III Gaming. Complete if the orgative than \$15,000 on Form 990-E	anization answered "Y			rted more
a	· /	,	(b) Pull tabs/instant		(d) Total gaming (add

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
senses	2 Cash prizes				
Direct Expenses	 3 Noncash prizes				
	5 Other direct expenses				
	6 Volunteer labor	Yes%	Yes%	Yes%	
	7 Direct expense summary. Add lines 2	2 through 5 in column (d)	·		()
	8 Net gaming income summary. Comb	ine line 1, column d, and	l line 7		
9	Enter the state(s) in which the organizat	ion operates gaming act	ivities:		
	Is the organization licensed to operate g	aming activities in each			
D	If "No," explain:				
	Were any of the organization's gaming I If "Yes," explain:	icenses revoked, suspe			

Schedule G (Form 990 or 990-EZ) 2012

BILL, HILLARY &	CHELSEA	CLINTON	FOUNDATION
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31-1580204	
JI IJ00204	

Sched	ule G (Form 990 or 990-EZ) 2012 Page 3
11	Does the organization operate gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ►
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 💲
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE I (Form 990)

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

2012	
Open to Public Inspection	

Employer identification number

31-1580204

OMB No. 1545-0047

- -

No

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Part I General Information on Grants and Assistance

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?	X	Ye

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							
1200 NW NAITO PARKWAY, SUITE 220	27-2028308	501(C)(3)	2,016,000.		N/A	N/A	CHILDHOOD OBESITY
(2) CITY OF LITTLE ROCK							
500 WEST MARKHAM LITTLE ROCK, AR 72201	71-6014465	GOVERNMENT	398,267.		N/A	N/A	PRESIDENTIAL CENTER
(3) ARCHITECTURE FOR HUMANITY							
848 FOLSOM ST SAN FRANCISO, CA 94107	30-0038297	501 (C) (3)	241,483.		N/A	N/A	PROGRAM SERVICE
(4) CLINTON HEALTH ACCESS INITIATIVE, INC.							
383 DORCHESTER AVE BOSTON, MA 02127	27-1414646	501 (C) (3)	4,000,000.		N/A	N/A	PROGRAM SERVICE
_(5)	-						
	-						
_(7)	-						
_(8)	-						
_(9)	-						
(10)	-						
(11)	-						
(12)	-						
2 Enter total number of section 501(c)(3) and g							4.
3 Enter total number of other organizations liste							
For Paperwork Reduction Act Notice, see the Ins	structions fo	r Form 990.				Schedu	ule I (Form 990) (2012)

Schedule | (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
8					

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

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

FORM 990, SCHEDULE I, PART I

THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS

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

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

CONTINUED FUNDING.

Page 2

SCHEDULE J	Compensation Information		OMB №. 1545-0047 എ പ്പ					
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" to Form 990,								
			ZU	12				
Pepartment of the Treasury Part IV, line 23.				Open to Public				
Internal Revenue Service Name of the organization	► Attach to Form 990. ► See separate instructions.	Employer identificatio	Inspection					
-	K & CHELSEA CLINTON FOUNDATION	31-15802		71				
	ons Regarding Compensation	01 10001	<u> </u>					
ducota				Yes	No			
1a Check the a	opropriate box(es) if the organization provided any of the following to or for a per	son listed in Form						
990, Part VII	, Section A, line 1a. Complete Part III to provide any relevant information regardir	ng these items.						
First-cl	ass or charter travel Housing allowance or residence for	r personal use						
Travel	Travel for companions Payments for business use of personal residence							
Tax ind	emnification and gross-up payments 🛛 🗌 Health or social club dues or initiati	on fees						
Discret	ionary spending account Personal services (e.g., maid, chauf	feur, chef)						
	boxes on line 1a are checked, did the organization follow a written policy r ement or provision of all of the expenses described above? If "No," cor		I.					
explain			1b					
-	nization require substantiation prior to reimbursing or allowing expenses incur	-						
directors, tru	stees, and the CEO/Executive Director, regarding the items checked in line 1a?		2					
3 Indicate whic	h, if any, of the following the filing organization used to establish the compensati	ion of the						
	s CEO/Executive Director. Check all that apply. Do not check any boxes for meth							
-	nization to establish compensation of the CEO/Executive Director, but explain in F	-						
	nsation committee Written employment contract							
	ndent compensation consultant							
	90 of other organizations I Approval by the board or compens	ation committee						
	ear, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to or a related organization:	o the filing						
	everance payment or change-of-control payment?		4a		Х			
b Participate ir	, or receive payment from, a supplemental nonqualified retirement plan?		4b		Х			
	, or receive payment from, an equity-based compensation arrangement?		4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
-	501(c)(3) and 501(c)(4) organizations must complete lines 5-9.							
5 For persons	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?							
a The organiza	• • • • • • • • • • • • • • • • • • • •							
b Any related o	b Any related organization? 5b							
	If "Yes" to line 5a or 5b, describe in Part III.							
-	listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue n contingent on the net earnings of:	any						
			6a		X			
-	 a The organization? b Any related organization? 				X			
	e 6a or 6b, describe in Part III.		6b					
	payments not described in lines 5 and 6? If "Yes," describe in Part III							
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe							
	· · · · · · · · · · · · · · · · · · ·		8		Х			
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in								
Regulations	section 53.4958-6(c)?	<u></u>	9					

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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	(D) Nontaxable	(E) Total of columns	(F) Compensation reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)		
BRUCE R LINDSEY	(i)	360,046.	25,000.		13,265.	14,270.	412,581.	(
1 CEO	(ii)	0	q		gd	d	C	(
ANDREW KESSEL	(i)	165,310.	3,000.		10,557.	17,924.	196,791.	(
2 CFO	(ii)	Q	Q		o o	q	C	(
STEPHANIE S STREETT	(i)	126,700.	3,000.		8,369.	17,924.	155,993.	(
3 EXECUTIVE DIRECTOR	(ii)	Q	Q		o o	q	C	(
SCOTT TAITEL	(i)	170,874.	3,000.		10,607.	14,270.	198,751.	(
4 COO OF CGSGI	(ii)	Q	Q		o o	q	C	(
MARK GUNTON	(i)	222,919.	2,450.		13,441.	16,644.	255,454.	(
5 CEO, CGSGI	(ii)	Q	q		o o	Q	C	(
THERESE SHERIDAN	(i)	145,462.	3,000.		9,444.	14,570.	172,476.	(
6 HR DIRECTOR	(ii)	C	0		0 0	Q	C	(
DENNIS CHENG	(i)	203,014.	3,000.		12,701.	6,731.	225,446.	(
7 CDO	(ii)	C	0		0 0	Q	C	(
VALERIE ALEXANDER	(i)	141,300.	3,000.		9,405.	18,224.	171,929.	(
8 MARKETING DIRECTOR	(ii)	O	0		o o	Q	C	(
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)				T				

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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.

COMPENSATION REVIEWS

FORM 990, SCHEDULE J, LINE 3

SEE SCHEDULE O DISCLOSURES FOR MORE INFORMATION.

Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

(Form 990)

Noncash Contributions

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

► Attach to Form 990.

20**12** Open To Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION Part I Types of Property

Employer	identification	number

31-1580204

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		34,465.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20 21	Drugs and medical supplies Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
23	Archeological artifacts							
25	Other \blacktriangleright ()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the orac	nization during the tax ve	ar for contributions for				
	which the organization completed F				29			1.
		00200,			L		Yes	No
30 a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1-28 that			
	it must hold for at least three yea	rs from the	date of the initial contribu	tion, and which is not red	quired to be			
	used for exempt purposes for the end	ntire holding	period?			30a		Х
b	If "Yes," describe the arrangement i							
31	Does the organization have a	gift accept	ance policy that require	s the review of any r	ion-standard			
	contributions?							Х
32 a	2 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report ar describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a) is checked,			
For P	aperwork Reduction Act Notice, see th	e Instruction	s for Form 990.		Schedule	M (For	m 990)	(2012)

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.

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization BILL, HILLARY & CHELSEA CLINTON FOUNDATION

MANAGEMENT SUMMARY

FORM 990, PART III

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

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

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

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

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

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

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

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

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

-REDUCING GREENHOUSE GAS EMISSIONS BY 248 MILLION TONS IN CITIES WORLDWIDE.

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

THESE ARE EXTRAORDINARY RESULTS THAT WE WILL BUILD ON IN THE YEARS AHEAD. A STRONG, SUSTAINABLE FINANCIAL POSITION WILL HELP US CHANGE MORE LIVES IN MORE COMMUNITIES ACROSS THE GLOBE.

PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINES 4A - 4D ABOUT THE CLINTON FOUNDATION BUILDING ON A LIFETIME OF PUBLIC SERVICE, PRESIDENT BILL CLINTON ESTABLISHED THE WILLIAM J. CLINTON FOUNDATION TO BRING PEOPLE TOGETHER TO TAKE ON THE BIGGEST CHALLENGES OF THE 21ST CENTURY. THROUGHOUT THE FOUNDATION'S HISTORY AND GROWTH, SECRETARY CLINTON AND CHELSEA OFFERED THEIR VOICE, VISION, AND COUNSEL. TO RECOGNIZE THEIR PAST CONTRIBUTIONS AND ACKNOWLEDGE THEIR ROLE IN SHAPING THE FOUNDATION'S FUTURE, THE

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FOUNDATION WAS RENAMED THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION IN APRIL 2013.

THE CLINTON FOUNDATION BELIEVES THAT THE BEST WAY TO UNLOCK HUMAN POTENTIAL IS THROUGH THE POWER OF CREATIVE COLLABORATION. THE FOUNDATION CONVENES BUSINESSES, GOVERNMENTS, NGOS, AND INDIVIDUALS TO IMPROVE GLOBAL HEALTH AND WELLNESS, INCREASE OPPORTUNITY FOR WOMEN AND GIRLS, REDUCE CHILDHOOD OBESITY, CREATE ECONOMIC OPPORTUNITY AND GROWTH, AND HELP COMMUNITIES ADDRESS THE EFFECTS OF CLIMATE CHANGE.

2012 INITIATIVE ACTIVITY

THE CLINTON GLOBAL INITIATIVE'S (CGI) MISSION IS TO INSPIRE, CONNECT, AND EMPOWER A COMMUNITY OF GLOBAL LEADERS TO FORGE SOLUTIONS TO THE WORLD'S MOST PRESSING CHALLENGES. BY FOSTERING PARTNERSHIPS, PROVIDING STRATEGIC ADVICE, AND DRIVING RESOURCES TOWARD EFFECTIVE IDEAS, CGI HELPS ITS MEMBERS - ORGANIZATIONS FROM THE PRIVATE SECTOR, PUBLIC SECTOR, AND CIVIL SOCIETY - TO TURN IDEAS INTO ACTION. CGI MEMBERS MAKE COMMITMENTS TO ACTION WITHIN NINE TRACKS, EACH REPRESENTING A TOPICAL GLOBAL CHALLENGE OR STRATEGIC APPROACH. IN ADDITION TO FOUR MAJOR MEETINGS, CGI HELD 73 TOPIC-SPECIFIC EVENTS IN 2012. DURING THE 2012 CGI ANNUAL MEETING, MEMBERS MADE MORE THAN 150 NEW COMMITMENTS TO ACTION, VALUED IN EXCESS OF \$2 BILLION, AND EXPECTED TO IMPACT NEARLY 22 MILLION LIVES, BRINGING THE TOTAL NUMBER OF COMMITMENTS TO MORE THAN 2,300. CGI HAS ALSO EXPANDED ITS SUCCESS THROUGH THE CLINTON GLOBAL INITIATIVE UNIVERSITY MEETING (CGI U), WHICH BEGAN IN 2007 AND ENGAGES THE NEXT GENERATION OF LEADERS ON COLLEGE

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CAMPUSES AROUND THE WORLD. IN 2012, CGI U CONVENED NEARLY 1,200 STUDENTS FROM 310 UNIVERSITIES, 97 COUNTRIES, AND ALL 50 STATES. TOGETHER, THEY GENERATED 932 COMMITMENTS - BRINGING THE TOTAL NUMBER OF COMMITMENTS TO 3,500. IN 2011, PRESIDENT CLINTON LAUNCHED THE CLINTON GLOBAL INITIATIVE AMERICA (CGI AMERICA) MEETING TO ADDRESS ECONOMIC RECOVERY IN THE UNITED STATES. DURING THE 2012 CGI AMERICA MEETING, PARTICIPANTS MADE 99 NEW COMMITMENTS VALUED IN EXCESS OF \$1.2 BILLION. TO DATE, CGI AMERICA ATTENDEES HAVE MADE 211 COMMITMENTS TO ACTION WITH A TOTAL ESTIMATED VALUE OF NEARLY \$13.6 BILLION. THROUGH THESE COMMITMENTS, CGI AMERICA ATTENDEES HAVE REPORTED THAT 230,000 PEOPLE HAVE BENEFITED FROM PROFESSIONAL SKILLS TRAINING; 140,000 CHILDREN HAVE GAINED ACCESS TO IMPROVED QUALITY OF EDUCATION; AND \$52 MILLION OF NEW CAPITAL HAS BEEN INVESTED IN OR LOANED TO SMALL AND MEDIUM ENTERPRISES.

THE CLINTON CLIMATE INITIATIVE (CCI) IS IMPLEMENTING SOLUTIONS TO THE ROOT CAUSES OF CLIMATE CHANGE - WHILE ALSO REDUCING OUR RELIANCE ON OIL, SAVING MONEY FOR INDIVIDUALS AND GOVERNMENTS, CREATING JOBS, AND GROWING ECONOMIES. IN PARTNERSHIP WITH THE C40 CLIMATE LEADERSHIP GROUP (C40), CCI FOCUSES ON HELPING LARGE CITIES REDUCE THEIR CARBON EMISSIONS. IN 2012, CCI AND THE C40 ADDED FIVE NEW MEMBER CITIES INCLUDING OSLO, VANCOUVER, VENICE, SINGAPORE, AND WASHINGTON D.C., EXPANDING THE C40 MEMBERSHIP TO 63 CITIES WORLDWIDE. IN LATIN AMERICA, C40 CITIES PARTICIPATED IN A PROGRAM TO DEVELOP COST-EFFECTIVE PUBLIC TRANSIT SYSTEMS THAT REDUCE GREENHOUSE GAS EMISSIONS AND INCREASE THE QUALITY OF

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URBAN LIFE. BY THE END OF 2012, THE C40-CCI HYBRID & ELECTRIC BUS TEST PROGRAM COMPLETED TESTING IN BOGOTA, CURITIBA, SAO PAULO, AND RIO DE JANEIRO. OTHER CCI PROGRAMS AIM TO INCREASE ENERGY EFFICIENCY THROUGH BUILDING RETROFITS; TO INCREASE ACCESS TO CLEAN ENERGY TECHNOLOGY AND DEPLOY IT AT THE GOVERNMENT, CORPORATE, AND HOMEOWNER LEVELS; AND TO REVERSE DEFORESTATION BY PRESERVING AND GROWING FORESTS. THE HOME ENERGY AFFORDABILITY LOAN (HEAL) PROGRAM IN ARKANSAS HELPS LOCAL BUSINESSES AND THEIR EMPLOYEES REDUCE THEIR ENERGY USE AND RELATED UTILITY EXPENSES THROUGH BUILDING RETROFITS. IN 2012, HEAL COMPLETED 234 RESIDENTIAL RETROFITS AND FOUR COMMERCIAL RETROFITS - RESULTING IN A REDUCTION OF 2,742 TONS OF GREENHOUSE GAS EMISSIONS. ALSO IN 2012, CCI LAUNCHED A SEPARATE BUILDING RETROFIT PROGRAM (BRP), WHICH AIMS TO DEVELOP MARKET-BASED SOLUTIONS TO ACCELERATE THE BUILDING EFFICIENCY MARKET WHICH WILL RESULT IN SIGNIFICANT, MEASURABLE REDUCTIONS IN GREENHOUSE GAS EMISSIONS, ECONOMIC GROWTH, AND SUSTAINABLE JOB CREATION BY WORKING WITH PARTNERS TO REDUCE THEIR CARBON FOOTPRINT AND CREATE OPPORTUNITY FOR INVESTMENTS IN THE BUILDING RETROFIT MARKETPLACE. LASTLY, IN 2012, CCI ALSO RECEIVED A SPECIAL ACHIEVEMENTS AWARD FOR HELPING THE COUNTRY OF GUYANA BECOME ELIGIBLE FOR \$70 MILLION IN FOREST-BASED PAYMENTS FROM THE GOVERNMENT OF NORWAY.

THE CLINTON HEALTH ACCESS INITIATIVE (CHAI) BEGAN ITS WORK BY ADDRESSING THE HIV/AIDS CRISIS AND STRENGTHENING HEALTH SYSTEMS IN THE DEVELOPING WORLD. CHAI, UNDER THE LEADERSHIP OF NATIONAL GOVERNMENTS AND BY WORKING WITH KEY PARTNERS, WORKS TO LOWER THE PRICES AND IMPROVE THE AVAILABILITY

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OF LIFE-SAVING MEDICINES AND DIAGNOSTICS, LOWER THE COST OF AND EXPAND ACCESS TO TREATMENTS, AND BUILD STRONGER HEALTH CARE INFRASTRUCTURE IN UNDERSERVED COUNTRIES. CHAI CREATES AND IMPLEMENTS THESE PROGRAMS WITH A SUSTAINABLE MODEL SO THAT THE GOVERNMENTS THEY COLLABORATE WITH WILL EVENTUALLY RUN THE PROGRAMS WITHOUT ASSISTANCE. CHAI HAS EXPANDED THIS MODEL TO INCREASE ACCESS TO TREATMENTS FOR MALARIA, DIARRHEA, AND TUBERCULOSIS; ACCELERATE THE ROLLOUT OF NEW VACCINES; AND LOWER MATERNAL, CHILD, AND INFANT MORTALITY.

THE ALLIANCE FOR A HEALTHIER GENERATION, A PARTNERSHIP BETWEEN THE CLINTON FOUNDATION AND THE AMERICAN HEART ASSOCIATION, IS LEADING THE CHARGE AGAINST THE CHILDHOOD OBESITY EPIDEMIC BY ENGAGING DIRECTLY WITH INDUSTRY LEADERS, EDUCATORS, PARENTS, DOCTORS, AND KIDS THEMSELVES. THE GOAL OF THE ALLIANCE IS TO REDUCE THE NATIONWIDE PREVALENCE OF CHILDHOOD OBESITY AND EMPOWER KIDS TO MAKE HEALTHY LIFESTYLE CHOICES. IN ORDER TO PROVIDE MORE NUTRITIOUS OPTIONS TO STUDENTS, THE ALLIANCE BROKERED A LANDMARK AGREEMENT WITH THE AMERICAN BEVERAGE ASSOCIATION IN 2006 TO DEVELOP A HEALTHIER, LOWER CALORIE MIXTURE FOR THE BEVERAGES SERVED TO CHILDREN - PRIMARILY WATER, LOW-FAT MILK, AND LOW CALORIE JUICES. IN 2012, THE AMERICAN JOURNAL OF PUBLIC HEALTH REPORTED THAT THIS AGREEMENT CONTRIBUTED TO A 90 PERCENT REDUCTION IN CALORIES FROM BEVERAGES SHIPPED TO SCHOOLS. THE ALLIANCE'S HEALTHY SCHOOLS PROGRAM HAS DEMONSTRATED TREMENDOUS SUCCESS SINCE ITS LAUNCH IN 2006, SCALING UP TO SUPPORT 19,000 SCHOOLS IN THEIR EFFORTS TO CREATE HEALTHIER ENVIRONMENTS WHERE PHYSICAL ACTIVITY AND HEALTHY EATING ARE ACCESSIBLE AND ENCOURAGED. A 2012 REPORT

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FOUND THAT A REPRESENTATIVE SAMPLE OF STUDENTS IN SCHOOLS PARTICIPATING IN THE HEALTHY SCHOOLS PROGRAM DRANK FEWER SUGAR-SWEETENED BEVERAGES AND HAD A REDUCED AVERAGE BODY MASS INDEX. BY FOLLOWING THE ALLIANCE'S HEALTHY OUT-OF-SCHOOL TIME (HOST) FRAMEWORK, MORE THAN 70 PROVIDERS SERVING MORE THAN 5,000 CHILDREN AND YOUTH ARE ABLE TO IMPROVE ACCESS TO HEALTHIER FOODS, INCREASE PHYSICAL ACTIVITY OPPORTUNITIES, AND ENGAGE IN POSITIVE YOUTH DEVELOPMENT.

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

THE CLINTON DEVELOPMENT INITIATIVE (CDI) WORKS TO GIVE SMALLHOLDER FARMERS IN RWANDA AND MALAWI THE TOOLS THEY NEED TO INCREASE THEIR HARVESTS, GENERATE STABLE INCOMES, SUPPORT THEIR FAMILIES, AND IMPROVE

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THEIR COMMUNITIES. IN CLOSE COLLABORATION WITH FARMERS AND NONGOVERNMENTAL ORGANIZATIONS AND AT THE INVITATION OF THE GOVERNMENTS OF MALAWI AND RWANDA, THESE PROGRAMS PROVIDE ACCESS TO BETTER FARMING INPUTS AND MORE STABLE MARKETS - AND ENSURE THAT COMMUNITIES CAN ULTIMATELY SUSTAIN THEMSELVES. IN RWANDA, THE CLINTON FOUNDATION WORKS IN PARTNERSHIP WITH THE HUNTER FOUNDATION. IN 2008, CDI BEGAN THE ANCHOR FARM PROJECT TO PROMOTE SOYA AS A FLEXIBLE, PROFITABLE OPTION FOR FARMERS IN MALAWI. SINCE THE INCEPTION OF THE PROGRAM, FARMERS HAVE CONSISTENTLY EXPERIENCED YIELD INCREASES OF 150 PERCENT OR BETTER, WHILE THE PROFITABILITY FOR A TYPICAL SMALLHOLDER HAS INCREASED BY MORE THAN 500 PERCENT. IN 2012, CDI SCALED UP THE PROJECT TO FIVE FARMS, PROVIDING RESOURCES TO MORE THAN 21,000 SMALLHOLDER FARMERS. SINCE 2007, 2,000 SMALLHOLDER FARMERS HAVE PLANTED MORE THAN 2 MILLION TREES, SEQUESTERING 200,000 TONS OF CO2, HELPING REVERSE DEFORESTATION IN MALAWI AS PART OF THE CDI'S TREES OF HOPE PROGRAM. IN 2012, THE PROGRAM MADE ITS FIRST SEVEN SALES OF CARBON OFFSETS, TOTALING 8,950 TONS - PROVIDING \$39,380 IN INCOME FOR FARMERS. ADDITIONALLY, TO CREATE PROFITABLE BUSINESSES FOR SMALL VILLAGES, CDI HAS ESTABLISHED 200 SELF-SUSTAINING, SMALL COMMUNITY NURSERIES. IN RWANDA, THE CLINTON HUNTER DEVELOPMENT INITIATIVE (CHDI) ESTABLISHED MOUNT MERU SOYCO LIMITED IN 2009 TO BUILD AND OPERATE A LARGE SOY-PROCESSING FACTORY THAT WILL PRODUCE COOKING OIL TO SUPPLY THE RWANDAN MARKETS AND PROVIDE AN EXPORT OPPORTUNITY. THE COMPANY WILL CREATE JOBS FOR MORE THAN 100,000 FARMERS TO GROW SOY, AND MORE THAN 200 FACTORY JOBS. IN 2012, THE SOYCO FACTORY BROKE GROUND, AND CONSTRUCTION IS EXPECTED TO BE COMPLETE IN 2013. CHDI WORKS WITH THE GOVERNMENT OF

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RWANDA AND OTHER NONGOVERNMENTAL PARTNERS TO IMPROVE MARKET-DRIVEN AGRICULTURAL EFFORTS. SINCE 2008, CHDI HAS BEEN EXPANDING ITS CASSAVA-GROWING PROGRAM IN THE EASTERN PROVINCE BY ENCOURAGING FARMERS TO PASS ON NEW CUTTINGS TO THEIR NEIGHBORS, HELPING TO REDUCE FAMINE. FIVE THOUSAND FAMILIES HAVE BENEFITED FROM THIS PROGRAM.

PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED

FORM 990, PART III, LINES 4A - 4D THE CLINTON GIUSTRA ENTERPRISE PARTNERSHIP (ENTERPRISE PARTNERSHIP), PREVIOUSLY THE CLINTON GIUSTRA SUSTAINABLE GROWTH INITIATIVE, WAS ESTABLISHED IN 2007 BY PRESIDENT BILL CLINTON AND PHILANTHROPIST FRANK GIUSTRA AND FORMALLY RENAMED ON MAY 3, 2013 TO REFLECT THE INITIATIVE'S STRATEGIC FOCUS ON CATALYZING MARKET OPPORTUNITIES FOR LOW-INCOME POPULATIONS. THE ENTERPRISE PARTNERSHIP'S MISSION IS TO HELP POPULATIONS WORK THEMSELVES OUT OF POVERTY THROUGH THE CREATION OF SUPPLY CHAINS, DISTRIBUTION AND TRAINING ENTERPRISES THAT ADDRESS GAPS IN VALUE CHAINS, LINKS BETWEEN COMMUNITIES AND MARKETS, AND OPPORTUNITIES FOR INCOME GENERATION AND JOB CREATION IN COLOMBIA, PERU, AND MEXICO. IN 2012, THE ENTERPRISE PARTNERSHIP CONTINUED TO SUPPORT THE SCALE UP OF THE POVERTY REDUCTION AND ALLEVIATION PROGRAM IN THE CAJAMARCA REGION OF PERU AND PROVIDED CAPACITY BUILDING AND MARKET LINKAGES TO MORE THAN 2,300 SMALL AGRICULTURAL PRODUCERS, HELPING THEM IMPROVE THEIR FARM PRODUCTIVITY AND ACCESS NEW MARKETS. IN CARTAGENA, COLOMBIA, THE ENTERPRISE PARTNERSHIP IS WORKING IN CONJUNCTION WITH THE NATIONAL HOTEL ASSOCIATION (COTELCO) TO PROVIDE BUSINESS MENTORING AND WORKSHOPS TO SMALL-SCALE PRODUCERS THROUGH THE HOTEL SUPPLIER NETWORK PROGRAM, WHICH IS HELPING PRODUCERS MEET THE

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MARKET REQUIREMENTS OF LARGE LUXURY HOTELS. DUE TO THIS PROGRAM, THERE HAS BEEN MORE THAN \$2.5 MILLION IN REVENUE RESULTING FROM SALES OF PRODUCTS BY 32 PARTICIPATING SUPPLIER GROUPS TO SIX DIFFERENT FIVE-STAR HOTELS IN THE REGION. ADDITIONALLY, IN SOACHA, COLOMBIA, THE ENTERPRISE PARTNERSHIP PARTNERED WITH SENA (THE NATIONAL LEARNING SERVICE OF COLOMBIA) AND CAMACOL (THE COLOMBIAN CHAMBER OF CONSTRUCTION) TO ESTABLISH THE COUNTRY'S FIRST TRANSPORTABLE CONSTRUCTION TRAINING AND CERTIFICATION FACILITY AND PROVIDED TRAINING TO 5,400 LOW-INCOME CONSTRUCTION WORKERS IN TRADE SKILLS AND SAFETY PRACTICES. THROUGH THE CATARACT SURGERIES PROJECT, THE ENTERPRISE PARTNERSHIP, IN PARTNERSHIP WITH FUNDACIÓN CARLOS SLIM AND THE PERUVIAN MINISTRY OF HEALTH, IS HELPING TO CREATE ECONOMIC OPPORTUNITIES AND SIGNIFICANTLY IMPROVE THE QUALITY OF LIFE AND PRODUCTIVITY FOR TENS OF THOUSANDS OF PERUVIANS BY RESTORING THEIR SIGHT. IN 2012, THE ENTERPRISE PARTNERSHIP COMPLETED MORE THAN 47,000 SURGERIES IN PERU, AND IN EARLY 2013, THE ENTERPRISE PARTNERSHIP REACHED ITS GOAL OF COMPLETING 50,000 SURGERIES, PROVIDING EACH SURGERY AT AN AVERAGE COST OF \$160; \$40 LESS THAN THE ORIGINAL TARGET COST. LASTLY, IN 2012, THE ENTERPRISE PARTNERSHIP EXPANDED ITS PROGRAMS TO CREATE NEW VENTURES IN COLOMBIA AND PERU, WITH A FOCUS ON ENTERPRISE CREATION AND IMPROVING SUPPLY CHAINS, AND ANNOUNCED THAT IT HAD OPENED TWO NEW ENTERPRISES IN CARTAGENA, COLOMBIA IN 2013.

SINCE 2009, THE CLINTON FOUNDATION IN HAITI HAS BEEN FOCUSING ON PRIVATE SECTOR INVESTMENT AND JOB CREATION IN ORDER TO CREATE LONG-TERM, SUSTAINABLE ECONOMIC DEVELOPMENT. AFTER THE DEVASTATING EARTHQUAKE IN

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

2010, PRESIDENT CLINTON FORMED THE CLINTON FOUNDATION HAITI FUND AND RAISED \$16.4 MILLION FROM INDIVIDUAL DONORS FOR IMMEDIATE EARTHQUAKE RELIEF EFFORTS. SINCE 2010, THE CLINTON FOUNDATION HAS RAISED A TOTAL OF \$34 MILLION FOR HAITI, INCLUDING RELIEF FUNDS, AS WELL AS PROJECTS FOCUSED ON RESTORING HAITI'S COMMUNITIES, SUSTAINABLE DEVELOPMENT, AND CAPACITY BUILDING. IN 2012, THE CLINTON FOUNDATION CONCENTRATED ON CREATING SUSTAINABLE ECONOMIC GROWTH IN THE FOUR PRIORITY SECTORS OF ENERGY, TOURISM, AGRICULTURE, AND APPAREL/MANUFACTURING, WORKING TO BRING IN NEW INVESTORS, DEVELOP AND SUPPORT LOCAL ORGANIZATIONS AND BUSINESSES, AND CREATE ACCESS TO NEW MARKETS. IN 2012, THE FOUNDATION FACILITATED HIGH-LEVEL VISITS TO HAITI FROM MORE THAN 85 LEADERS IN INTERNATIONAL BUSINESS AND PHILANTHROPY TO EXPLORE NEW OPPORTUNITIES FOR ENGAGEMENT, WHICH INCLUDED FACILITATING THE GROUNDBREAKING OF THE \$45 MILLION DOLLAR MARRIOTT/DIGICEL HOTEL IN HAITI. THE FOUNDATION ALSO WORKED WITH BOTH MARRIOTT AND HEINEKEN TO LOOK AT WAYS TO INCREASE LOCAL PROCUREMENT, PROVIDING NEW BUSINESS OPPORTUNITIES TO LOCAL ENTERPRISES. WITH THE COFFEE ROASTING COMPANY LA COLOMBE AND NORTH COAST DEVELOPMENT, THE FOUNDATION WORKED TO PROVIDE NEW INTERNATIONAL MARKETS FOR QUALITY HAITIAN PRODUCTS IN 2012, AND USED REVENUE FROM THESE PRODUCTS TO INCREASE ACCESS TO TRAINING, EQUIPMENT, AND MATERIALS FOR FARMERS, AND ALSO WORKED WITH NRG ENERGY TO BRING SOLAR POWER TO SMALL BUSINESSES, HOSPITALS, AND SCHOOLS TO SIGNIFICANTLY OFFSET THE NEED FOR DIESEL-FUELED ELECTRICITY. ADDITIONALLY, TO ADDRESS HAITI'S HIGH-ENERGY COSTS AND ENVIRONMENTAL AND AGRICULTURAL CONCERNS, THE CLINTON FOUNDATION IS WORKING WITH THE HAITIAN GOVERNMENT AND A VARIETY OF AGRICULTURE AND

Schedule O (Form 990 or 990-EZ) 2012	Page 2
Name of the organization	Employer identification number
BILL, HILLARY & CHELSEA CLINTON FOUNDATION	31-1580204

GREEN TECHNOLOGY COMPANIES TO DEVELOP COMMERCIALLY VIABLE PROGRAMS, WHICH ADDRESS THESE NEEDS. IN 2012, THE FOUNDATION PROVIDED \$800,000 TO SUPPORT AGRICULTURE AND GREEN TECHNOLOGY INITIATIVES THROUGHOUT THE COUNTRY, WORKING ON PROJECTS THAT SUPPORT REFORESTATION, IMPROVE AGRICULTURE METHODS, AND SUPPORT CAPACITY BUILDING AND TRAINING. TO SUPPORT HOUSING AND EDUCATION IN HAITI, IN NOVEMBER 2012, THE FOUNDATION SIGNED AN MOU WITH THE QATAR HAITI FUND AND THE GOVERNMENT OF HAITI FOR \$5 MILLION TO PROVIDE HOUSING TO COMMUNITIES AFFECTED BY THE 2010 EARTHQUAKE. LASTLY, WITH SUPPORT FROM THE BOEING FOUNDATION, IN 2012, THE CLINTON FOUNDATION WORKED WITH ARCHITECTURE FOR HUMANITY TO REPAIR A CENTRAL PRIMARY SCHOOL IN DELMAS, WHICH WAS DESTROYED BY THE EARTHQUAKE AND WORKED WITH GREIF, INC. AND OPERATION BLESSING TO CONSTRUCT THE FIRST PRIMARY SCHOOL AND COMMUNITY CENTER FOR THE PEOPLE OF LAKE AZUEI.

LAUNCHED IN 2012, THE CLINTON HEALTH MATTERS INITIATIVE (CHMI) WORKS TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE ACROSS THE UNITED STATES BY ACTIVATING INDIVIDUALS, COMMUNITIES, AND ORGANIZATIONS TO MAKE MEANINGFUL CONTRIBUTIONS TO THE HEALTH OF OTHERS. CHMI WORKS TO IMPLEMENT EVIDENCE-BASED SYSTEMS, ENVIRONMENTAL, AND INVESTMENT STRATEGIES, WITH THE GOALS OF ULTIMATELY REDUCING THE PREVALENCE OF PREVENTABLE DISEASES, REDUCING HEALTH CARE COSTS ASSOCIATED WITH PREVENTABLE DISEASES, AND IMPROVING THE QUALITY OF LIFE FOR PEOPLE ACROSS THE UNITED STATES. EACH YEAR, CHMI CONVENES A DIVERSE GROUP OF INDIVIDUALS, CORPORATE LEADERS, ATHLETES, AND HEALTH AND WELLNESS EXPERTS FOR THE HEALTH MATTERS: ACTIVATING WELLNESS IN EVERY GENERATION CONFERENCE. AT THIS CHMI ANCHOR

JSA 2E1228 1.000

Schedule O (Form 990 or 990-EZ) 2012	Page 2
Name of the organization	Employer identification number
BILL, HILLARY & CHELSEA CLINTON FOUNDATION	31-1580204

EVENT, CONFERENCE PARTICIPANTS EXPLORE ISSUES AROUND HEALTH ACCESS, HEALTHY LIVING, AND DISEASE PREVENTION IN THE UNITED STATES. PARTICIPANTS COMMIT TO IMPLEMENT DYNAMIC SOLUTIONS THAT WILL HELP PEOPLE AND COMMUNITIES ACROSS THE COUNTRY LIVE HEALTHIER LIVES. AT THE SECOND HEALTH MATTERS CONFERENCE IN JANUARY 2013, ATTENDEES ANNOUNCED 31 COMMITMENTS TOTALING MORE THAN \$100 MILLION IN DISEASE PREVENTION INVESTMENTS, WHICH WILL POSITIVELY IMPACT MORE THAN 25 MILLION PEOPLE. IN 2012, CHMI FOCUSED ITS EFFORTS ON IMPROVING COMMUNITY HEALTH IN THE COACHELLA VALLEY, CALIFORNIA, AND IN GREATER LITTLE ROCK, ARKANSAS. IN DECEMBER, CHMI GUIDED 140 COACHELLA VALLEY COMMUNITY LEADERS IN CREATING THE INITIATIVE'S FIRST REGIONAL BLUEPRINT FOR ACTION, A STRATEGIC PLAN OUTLINING 44 STEPS THAT WILL IMPROVE LOCAL HEALTH AND WELLNESS. AND IN ARKANSAS, CHMI IS WORKING WITH REGIONAL LEADERS TO REDUCE THE PREVALENCE OF THESE PREVENTABLE DISEASES, REDUCE THE COST OF MEDICATIONS, AND IMPROVE OVERALL QUALITY OF LIFE FOR ARKANSANS. TO CREATE COMPREHENSIVE SOLUTIONS THAT IMPROVE HEALTH OUTCOMES AND DRIVE DOWN HEALTH CARE COSTS, CHMI ENGAGES CORPORATIONS AND NONGOVERNMENTAL ORGANIZATIONS TO HELP IMPROVE THE HEALTH AND WELL-BEING OF THEIR EMPLOYEES, CUSTOMERS, AND THE BROADER COMMUNITY. IN 2012, PRIVATE-SECTOR COMMITMENTS TO ACTION WERE MADE ADDRESSING A RANGE OF ISSUES, FROM HEART HEALTH AND DIABETES PREVENTION TO HEALTH TECHNOLOGY ADVANCES AND INFRASTRUCTURE.

THE CLINTON PRESIDENTIAL CENTER, LOCATED IN LITTLE ROCK, ARKANSAS, IS COMMITTED TO SUPPORTING THE WORK OF THE CLINTON FOUNDATION AND SERVING THE COMMUNITY BY PROVIDING A FIRST-CLASS VENUE FOR EXHIBITS, EVENTS, AND

JSA 2E1228 1.000

Schedule O (Form 990 or 990-EZ) 2012	
Name of the organization	Employer identification number
BILL, HILLARY & CHELSEA CLINTON FOUNDATION	31-1580204

EDUCATIONAL PROGRAMS. SINCE ITS INCEPTION, THE CENTER HAS WELCOMED 2.7 MILLION VISITORS FROM AROUND THE WORLD. IN ADDITION TO SHOWCASING THE WORK - PAST, PRESENT, AND FUTURE - OF THE 42ND PRESIDENT OF THE UNITED STATES, THE CENTER ALSO SERVES AS AN AWARD-WINNING VENUE THAT ATTRACTS A NUMBER OF PRESTIGIOUS MEETINGS AND CONFERENCES EACH YEAR. IN OCTOBER 2012, THE CENTER WELCOMED THE DEPARTMENT OF STATE'S EXPERIENCE AMERICA, A PROGRAM LED BY THE OFFICE OF THE CHIEF OF PROTOCOL, BRINGING MORE THAN 45 AMBASSADORS TO LITTLE ROCK. THE FOUNDATION PARTNERED WITH THE ARKANSAS ECONOMIC DEVELOPMENT COMMISSION TO CREATE A TWO-CITY, THREE-DAY PROGRAM HIGHLIGHTING THE RICH HISTORY WITHIN LITTLE ROCK FOR MORE THAN 45 AMBASSADORS. IN JUNE 2012, INSPIRED BY CHELSEA CLINTON, THE "DOROTHY HOWELL RODHAM AND VIRGINIA CLINTON KELLEY" EXHIBIT OPENED IN AND HONORED THE MOTHERS OF FORMER SECRETARY OF STATE HILLARY RODHAM CLINTON AND PRESIDENT BILL CLINTON, AND SHARED THE STORIES OF TWO EXCEPTIONAL WOMEN WHO CAME OF AGE IN A CHANGING AMERICA, AND THE CENTER HAD THE OPPORTUNITY TO DISPLAY THE ORIGINAL 19TH AMENDMENT - THE AMENDMENT THAT ALLOWED ALL WOMEN THE RIGHT TO VOTE.

SIGNIFICANT PROGRAM SERVICES CHANGES

FORM 990, PART III, LINE 2

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

Schedule O (Form 990 or 990-EZ) 2012	Page 2
Name of the organization	Employer identification number
BILL, HILLARY & CHELSEA CLINTON FOUNDATION	31-1580204

REDUCING HEALTH CARE COSTS ASSOCIATED WITH PREVENTABLE DISEASES, AND IMPROVING THE QUALITY OF LIFE FOR PEOPLE ACROSS THE UNITED STATES.

NAME CHANGE

FORM 990, PART VI, SECTION A, LINE 4 THE ORGANIZATION WAS RENAMED TO "BILL, HILLARY & CHELSEA CLINTON FOUNDATION" EFFECTIVE APRIL 9, 2013.

DOCUMENTATION OF COMMITTEE MEETINGS

FORM 990, PART VI, SECTION A, LINE 8B THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY, THEREFORE, THE MEETINGS ARE NOT CONTEMPORANEOUSLY DOCUMENTED.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B A COPY OF FORM 990 IS CIRCULATED TO THE BOARD, AMONG THE VARIOUS OFFICERS, AND AMONG THE VARIOUS INITIATIVE HEADS FOR REVIEW PRIOR TO FILING.

CONFLICT OF INTEREST POLICY MONITORING PROCEDURES FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO DISCLOSE ANY POTENTIAL CONFLICTS ANNUALLY. THE ANNUAL DISCLOSURES ARE REVIEWED BY COUNSEL AND IF ANY POTENTIAL CONFLICT EXISTS, IT WOULD BE EXAMINED AND APPROPRIATE ACTION WOULD BE TAKEN.

COMPENSATION DETERMINATION PROCEDURES

FORM 990, PART VI, SECTION B, LINE 15A & 15B BEGINNING IN 2012, THE HUMAN RESOURCES DEPARTMENT PERFORMED A REVIEW OF ALL EMPLOYEES' COMPENSATION INCLUDING THE CEO. THIS INCLUDED REVIEW BY AN INDEPENDENT OUTSIDE CONSULTANT.

BEGINNING IN 2011, THE ORGANIZATION BEGAN AN ANNUAL COMPENSATION STUDY THAT REVIEWS THREE SURVEYS TO DETERMINE THE REASONABLENESS OF ALL STAFF COMPENSATION INCLUDING TOP MANAGEMENT.

AVAILABILITY OF GOVERNING DOCUMENTS FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT AVAILABLE ON ITS WEBSITE. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT FORM 990, PART XII, LINE 2C THE ORGANIZATION'S BOARD, AS A WHOLE (INSTEAD OF A COMMITTEE), ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

FUNDRAISING EXPENSES

JSA

FORM 990, SCHEDULE G, PART I ALL FUNDRAISING AGREEMENTS ENTERED INTO BY THE ORGANIZATION STATE THAT FUNDRAISING EXPENSES WILL BE INVOICED SEPARATELY FROM FUNDRAISING FEES.

lame of the organization		Employer identification number	
BILL, HILLARY & CHELSEA CLINTON FOUNDATION		31-1580204	
BELOW ARE THE AMOUNTS PAID TO EACH PROFESSIONAL	FUNDRAISER FOR		
FUNDRAISING EXPENSES.			
AMERICAN MARKETING & COMMUNICATIONS CORP	\$96,100		
M&R STRATEGIES	\$108,079		
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES		ATTACHMENT 1	
AUSTRALIA			
KENYA			
INDONESIA			
MALAWI			
PERU			
RWANDA			
UNITED KINGDOM			
COLOMBIA			
TANZANIA			
FORM 990, PART VI, LINE 17 - STATES		ATTACHMENT 2	

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

JSA

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

ATTACHMENT 3

Schedule O (Form 990 or 990-EZ) 2012 Name of the organization	Em	Page ployer identification number
BILL, HILLARY & CHELSEA CLINTON FOUNDATION		31-1580204
,	ATT	ACHMENT 3 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHES		
NAME AND ADDRESS	DESCRIPTION OF SERVI	CCES COMPENSATION
INTERNATIONAL UNION/ NATURE IUCN RUE MAUVERNEY 28 GLAND SWEDEN	PROGRAM SUPPORT	729,436.
WASSERMAN MEDIA GROUP LLC. 10960 WILSHIRE BLVD LOS ANGELES, CA 90024	EVENT PRODUCTION	437,000.
FRED POUST 277 WEST END AVENUE NEW YORK, NY 10023	COUNSULTING	250,000.
BKD, LLP 400 W. CAPITAL AVENUE LITTLE ROCK, AR 72203	AUDIT	213,614.
INTERNATIONAL SUSTAINABLE SYSTEMS R.C. 605 S. PALM ST LA HABRA, CA 90631	PROGRAM SUPPORT	213,406.

Schedule O (Form 990 or 990-EZ) 2012

		BILL, HILLARY & CHELSEA	CLINTON FOU	INDATION	31-1580204			
SCHEDULE (Form 990)		Related Orga	anizations	and Unrelat	ed Partnersh	ips		омв №. 1545-0047 20 12
Department of the Internal Revenue S	*	► Complete if the organiz ► Attach to		Yes" to Form 990, Pa ▶ See separ		Open to Public Inspection		
Name of the org	ganization						Employer id	dentification number
BILL, HI	LLARY	& CHELSEA CLINTON FOUNDATION					31-158	0204
Part I	Identific	ation of Disregarded Entities (Complete if th	e organization	answered "Yes" to	o Form 990, Part IV	/, line 33.)		
	٢	(a) lame, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
_(1)								
(2)								
_(3)								
_(4)								
_(5)								
_(6)								
Part II	Identific one or m	ation of Related Tax-Exempt Organizations(ore related tax-exempt organizations during th	Complete if th	e organization an	swered "Yes" to Fo	orm 990, Part IV	/, line 34 because	it had
		(-)	(1)	(-)	(-1)	(-)	(5	()

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) WILLIAM J CLINTON FOUNDATION UK							
610 PRESIDENT CLINTON AVE 2ND LITTLE ROCK, AR 72201	FUNDRAISING	UK		NA	FOUNDATION	X	
(2) CLINTON GLOBAL INITIATIVE 27-1551550							
1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	INTIATIVE	AR	501 (C) (3)	11B	FOUNDATION	X	
(3) CLINTON HEALTH ACCESS INITIATIVE 27-1414646							
383 DORCHESTER AVE BOSTON, MA 02127	HEALTH	AR	501 (C) (3)	9	FOUNDATION	X	
(4) CLINTON FOUNDATION INSALINGSSTIFTELSE							
TORNGREN MAGNELL VAST TRADGARD STOCKHOLM, SW	FUNDRAISING	SW		NA	FOUNDATION	x	
_(5)	_						
_(6)	_						
_(7)	_						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	1	1	1	1	Schedule	R (Form §	90) 2012

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

Schedule R (Form 990) 2012

Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
<u></u>												
<u>(4)</u>												
<u>(5)</u>												
<u>(6)</u>												
_(7)												

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

(b) Primary activity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i Sec 512(b contr enți	(i) ction (b)(13) trolled <u>tity?</u>
						Yes	No
	Primary activity Legal domicile (state or foreign	Primary activity Legal domicile Direct controlling (state or foreign entity	Primary activity Legal domicile Direct controlling Type of entity (State or foreign entity (C corp, S corp, or	Primary activity Legal domicile Direct controlling Type of entity Share of total (state or foreign entity (C corp, S corp, or income	Primary activity Legal domicile Direct controlling Type of entity Share of total Share of (state or foreign entity (C corp, S corp, or income end-of-year assets	Primary activity Legal domicile Direct controlling Type of entity Share of total Share of Percen- (state or foreign entity (C corp, S corp, or income end-of-year assets tage	(state or foreign entity (C corp, S corp, or income end-of-year assets tage country) trust) trust

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	N
	During the tax year, did the organization engage in any of the following transactions with or	ne or more related organizations lis	sted in Parts II-IV?				
3	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		
5	Gift, grant, or capital contribution to related organization(s)				1b		
;	Gift, grant, or capital contribution from related organization(s)				1c		
I	Loans or loan guarantees to or for related organization(s)				1d	X	
•	Loans or loan guarantees by related organization(s)				1e		
	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)				1g		
	Purchase of assets from related organization(s)				1h		T
	Exchange of assets with related organization(s)				1i		F
	Lease of facilities, equipment, or other assets to related organization(s)				1j		F
	Lease of facilities, equipment, or other assets from related organization(s)				1k	19 11 41 18 19 19 19 19 19 19 19 19 19 19 19 19 19	. 393
	Performance of services or membership or fundraising solicitations for related organization(e)			11		t
	Performance of services or membership or fundraising solicitations by related organization(a)			1m	-	t
I	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	•/			1n		┢
	Sharing of racindes, equipment, making lists, of other assets with related organization(s)			• • • • •	10	-	┢
	Sharing of paid employees with related organization(s)				10		0
	Domburgement hold to related ergenization(a) for evenence				1 -	01000000	9100 71
	Reimbursement paid to related organization(s) for expenses				1p		s III
	Reimbursement paid to related organization(s) for expenses				1p 1q		
	Reimbursement paid by related organization(s) for expenses				<u>1q</u>		
	Reimbursement paid by related organization(s) for expenses				1q 1r		
	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	1q 1r 1s		
	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must	t complete this line, including cove	red relationships and transa	· · · · · ·	1q 1r 1s eshold		
	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	action three	1q 1r 1s	S.	ng
	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who mus (a)	t complete this line, including cove (b) Transaction	ered relationships and transa	action three	1q 1r 1s eshold (d) (d) d of det ount inv	S. termin volved	
	Reimbursement paid by related organization(s) for expenses	t complete this line, including cove (b) Transaction type (a-s)	ered relationships and transa (c) Amount involved	action thro Metho am	1q 1r 1s eshold (d) d of det ount inv END	s. ermin volved BA:	
	Reimbursement paid by related organization(s) for expenses	t complete this line, including cove (b) Transaction type (a-s) C	red relationships and transa (c) Amount involved 8,975,872.	action three am	1q 1r 1s eshold (d) d of det ount inv END PAII	s. sermin volved BA:	
	Reimbursement paid by related organization(s) for expenses	t complete this line, including cove (b) Transaction type (a-s) C B	red relationships and transa (c) Amount involved 8,975,872. 4,000,000.	action three arms of the second secon	Iq 1r 1s eshold (d) d of det ount inv END PAII END	BA:	
 	Reimbursement paid by related organization(s) for expenses	t complete this line, including cove (b) Transaction type (a-s) C B D	red relationships and transa (c) Amount involved 8,975,872. 4,000,000. 3,558,496.	AMT.	Iq 1r 1s eshold (d) d of det ount inv END PAII END	BA:	

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

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

(a) Name, address, and EIN of entity	nd EIN of entity Primary activity Legal domicile Predominant Are all partn (state or foreign income (related, country) unrelated, excluded from tax under		partners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		s? amount in box 20 of Schedule K-1 (Form 1065)		j) eral or aging :ner?	(k) Percentage ownership		
			section 512-514)	Yes	No			Yes	No	(Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012

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

-orm 990-T	Exem	ot Organization Busine	ess Income	e Tax Return (and proxy	y tax under section	6033(e))	OMB No. 1545-0687
Department of the Treasury	· ·	For calendar year 2012 or othe		inning	, 2012, and		
nternal Revenue Service		-	, 20 .	See separate		Ļ	Open to Public Inspection for 501(c)(3) Organizations Only
Check box if address changed	Ŀ	Name of organization (XC	heck box if har	ne changed and see instruction	ns.)		oyer identification number oyees' trust, see instructions.)
B Exempt under section	-	BILL, HILLARY &	CHELSE	A CLINTON FOUNDA	ATION		
X 501(C)(3)	Print	Number, street, and room or su				31-1	580204
408(e) 220(e	or	. ,				E Unrela	ated business activity codes
408A 530(a	Type	1200 PRESIDENT	CLINTON	AVENUE		(see ins	structions.)
529(a)	´	City or town, state, and ZIP cod	e				
Book value of all assets		LITTLE ROCK, AR	72201			72232	20
at end of year	F Gro	up exemption number (see ir	nstructions)	•			
225,703,274.	G Che	ck organization type 🕨 🛛	501(c) co	rporation 501(d	c) trust	401(a)	trust Other trus
I Describe the organ	ization's p	rimary unrelated business act	tivity. 🕨 RE	NTAL CATERING B	USINESS		
		corporation a subsidiary in a					▶ Yes X N
		identifying number of the par	ent corporatio	on. 🕨			
The books are in ca	re of 🕨	ANDREW KESSEL		Telepho	ne number 🕨 🌖	01-748	3-0471
		or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts or	r sales	2,406,835.					
b Less returns and allow	vances	c Bala	ance 🕨 1c	2,406,835.			
2 Cost of goods s	old (Sched	ule A, line 7)	2	809,180.			
3 Gross profit. Su	btract line	2 from line 1c	3	1,597,655.			1,597,655
4a Capital gain net	income (a	ttach Schedule D)	4a				
b Net gain (loss) (F	Form 4797,	Part II, line 17) (attach Form 479	97) 4b				
c Capital loss ded	uction for t	rusts	4c				
5 Income (loss) from	n partnershij	os and S corporations (attach stat	ement) 5				
6 Rent income (So	hedule C)		6				
7 Unrelated debt-	financed in	come (Schedule E)	7				
8 Interest, annuit	ies, royalt	ies, and rents from cont	rolled				
organizations (S	chedule F)		8				
9 Investment inco	ome of a	section 501(c)(7), (9), or	(17)				
organization (Sc	hedule G)		9				
0 Exploited exemp	ot activity i	ncome (Schedule I)	10				
1 Advertising inco	me (Schec	lule J)	11				
2 Other income (s	ee instruc	tions; attach statement)	12				
3 Total. Combine	lines 3 thr	ough 12	13	1,597,655.			1,597,655
Part II Deduction	ons Not	Taken Elsewhere (see	instructio	ns for limitations on a	deductions) (e	xcept fo	r contributions,
deductio	ns must	be directly connected	with the ur	nrelated business inco	ome)		
4 Compensation of	of officers,	directors, and trustees (Scheo	dule K)			. 14	
5 Salaries and wag	ges					. 15	970,096
7 Bad debts						. 17	3,906
9 Taxes and licens	es					. 19	
0 Charitable contr	ibutions (s	ee instructions for limitation r	rules)			. 20	
1 Depreciation (at	tach Form	4562)		21			
2 Less depreciation	on claimed	on Schedule A and elsewher	e on return	22a		22b	
3 Depletion						. 23	
		compensation plans					
		3					285,618
		Schedule I)					
		chedule J)					
		statement)					518,735
		s 14 through 28					1,778,355
		e income before net operatir					-180,700
		on (limited to the amount on	•				1
		e income before specific dec					-180,700
		ally \$1,000, but see line 33 i		•			1,000
		le income. Subtract line 33 f				• • • • • • • •	1
		r line 32		5	,	. 34	-180,700
For Paperwork Reductio	n Act Notic	e, see instructions.	<u></u>				Form 990-T (201
		/15/2013 3:18:27	DM 11 1	0 7 7	71302		PAGE

Form 9	90-T	(2012)
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Par	t III	Tax Computation	า									
35	Organi	zations taxable as	corporations (se	e instruction	s fo	r tax comput	tation). Controlled	group				
	-	s (sections 1561 and 1	•			•	,	• •				
а		our share of the \$50,0					ckets (in that order):				
	(1) \$					3) \$,				
b		rganization's share of: (1)					\$					
	(2) Addi	tional 3% tax (not more	than \$100.000)		,		\$		1			
с	Income	tax on the amount on lin	ne 34				•	►	35c			
36	Trusts	taxable at trust										
	the amo	ount on line 34 from:	Tax rate schedule	or So	hedu	ıle D (Form 104	1)		36			
37	Proxy t	ax (see instructions)							37			
38		ive minimum tax							38			
39	Total. A	dd lines 37 and 38 to lin	ne 35c or 36, whichev	er applies			<u></u>		39			
Par	t IV	Tax and Payment	ts									
40 a	Foreign	tax credit (corporations	attach Form 1118; tru	usts attach For	m 11	16) 4	l0a					
		redits (see instructions).					10b					
		business credit. Attach					10c					
		or prior year minimum ta					l0d		4			
е		edits. Add lines 40a thro							40e			
41		t line 40e from line 39							41			
42	Other ta:	kes. Check if from: Form	m 4255 Form 861	1 Form 8	697	Form 8866	Other (attach sta	tement).	42			
43		x. Add lines 41 and 42				1			43			
44 a	-	its: A 2011 overpayment							-			
b		timated tax payments .							-			
C.		osited with Form 8868.										
d	-	organizations: Tax paid			<i>,</i>				1			
e		withholding (see instruct or small employer health	,				14e 14f		-			
f		redits and payments:		-			141		1			
9		orm 4136		2439			14a					
45		ayments. Add lines 44a t							45			
46		ed tax penalty (see instru							46			
47		. If line 45 is less than t							47			
48		yment. If line 45 is large		,					48			
49		e amount of line 48 you want				•		ided 🕨	49			
Par	t V	Statements Rega	arding Certain /	Activities a	Ind	Other Info	r mation (see ins	truction	s)			
1	At any f	ime during the 2012 ca	alendar year, did the o	organization ha	ve a	n interest in or	a signature or other	authorit	y over a	financial	Yes	No
		(bank, securities, or othe			-	-		90-22.1,	Report of	of Foreign		
		d Financial Accounts. If "									X	
2		the tax year, did the orga				vas it the grant	or of, or transferor to	o, a fore	ign trust?	· · · · ·		X
	,	see instructions for other	-	•								
3 Seb		e amount of tax-exempt					FIFO					
		A - Cost of Goods		noa of invent					6			
1		ry at beginning of year		809,180.	6 7		nd of year ods sold. Subtrac		0			
2 3		es	-	0007100.	7	•	5. Enter here a					
-		al section 263A costs	3						7	8	309.	180.
4 a		statement)	4a		8		es of section 26				Yes	No
h		osts (attach statement)			v		duced or acquir				103	
5		dd lines 1 through 4b		809,180.			ation?					X
	Under	penalties of perjury, I declare	e that I have examined this	s return, including	accor	npanying schedules	and statements, and to	the best of	of my kno	wledge and b	elief, it	is true,
Sigr	ר correc ג	t, and complete. Declaration of p	preparer (other than taxpayer)) is based on all info	ormatio	on of which prepare	has any knowledge.			DQ diagues	thin	roturn
Her										RS discuss preparer sł		
_		ature of officer		Date		Title			e instructio			No
		Print/Type preparer's name	ie	Preparer's sig	natur	e	Date	Chec	k if	PTIN		
Paid		ERNIE SKYRME							mployed	P013	5326	52
	arer Only	Firm's name BKD,						Firm's		44-016		
	Uniy	Firm's address P.O.						Phon	e no.	501-37		
		LITT	TLE ROCK, AR	72203-36	67					Form 9	90-T	(2012)

Page 3

Form 990-T (2012)

. Description of property									
1)									
2)									
3)									
4)									
	2. Rent receiv	/ed or accrue	ed						
(a) From personal property (if the				ortv	/if the	3(a) Doductions	directly con	nected with the inco	
for personal property is more t more than 50%	han 10% but not	percenta	rom real and personal pro age of rent for personal pro r if the rent is based on pro	perty	exceeds			(attach statement)	
1)									
2)									
3)									
4)									
- Total		Total							
c) Total income. Add totals of o	olumns 2(a) and 2((b) Total deduct			
ere and on page 1, Part I, line (,				Enter here and o Part I, line 6, colu			
Schedule E - Unrelated D			e instructions)						
					3. De	ductions directly c			
1. Description of de	bt-financed property		2. Gross income from allocable to debt-finance				nced propert	,	
	,		property			line depreciation statement)	(b) Other deductions (attach statement)		
1)					lattaol		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2)									
3)									
4)	E Average adjus	tod basis							
 Amount of average acquisition debt on or 	5. Average adjust of or allocal		6. Column		7. Gross in			llocable deductions	
allocable to debt-financed	debt-financed		4 divided by column 5			2 x column 6)	(column 6 x total of col 3(a) and 3(b))		
property (attach statement)	(attach state	ment)							
1)				%					
2)				%					
3)				%					
4)				%	Enter here	and on page 1,	Enterh	ere and on pag	
otals	tions included in co	olumn 8		►	Part I, line	7, column (A).	Part I,	line 7, column (
Schedule F - Interest, An	nuities, Royalti	es, and R	ents From Control	led	Organizat	i ons (see instr	uctions)		
		E>	empt Controlled Org	ganiz	zations				
						5. Part of colum	in 4 that is	6. Deductions di	
1. Name of controlled	2. Employer					ed included in the controllir		connected with ir	
1. Name of controlled organization	2. Employer identification nu	mber 3	3. Net unrelated income (loss) (see instructions)		otal of specified syments made		-	in column 5	
 Name of controlled organization 		mber 3					-	in column 5	
 Name of controlled organization 1) 2) 		mber 3					-	in column 5	
 Name of controlled organization 1) 2) 3) 		mber 3					-	in column 5	
 Name of controlled organization 1) 2) 3) 4) 	identification nu	mber 3					-	in column 5	
 Name of controlled organization 1) 2) 3) 4) 	identification nu	mber 3			yments made	organization's gr	oss income		
 Name of controlled organization 1) 2) 3) 4) 	identification nu	mber 3		pa	yments made		s 1 ¹	1. Deductions direc	
1. Name of controlled organization 1) 2) 3) 4) Ionexempt Controlled Orga 7. Taxable Income 1)	identification number of the second s	mber 3	(loss) (see instructions)	pa	yments made	rt of column 9 that i	s 1 ¹	Deductions direct	
1. Name of controlled organization 1) 2) 3) 4) Nonexempt Controlled Orga 7. Taxable Income 1)	identification number of the second s	mber 3	(loss) (see instructions)	pa	yments made	rt of column 9 that i	s 1 ¹	Deductions direct	
 Name of controlled organization 1) 2) 3) 4) Nonexempt Controlled Orga 	identification number of the second s	mber 3	(loss) (see instructions)	pa	yments made	rt of column 9 that i	s 1 ¹	Deductions direct nected with incom	
1. Name of controlled organization 1) 2) 3) 4) Nonexempt Controlled Orga 7. Taxable Income 1) 2) 3)	identification number of the second s	mber 3	(loss) (see instructions)	pa	yments made	rt of column 9 that i	s 1 ¹	Deductions direct	
1. Name of controlled organization 1) 2) 3) 4) Nonexempt Controlled Orga 7. Taxable Income 1) 2)	identification number of the second s	mber 3	(loss) (see instructions)	pa	yments made	rt of column 9 that i	s 1 ⁻ g cor e Ad	in column 5	
Name of controlled organization Organization Solution Solution Solution Solution Total Controlled Orga Total Controlled Orga Total Controlled Orga Total Controlled Orga Solution Solution	identification number of the second s	d income ructions)	(loss) (see instructions) 9. Total of specific payments made	pa	yments made	rt of column 9 that i ed in the controlling zation's gross incom	s 1 ⁻ g cor e Ad	1. Deductions direc nected with incom column 10 dd columns 6 and 1 ter here and on page	

Form	990-T	(2012)
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BILL, HILLARY & CHELSEA CLINTON FOUNDATION 31-1580204 Page 4

Schedule G - Investment In	come of a Sec	tion 501(c))(7),	(9), or (17) Orga	nizat	ion (see inst	ruct	ions)	
1. Description of income	2. Amount of	income		3. Deductions directly connected (attach statement)		4. Set (attach s			5. Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)									
(4)									
	Enter here and Part I, line 9, co								Enter here and on page 1, Part I, line 9, column (B).
<u>Totals </u> ►									
Schedule I - Exploited Exe	empt Activity In	come, Othe	r Tha	an Advertising In	icom	e (see instru	ctior	ıs)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected w production unrelated business inco	vith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fror is i	Gross income n activity that not unrelated siness income		6. Expenses ttributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (tI,						Enter here and on page 1, Part II, line 26.
Totals									
Schedule J - Advertising In									
Part I Income From Per	iodicals Report	ed on a Co	nsoli	dated Basis	1				
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	 Advertising gain or (loss) (col. minus col. 3). If a gain, compute cols. 5 through 7. 	5.	Circulation income	6	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))									
Part II Income From Per through 7 on a line	· · · · · · · · · · · · · · · · · · ·	ted on a Se	para	t e Basis (For ea	ch pe	eriodical liste	əd iı	n Part II, fi	II in columns 2
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	 Advertising gain or (loss) (col. minus col. 3). If a gain, compute cols. 5 through 7. 	5.	. Circulation income	6	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I									
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Par line 11, col. (tl						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		· · · · · · · · · · · · · · · · · · ·				- \			
Schedule K - Compensatio	n of Officers, D	virectors, ar		2. Title		 S) 3. Percent of time devoted to business 			ensation attributable to related business
(1) ATCH 2						มนอแกะออ	%		
$\frac{(1) \text{ ATCH } 2}{(2)}$									
							%		
(3)							%		
(4) Total Enter here and an nage 1 P	ort II line 14						%		
Total. Enter here and on page 1, P	arr II, III 14			<u></u>	<u></u>		-		Form 990-T (2012)

ATTACHMENT 1

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

LICENSES & FEES	3,781.
SUPPLIES EXPENSES	97,244.
PURCHASE SERVICES	226,914.
OTHER PAYROLL EXPENSES	92,006.
CREDIT CARD EXPENSES	34,511.
OTHER EXPENSES	63 , 147.
UTILITIES	1,132.
PART II - LINE 28 - OTHER DEDUCTIONS	518,735.

ATTACHMENT 2

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

NAME AND ADDRESS	TITLE	BUSINE PERCEN	
BRUCE R LINDSEY 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	CEO		0 0
ANDREW KESSEL 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	CFO		0 0
STEPHANIE S STREETT 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	EXECUTIVE DIRECTOR		0 0
TERRENCE MCAULIFFE 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	DIRECTOR		0 0
CHELSEA V. CLINTON 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	DIRECTOR		0 0
SCOTT TAITEL 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	COO OF CGSGI		0 0
MARK GUNTON 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	CEO, CGSGI		0 0
THERESE SHERIDAN 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	HR DIRECTOR		0 0
DENNIS CHENG 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	CDO		0 0
VALERIE ALEXANDER 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	MARKETING DIRECTOR		0 0
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ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS

TITLE

BUSINESS

PERCENT COMPENSATION

TOTAL COMPENSATION

0

FEDERAL FOOTNOTES

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

CARRYOVER GEN	NERATED '	YΕ	12/31/2011	\$34 , 437
CARRYOVER GEN	NERATED '	YΕ	12/31/2012	\$180,700
TOTAL UTILIZA	ATION			NONE

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

FEDERAL FOOTNOTES

FORM 990-T, PART V, LINE 1 INTEREST IN OR A SIGNATURE OR OTHER AUTHORITY OVER A FINANCIAL ACCOUNT IN A FOREIGN COUNTRY. AUSTRALIA, COLUMBIA, INDONESIA, KENYA, MALAWI, PERU, RWANDA, TANZANIA, UNITED KINGDOM.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning _____, 2012, and ending ____ _ . 20 _ _ _

1223 E.D.	1 12/02/		201 J. 201 BR		
Do not	send t	o the IR	S. Keep fo	or your	records.

Employer identification number 27-1551550

Name of exempt organization

Department of the Treasury

Name and title of officer

Internal Revenue Service

CLINTON GLOBAL INITIAT	LVE,	INC
------------------------	------	-----

ROBERT HARRISON, CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-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 for 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-). But, if you entered -0- on the return, then enter -0on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	28222117.
2a	Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	
	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		
	Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5).		
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an 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. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only				1			
X lauthorize BKD, LLP	to enter my PIN	7	2 2 0 1	a	s mv	signa	ture
ERO firm name			five numbers, b t enter all zeros	ut			
on the organization's tax year 2012 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.							ned
As an officer of the organization, I will enter my PIN as my signature If I have indicated within this return that a copy of the return is being the IRS Fed/State program, I will enter my PIN on the return's disclo	filed with a state ag	ency(i					
Officer's signature (WeitSHams	Date	•	1/14	120	> /	3	
Part III Certification and Authentication							
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	5	1	0 1 5 5	7 2	2	0 3]

number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature >	Emie Shyne	Date	115/	13
	/			

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2012)

do not enter all zeros

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2012
Open to Public

3

OMB No. 1545-0047

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

Internal Re	evenue Service	The organization may have to u	use a copy of t	his return	n to satisfy sta	ate repo	orting requirement	ents.	In	spection	on
A For t	the 2012 ca	llendar year, or tax year beginning		, 2012,	, and endin	g			, 20)	
_	CN	ame of organization					D Employer id	entificati	ion num	ber	
B Check if	applicable:	CLINTON GLOBAL INITIATIVE, INC	2.								
	dress	oing Business As					27-155	1550			
	ange N	umber and street (or P.O. box if mail is not delivered to	street address)		Room/suite		E Telephone n				
		200 PRESIDENT CLINTON AVENUE	····,				(501) 74		71		
		ity or town, state or country, and ZIP + 4					(301) /4	0-04	/⊥		
	ininatou						•				
reti	urn –	LITTLE ROCK, AR 72201					G Gross receip			1	,117
	nung	Name and address of principal officer: ROBERT					H(a) Is this a gro affiliates?	up return f	or	Yes	X N
		271 AVENUE OF THE AMERICAS NE	EW YORK,	NY 100	019		H(b) Are all affilia	ates include	ed?	Yes	N
Tax-e	exempt status:	X 501(c)(3) 501(c) () ◀ (inse	ert no.) 49	947(a)(1) o	or 52	7	lf "No," atta	ch a list. (s	ee instruc	tions)	
J Web	site: 🕨 HT	TP://CLINTONGLOBALINITIATIVE.	ORG				H(c) Group exem	ption num	ber 🕨		
K Form	n of organizati	on: Corporation Trust Association	Other 🕨		L Year of	f formati	on: 2009 M	State of	legal do	micile:	AR
Part I	Summ	ary									
1	Briefly de	scribe the organization's mission or most signific	ant activities:								
		PIRE, CONNECT AND EMPOWER PAR									
J Ce		TO SOLVE THE WORLD'S MOST PR									
ma											
0 2	Check this	s box ▶ if the organization discontinued it		r dispose	d of more the		of its not assot			·	
ອ ສ 3											5
8 J	Number o	f voting members of the governing body (Part VI,	line ia)					3			2
		f independent voting members of the governing	body (Part VI, I					4			
Activities & Governance 9 G P C C	l otal num	ber of individuals employed in calendar year 201	2 (Part V, line)	2a)				5			99
	Total num	ber of volunteers (estimate if necessary)						6			690
		s unrelated business revenue from Part VIII, colur									
k	Net unrela	ited business taxable income from Form 990-T, li	ne 34					7b			
							Prior Year			rent Ye	
<u>ہ</u> 8	Contributi	ons and grants (Part VIII, line 1h)	[CODV	FOR		26,095,04	40.	28,	221	,924.
9 Bun	Program s	ervice revenue (Part VIII, line 2g)		COPY				0			
9 9 10	Investmer	t income (Part VIII, column (A), lines 3, 4, and 7d		JBLIC INS	SPECTION			0			
²⁶ 11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10					1	77.			193
12		nue - add lines 8 through 11 (must equal Part VII					26,095,1	17.	28,	222	,117.
13		d similar amounts paid (Part IX, column (A), lines						0			,872.
14	Benefits r	aid to or for members (Part IX, column (A), line 4)						0			, -
15	Salaries	other compensation, employee benefits (Part IX, c	olumn (A) line	s 5-10)			4,975,92	25	6	949	,577
0		nal fundraising fees (Part IX, column (A), line 11e)						0			
ber		raising expenses (Part IX, column (D), line 25)	1 1	30 805	•••••						
ы́ Ш		Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,130,807. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)						11,698,170.			
											,668.
18		nses. Add lines 13-17 (must equal Part IX, colum					16,674,09		_ 20,	222	,117.
<u>19</u>	Revenue	ess expenses. Subtract line 18 from line 12				- ·	9,421,02				
Net Assets or Fund Balances 75 05 76 76 76 76 76 76 76 76 76 76 76 76 76						Begini	ning of Current			d of Yea	
20 agai		ts (Part X, line 16)					4,765,2				,362.
21 gB		ities (Part X, line 26)					2,381,58		9,	519	,694.
ž≞ 22	Net asset	s or fund balances. Subtract line 21 from line 20.					2,383,60	58.	2,	383	,668
Part II		ure Block									
Under po	enalties of per	ury, I declare that I have examined this return, including Declaration of preparer (other than officer) is based on	accompanying s	schedules	and statements	s, and to	the best of my l	nowledg	e and be	elief, it i	s true,
Sign											
Here	s Sigr	ature of officer					Date				
	Туре	or print name and title									
		preparer's name Preparer's sign	nature		Date		Check if		PTIN		
Paid	FDNTF	SKYRME					self- employed			3532	62
Prepare	r –						EIN	·	L L U L S	ک د د ر	02
Use Onl	-			70000	2667			F 0 1 7		040	
M	Firm's add							501-3			
-		s this return with the preparer shown above? (see					• • • • • • •		X Ye		No
•	erwork Red	uction Act Notice, see the separate instructions	i.						Forr	m 990	(2012)
JSA 2E1065 1.											
8	8587BA ł	925 11/18/2013 9:56:41 AM	V 12-7F		563	303					PAGE

	It III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III III
	Briefly describe the organization's mission:
	ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	THE CGI ANNUAL MEETING
	SEE SCHEDULE O FOR FURTHER DETAILS
	(Code:) (Expenses \$1,196,356. including grants of \$) (Revenue \$)
	CGI UNIVERSITY SEE SCHEDULE O FOR FURTHER DETAILS
С	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	CGI AMERICA SEE SCHEDULE O FOR FURTHER DETAILS
d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
е	Total program service expenses ► 25,330,457.
SA 0 2.	000 Form 990
	8587BA K925 11/18/2013 9:56:41 AM V 12-7F 56303 PA

CLINTON GLOBAL INITIATIVE, INC.

Form 9	90 (2012)		I	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	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	9		X
10	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	10		X
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12-		v
	complete Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12b	Х	
10	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120	Λ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
b	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.	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	21	
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	10		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u>_</u>
13	If "Yes," complete Schedule G, Part III	19		х
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		· ·
				·

Form **990** (2012)

Form 9	990 (2012)		I	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2012)

CLINTON GLOBAL INITIATIVE, INC.

Form 990 (2012)

Page 5

b E c D c F 2a E b If N D b If 4a O b If 5a V c If 6a D	inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 79 inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and eportable gaming (gambling) winnings to prize winners? 1 2a 99 inter the number of employees reported on Form W-3, Transmittal of Wage and Tax tatements, filed for the calendar year ending with or within the year covered by this return 2a 99 at least one is reported on line 2a, did the organization file all required federal employment tax returns? 99 Iote. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 99 "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 1 "Yes," enter the name of the foreign country:	1c	Yes X X	
b E c D c F 2a E b If N D b If 4a O b If 5a V c If 6a D	inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1 1b 0 to the organization comply with backup withholding rules for reportable payments to vendors and eportable gaming (gambling) winnings to prize winners? Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax tatements, filed for the calendar year ending with or within the year covered by this return 2a 99 at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) to the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> at any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country: ▶ "Yes," enter the name of the foreign country: ▶ tee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1c 2b 3a 3b		2
c D re 2a E b If N 3a D f b If 4a A o a b If S 5 a V b C f 6 a D	Did the organization comply with backup withholding rules for reportable payments to vendors and eportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Extatements, filed for the calendar year ending with or within the year covered by this return 2a 99 at least one is reported on line 2a, did the organization file all required federal employment tax returns? Hote. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> at any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)? "Yes," enter the name of the foreign country: ► ee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1c 2b 3a 3b		2
re 2a E 5 If 3a D 6 If 4a A 0' 4a 5a V 5a V 5a V 6a D	eportable gaming (gambling) winnings to prize winners? inter the number of employees reported on Form W-3, Transmittal of Wage and Tax itatements, filed for the calendar year ending with or within the year covered by this return 2a 99 at least one is reported on line 2a, did the organization file all required federal employment tax returns? lote. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) bid the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> at any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)? "Yes," enter the name of the foreign country: ▶ ee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	2b 3a 3b		2
2a E 5 b If 3a D f 4a A 0' a 6 b If 5a V 5 b D 5 c If 6a D	inter the number of employees reported on Form W-3, Transmittal of Wage and Tax tatements, filed for the calendar year ending with or within the year covered by this return 2a 99 at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) bid the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> at any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)? "Yes," enter the name of the foreign country: ▶ ee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	2b 3a 3b		2
S b If N 3a D f f 4a A o a a b If S 5a W b D f 5a W b C f 6a D	statements, filed for the calendar year ending with or within the year covered by this return 2a 99 at least one is reported on line 2a, did the organization file all required federal employment tax returns? Intervention 1 lote. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 1 1 Did the organization have unrelated business gross income of \$1,000 or more during the year? 1 1 "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> 1 1 At any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)? 1 "Yes," enter the name of the foreign country:	2b 3a 3b	X	Σ
b If 3a D b If 4a A ο' b If 5a W b D c If 6a D	at least one is reported on line 2a, did the organization file all required federal employment tax returns? lote. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) bid the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> at any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)? "Yes," enter the name of the foreign country: ► be instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	2b 3a 3b	X	Σ
N 3a D b If 4a A b If 5a W b D c If 6a D	lote. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> . It any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)? "Yes," enter the name of the foreign country: ▶	3a 3b		2
3a D b If 4a A o' b If 5a W b D c If 6a D	bid the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> at any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)? "Yes," enter the name of the foreign country: ►	3b		
 b If 4a A o' a b If 5a W b D c If 6a D 	"Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> t any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)? "Yes," enter the name of the foreign country: ► ee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	3b		
4a A o' b If Si 5a W b D c If 6a D	at any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)? "Yes," enter the name of the foreign country: ► the instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
o a b If S 5a W b D c If 6a D	ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)? "Yes," enter the name of the foreign country: ▶	4a		
b lf 5a W 5 D c lf 6a D	"Yes," enter the name of the foreign country: ► ee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4a		
5a W 5b D c If 6a D	ee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
5a W b D c If 6a D				
b D c If 6a D	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		F
clf 6aD		5a		
6a D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
	"Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		+
	boes the organization have annual gross receipts that are normally greater than \$100,000, and did the	0.		
	rganization solicit any contributions that were not tax deductible as charitable contributions?	6a		-
	"Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
	ifts were not tax deductible? Irganizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	nd services provided to the payor?	7a	Х	T
	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	_
	Not the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.0		+
	equired to file Form 8282?	7c		
	"Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
ο	rganizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
0	rganization, have excess business holdings at any time during the year?	8		
9 S	ponsoring organizations maintaining donor advised funds.			
a D	Vid the organization make any taxable distributions under section 4966?	9a		
bΟ	oid the organization make a distribution to a donor, donor advisor, or related person?	9b		
0 S	ection 501(c)(7) organizations. Enter:			
a In	nitiation fees and capital contributions included on Part VIII, line 12			
b G	Bross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
a G	Bross income from members or shareholders	-		
	Bross income from other sources (Do not net amounts due or paid to other sources			
	gainst amounts due or received from them.)			-
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
	"Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	ection 501(c)(29) qualified nonprofit health insurance issuers.			-
	the organization licensed to issue qualified health plans in more than one state?	13a		-
	lote. See the instructions for additional information the organization must report on Schedule O.			
	inter the amount of reserves the organization is required to maintain by the states in which			
	ne organization is licensed to issue qualified health plans			
	inter the amount of reserves on hand	14-		f
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		+
D II A 1.000	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0		990	L_ /~
Form 9	90 (2012) CLINTON GLOBAL INITIATIVE, INC. 27-1551	550		Page 6
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Part				"No
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ir			
	Check if Schedule O contains a response to any question in this Part VI	• • •	• •	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		37
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	A
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-	х	
	one or more members of the governing body?	7a	Λ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		x
•	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	х	
a L	The governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_2			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	501(c)	(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	rest p	olicy
	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 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK. AR 72201 501-748-0471	ne		

Form 990 (2012)

	piejeee, ana
	Employees, Highest Compensated Employees

Check if Schedule O contains a response to any question 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.

		(C)								
(A)	(B)	(1			sition			(D)	(E)	(F)
Name and Title	Average hours per					e than c is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any			•		or/trust		from	related	other
	hours for						, 	the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	ighe	Former	organization	(W-2/1099-MISC)	from the organization
	organizations below dotted	idua recto	utior	er	ldu	est c oyee	er	(W-2/1099-MISC)		and related
	line)	or trus	nal t		oyee) mp				organizations
		stee	ruste			ens				
			ĕ			Highest compensated employee				
(1) DOUGLAS J. BAND	5.00									
DIRECTOR	30.00	Х						0	53,147.	3,557.
(2) ROBERT S. HARRISON	50.00									
DIRECTOR & CEO		X		Х				197,164.	0	29,588.
(3) BRUCE R. LINDSEY	5.00									
DIRECTOR	50.00	Х						0	385,046.	27,535.
(4) ERIC S. NONACS	5.00									
DIRECTOR		Х						0	0	0
(5) CHELSEA V. CLINTON	5.00									
DIRECTOR	30.00	Х						0	0	0
(6) EDWARD F. HUGHES	50.00									
SECRETARY				Х				157,439.	0	15,684.
(7) LISA A . RICKERT	50.00									
TREASURER				Х				133,000.	0	14,295.
(8) FREDERIC POUST	30.00									
DIRECTOR OF SPONSORSHIP	25.00					Х		247,400.	250,000.	22,774.
(9) JULIAN JAEGER	40.00									
DIRECTOR OF PARTNERSHIPS						Х		102,068.	0	9,564.
(10)KATRINA NGO	40.00									
DIRECTOR CGI AMERICA						Х		101,236.	0	12,318.
(11)	+									
(12)										
(13)	+									
(14)										
JSA					L					Form 990 (2012)

CLINTON GLOBAL INITIATIVE, INC.

	Page	8
2		

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	-		and H	ligł		ed Employ	yees (co	ontinue	əd)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	oth an from		(E) Reporta compensatio relate	on from d	an	(F) stimated nount o other pensat	of
	related organizations below dotted line)	Individual trustee or director	Institution N Key empt we with the second s		fr org an	om the anizatio d relate anizatio	on d						
								020 207	<u> </u>	102		25 7	
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• •	••	•••	• • •		938,307.		,193. 0	T	35,3	<u>0</u>
d Total (add lines 1b and 1c)	=		•••					938,307.	688	,193.	1	35,3	<u> </u>
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t		iste	d al	bove	e) who	o re		\$100,000 (of			
												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,0	00?	' If	"Yes	s," (complete Schedu	le J for	such			
<i>individual</i>.5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	from	n any	uni	related organization	on or indivi	dual	4	X	
for services rendered to the organization? <i>If "Y</i> Section B. Independent Contractors	es," comple	te Sch	iedu	ıle J	l for	such	per	son	<u></u>		5		X
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business ad	dress							(B) Description of se	ervices	Co	(C) ompens		
ATTACHMENT 3													
							-						
2 Total number of independent contractors (i	ncludina bi	it not	lim	niter	d to	thos	le li	sted above) who	received				
more than \$100,000 in compensation from the						8							

Form	990	(201)	21
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Par	t VII	Check if Schedule O contains a resp	onse to anv questi	on in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ce Revenue and Other Similar Amounts	1a b c f f h 2a b	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f \$	Business Code	28,221,924.			
Program Service Revenue	c d e f	All other program service revenue					
Other Revenue	g 3 4 5 6a b c d 7a	Total. Add lines 2a-2f Investment income (including dividends, into other similar amounts) Income from investment of tax-exempt bond Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) (i) Securities	erest, and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	b C d 8a	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	a	o			
Othe	b c 9a b c	Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities	a	0			
	10a b	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	a b	0			
	11a b c	Miscellaneous Revenue					
	d e 12	All other revenue	▶	193. 193. 28 222 117			193.

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CLINTON GLOBAL INITIATIVE, INC.

Sec	tion 501(c)(3) and 501(c)(4) organizations mu				
	Check if Schedule O contains a respo				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	8,975,872.	8,975,872.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	547,170.	212,146.	255,049.	79,975
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	5,101,486.	4,267,238.	338,060.	496,188
, 8	Pension plan accruals and contributions (include section		_,,		,
0	401(k) and 403(b) employer contributions)	248,607.	197,145.	26,104.	25,358
9	Other employee benefits	660,888.	524,084.	69,393.	67,411
10	Payroll taxes	391,426.	310,401.	41,100.	39,925
11	Fees for services (non-employees):				
	Management	0			
	Legal	11,319.		11,319.	
	Accounting	0			
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	1,965,150.	1,708,821.	142,872.	113,457
12	Advertising and promotion	0			
3	Office expenses	261,151.	145,016.	64,731.	51,404
14	Information technology	69,783.	22,871.	26,148.	20,764
15	Royalties	0			
16	Occupancy	162,830.	17,096.	73,923.	71,811
17	Travel	450,525.	450,525.		
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,561,836.	8,364,507.	117,292.	80,037
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	95,156.		95,156.	
23		0			
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.)				
а	·				
	·				
С	·				
	·	E 10 010	104 505	400 500	04 455
	All other expenses	718,918.	134,735.	499,706.	84,477
2 <u>5</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	28,222,117.	25,330,457.	1,760,853.	1,130,807
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0			

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CLINTON GLOBAL INITIATIVE, INC.

Page	1	1
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Part	Х	Balance Sheet			
		Check if Schedule O contains a response to any question in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	C	1	(
	2	Savings and temporary cash investments	4,020,724.	2	8,318,670.
	3	Pledges and grants receivable, net	132,500.	3	2,314,000.
	4	Accounts receivable, net	C	4	(
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	C	5	
	6	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			
s		organizations (see instructions). Complete Part II of Schedule L	C	•	
Assets	7	Notes and loans receivable, net	C	7	
As	8	Inventories for sale or use	C	8	
	9	Prepaid expenses and deferred charges	246,178.	9	250,000
1	0 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 465, 587			
		Less: accumulated depreciation			270,692
1		Investments - publicly traded securities			
1		Investments - other securities. See Part IV, line 11		12	
1		Investments - program-related. See Part IV, line 11		10	
1		Intangible assets		1-	
1		Other assets. See Part IV, line 11		15	750,000
1		Total assets. Add lines 1 through 15 (must equal line 34)		16	11,903,362
1		Accounts payable and accrued expenses			234,986
1	8	Grants payable	0	10	
1		Deferred revenue	1,610,903.	19	745,985
2	0	Tax-exempt bond liabilities	0		
2		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	2	Loans and other payables to current and former officers, directors,			
2 C I I I I I I I I I I I I I I I I I I		trustees, key employees, highest compensated employees, and			
	•	disqualified persons. Complete Part II of Schedule L			
2		Secured mortgages and notes payable to unrelated third parties		20	
2		Unsecured notes and loans payable to unrelated third parties		24	
2	J	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	8,538,723.
2	6	of Schedule D Total liabilities. Add lines 17 through 25		25	9,519,694.
	0	Organizations that follow SFAS 117 (ASC 958), check here		20	5,515,054
ŝ		complete lines 27 through 29, and lines 33 and 34.			
	7	Unrestricted net assets	2,251,168.	27	-680,332.
2313		Temporarily restricted net assets		28	3,064,000
n - 2		Permanently restricted net assets		29	-,,,,
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
0 21 0 21	0	Conital stack or trust principal, or current funda		30	
Set 3		Paid-in or capital surplus, or land, building, or equipment fund		30 31	
α 8 3		Retained earnings, endowment, accumulated income, or other funds		31	
S Net		Total net assets or fund balances	2,383,668.	32	2,383,668.
Z 3		Total net assets or fund balances Total liabilities and net assets/fund balances	4,765,250.	33	11,903,362.
			1,705,250.	54	Form 990 (2012

Form 99	90 (2012)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		28,2	22,1	.17.
3	Revenue less expenses. Subtract line 2 from line 1	3				0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,3	83,6	568.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				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		2,3	83,6	568.
Part						
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xolair	in			
	Schedule O.	Apran				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	nniled	or			
	reviewed on a separate basis, consolidated basis, or both:	ipiiou				
	Separate basis Consolidated basis Both consolidated and separate basis					
				2b	х	
D	Were the organization's financial statements audited by an independent accountant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ted o	n a			
	Separate basis, consolidated basis, or both.					
-		.:				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-		2c	х	
	of the audit, review, or compilation of its financial statements and selection of an independent accou			20		
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n In			
-	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in	3a		х
-	the Single Audit Act and OMB Circular A-133?	••••	•••	Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ults		้วม		

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Part I

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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.

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization CLINTON GLOBAL INITIATIVE, INC. 27-1551550 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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. X Type I b Type II c Type III-Functionally integrated **d** Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section

	509(a)(1) or section 509(a)(2).	
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)		Yes	No
	and (iii) below, the governing body of the supported organization?	11g(i)		Х
(ii)	A family member of a person described in (i) above?	11g(ii)		Х

(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
Provide the following information about the supported organization(s).		

h Provide the follow	wing information abo	out the supported organiz	ation(s)						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	col. (i)	Is the zation in listed in overning ment?	(v) Did yo the organ in col. your su	nization (i) of	organiz col. (i) o	s the zation in rganized U.S.?	(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) _{ATTACHMENT 1}									
(B)									
(C)									
(D)									
(E)									
Total									8,975,872.

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

Schedule A (Form 990 or 990-EZ) 2012

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orm	990	or	990-EZ)

Schedule A (Form 990 or 990-EZ) 2012

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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							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	() 0000	"	() 00 (0	()	() 00 (0	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2012 (li		•			14	%
15	Public support percentage from 2011					15	%
16a	331/3% support test - 2012. If the c						
	this box and stop here. The organizati						
b	331/3% support test - 2011. If the o						
47-	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part IV how the organization meets to			-	-		
b	organization 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization	2011. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	
	Explain in Part IV how the organizati	on meets the "	facts-and-circun	nstances" test.	The organization	on qualifies as a	a publicly
18	supported organization Private foundation. If the organization						· · · · ►
	instructions						<u>▶∟</u>

Schedule A (Form 990 or 990-EZ) 2012

Page 3

Schedule A (Form 990 or 990-EZ) 2012

Part IIISupport 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.)

	tion A. Public Support Indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e)2012	(f) Total	
1	Gifts, grants, contributions, and membership fees	.,			.,		,		
•	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
Ũ	unrelated trade or business under section 513								
4	Tax revenues levied for the								
-	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
5	furnished by a governmental unit to the								
	organization without charge								
6	ſ								
6 7-	Total. Add lines 1 through 5								
<i>i</i> a	Amounts included on lines 1, 2, and 3								
b	received from disqualified persons Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b.								
8	Public support (Subtract line 7c from								
	line 6.)								
	tion B. Total Support	(-) 2008	(1-) 2000	(-) 2010	(4) 2011	1-	10010	(f) Total	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e)2012	(f) Total	
9	Amounts from line 6								
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar								
h	sources Unrelated business taxable income (less								
D	```								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
							notion E01	(c)(3)	
14	First five years. If the Form 990 is for	the organizatio	on's first, second,	third, fourth, or	fifth tax year a	5 u 5		(0)(0)	
14		-			•			· · · · ·	
	First five years. If the Form 990 is for				•			· · · · ·	
	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	port Percent	age	<u></u>				· · · · ·	%
Sec	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8)	p ort Percent , column (f) divid	age led by line 13, colur	nn (f))				· · · · ·	
Sec 15 16	First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche	port Percent , column (f) divid dule A, Part III, li	age led by line 13, colur ne 15	nn (f))		15		· · · · ·	
Sec 15 16 Sec	First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investmen	port Percent , column (f) divid dule A, Part III, li nt Income Per	age led by line 13, colur ne 15	nn (f))		15		· · · · ·	%
Sec 15 16 Sec 17	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investmer Investment income percentage for 2012 (line	port Percent , column (f) divid dule A, Part III, li nt Income Per ne 10c, column	age led by line 13, colur ne 15 rcentage (f) divided by line 1	nn (f)) 3, column (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17		· · · · ·	%
Sec 15 16 Sec 17 18	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (line Investment income percentage from 2011 Sche	port Percent , column (f) divid dule A, Part III, li nt Income Per ne 10c, column Schedule A, Part	age led by line 13, colur ne 15 r centage (f) divided by line 1 t III, line 17	nn (f)) 3, column (f))	·····	15 16 17 18		· · · · • [%
Sec 15 16 Sec 17 18	First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (line 331/3% support tests - 2012. If the org	port Percent , column (f) divid dule A, Part III, li nt Income Per ne 10c, column Schedule A, Part ganization did n	age led by line 13, colur ne 15 rcentage (f) divided by line 1 t III, line 17 not check the boy	nn (f)) 3, column (f)) c on line 14, and	d line 15 is more	15 16 17 18 e than	331/3 %, a	and line	%
Sec 15 16 Sec 17 18 19 a	First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (lin 331/3% support tests - 2012. If the org 17 is not more than 331/3%, check the	port Percent column (f) divid dule A, Part III, li nt Income Per ne 10c, column Schedule A, Part ganization did n is box and sto	age led by line 13, colur ne 15 rcentage (f) divided by line 1 t III, line 17 not check the boy phere. The orga	nn (f)) 3, column (f)) 4 on line 14, and anization qualifies	d line 15 is more s as a publicly	15 16 17 18 e than suppo	331/3 %, a	and line zation ► [%
Sec 15 16 Sec 17 18 19 a	First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (line 331/3% support tests - 2012. If the org 17 is not more than 331/3%, check th 331/3% support tests - 2011. If the organization	port Percent column (f) divid dule A, Part III, li nt Income Per ne 10c, column Schedule A, Part ganization did no is box and sto nnization did not	age led by line 13, colur ne 15 rcentage (f) divided by line 1 t III, line 17 not check the box p here. The organise the column check a box on	nn (f)) 3, column (f)) c on line 14, and anization qualifie: line 14 or line 15	d line 15 is more s as a publicly Da, and line 16 is	15 16 17 18 e than suppo	331/3 %, 3 rted organi than 331/3	and line zation ► [3 %, and	% % %
Sec 15 16 Sec 17 18 19 a	First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2012 (line 8, Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (lin 331/3% support tests - 2012. If the org 17 is not more than 331/3%, check the	port Percent , column (f) divid dule A, Part III, li nt Income Per ne 10c, column Schedule A, Part ganization did no is box and sto anization did not this box and s	age led by line 13, colur ne 15 rcentage (f) divided by line 1 t III, line 17 not check the box op here. The organistop here. The organistop here. The organistop here.	nn (f)) 3, column (f)) 3 on line 14, and anization qualifie line 14 or line 15 ganization qualifi	d line 15 is more s as a publicly ba, and line 16 is es as a publicly	15 16 17 18 e than suppo more suppo	331/3 %, a rted organi than 331/: rted organi	and line zation ► [3 %, and zation ► [%

Schedule A (Form 990 or 990-EZ) 2012

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

				ATTACH	IMENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED (ORGANIZATIO	NS			
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
BILL, HILLARY AND CHELSEA CLINTON FOUNDATION	31-1580204	03	Х			8,975,872.

TOTAL AMOUNT OF SUPPORT

8,975,872.

JSA

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.

OMB No. 1545-0047

2012

Name of the organization

CLINTON GLOBAL INITIATIVE, INC.

Employer identification number

27-1551550

Filers of:	Section:
Form 990 or 990-EZ	X 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization CLINTON GLOBAL INITIATIVE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$1,250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,011,000.	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ <u>775,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$1,125,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b) Name, address, and ZIP + 4		Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

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

Employer identification number 27-1551550

2E1253 1.000

JSA

Name of organization CLINTON GLOBAL INITIATIVE, INC.

Employer identification number 27-1551550

COMPUTERS, SOFTWARE & FOOD INVENTORY	- - \$ 420,617.	
	• 420 617	
	420,617.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	- - - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	- - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	- - - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	- - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-	
-	(b) Description of noncash property given	Description of noncash property given (see instructions)

	(Form 990, 990-EZ, or 990-PF) (2012)			Page 4					
Name of or	ganization CLINTON GLOBAL INITIAT	TIVE, INC.		Employer identification number					
	<i>Exclusively</i> religious, charitable, etc., that total more than \$1,000 for the y For organizations completing Part III, e contributions of \$1,000 or less for the	ear. Complete colur enter the total of <i>exc</i> e year. (Enter this inf	nns (a) through <i>lusively</i> religiou: ormation once.	a (e) and the following line entry. s, charitable, etc.,					
	Use duplicate copies of Part III if addition	onal space is neede	d.						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
			·	·					
		(e) Transf	er of gift						
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
			·						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
			·						
		(e) Transf	er of gift						
	Transferee's name, address, a	nd ZIP + 4	Rel:	ationship of transferor to transferee					
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2012)					

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SCHEE	DULE D
(Form	990)

Department of the Treasury

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.
 ► See separate instructions.

OMB No. 1545-0047
2012
Open to Public

	nal Revenue Service	Attach to	Form 990. Fore separa	ate instructions.	Inspection
	e of the organization				Employer identification number
	INTON GLOBAL INI		iend Eunde ar Other S	imilar Euroda	27-1551550 r Accounts. Complete if the
- el		answered "Yes" to Form 9		niniar runas ol	
			(a) Donor advise	d funds	(b) Funds and other accounts
	Total number at end o	of year			
		ns to (during year)			
		n (during year)			
		nd of year			
		-	advisors in writing that t	he assets held in	donor advised
	-		-		
5	Did the organization in	nform all grantees, donors, ar	nd donor advisors in writi	ng that grant fun	ds can be used
	conferring impermiss	ble private benefit?			Yes 📖 No
Pa	rt Conservation	n Easements. Complete if	the organization answ	vered "Yes" to F	orm 990, Part IV, line 7.
	Purpose(s) of conserv	vation easements held by the	organization (check all th	at apply).	
	Preservation of	land for public use (e.g., recre	eation or education)	Preservation of	of an historically important land area
	Protection of na	tural habitat		Preservation of the second	of a certified historic structure
			eld a qualified conservati	ion contribution ir	n the form of a conservation
	easement on the last	day of the tax year.			
					Held at the End of the Tax Year
а	Total number of cons	ervation easements			2a
C	Total acreage restrict	ed by conservation easements	3		2b
;					2c
b			-		
			sferred, released, exting	uished, or termin	nated by the organization during the
	-				-
		-	specting, and enforcing	conservation eas	sements during the year
	►				
			ting, and enforcing cons	ervation easeme	nts during the year
	+				
	(I) and section 170(h)(4)(B)(II)?			
		•			•
				anization's financ	cial statements that describes the
2				asuras or Otho	r Similar Assets
a					i Jinilai Azzelz.
_					revenue atotoment and belance ator
а	works of art, historic	al treasures, or other simila	ar assets held for public	c exhibition, edu	ication, or research in furtherance of
	public service, provide	anization inform all grantees, donors, and donor advisors in writing that grant funds can be used iritable purposes and not for the benefit of the donor or donor advisor, or for any other purpose memory isole private benefit?	scribes these items.		
C					
				c exhibition, edu	acation, or research in furtherance of
	•	•	5		► ♠
	•				u
	-			-	
a b					
					→ ⊅ Schedule D (Form 990) 2012
SA					
8 1.0	000				

CLINTON GLOBAL INITIATIVE, INC.

Schee	dule D (Form 990) 2012										Page 2
Par	t III Organizations Maintain	ing Colle	ctions o	f Art, His	storical	Treasure	s, or O	ther Simila	ar Ass	ets (cor	ntinued)
3	Using the organization's acquisition collection items (check all that app		sion, and o	other reco	ds, chec	k any of t	he follow	ving that are	e a sigr	nificant u	se of its
а	Public exhibition			d	Loan	or exchan	ge progra	ms			
b	Scholarly research			e	Other						
С	Preservation for future gene	rations			_						
4	Provide a description of the organ	nization's o	collections	s and expla	ain how t	they furth	er the or	ganization's	exemp	t purpose	e in Part
	XIII.										
5	During the year, did the organization	on solicit o	r receive o	donations o	of art, hist	orical trea	sures, or	other simila	r _		
	assets to be sold to raise funds rath									Yes	No
Par	t IV Escrow and Custodial					ganizatio	n answe	red "Yes" t	o Forn	n 990, I	Part IV,
	line 9, or reported an am	ount on F	-orm 990), Part X, I	ine 21.						
4.	In the same death and a second death										
1a	Is the organization an agent, truste								Г		
b	included on Form 990, Part X?			lata tha fall		 	• • • • •		• • • L	Yes	No
b	If "Yes," explain the arrangement in	i Part Alli a	and comp	lete the foll	owing tac			٨٣			
•	Beginning balance					-	_	All	nount		
с А	Additions during the year						d				
u م	Distributions during the year										
f	Ending balance						-				
	Did the organization include an am									Yes	No
	If "Yes," explain the arrangement in										
	t V Endowment Funds. Con										
		(a) Curr	•	(b) Pric			ears back	(d) Three yea			years back
1a	Beginning of year balance		-								
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage		ent year e	end balance	e (line 1g,	column (a	a)) held as	5:			
а	Board designated or quasi-endown	nent ►		_%							
	Permanent endowment	%									
С	Temporarily restricted endowment		%								
	The percentages in lines 2a, 2b, ar		-								
3a	Are there endowment funds not in	the posse	ssion of tl	he organiza	ation that	are held a	and admi	nistered for th	าย	Ŀ	
	organization by:										es No
	(i) unrelated organizations									3a(i)	
h	(ii) related organizations									3a(ii) 3b	
4	If "Yes" to 3a(ii), are the related org			-						30	
4 Dat	t VI Land, Buildings, and Equ		-								
Fai		aipment.					(-) (-)				
	Description of property			other basis stment)		or other basis other)		cumulated reciation	(0	d) Book valu	
1a											
b	Buildings										
-	Leasehold improvements Equipment					150 014	1	05 671			7 1 7 7
d	Other					452,844 12,743		85,671.			7,173.
	I. Add lines 1a through 1e. (Column		equal Form	n 991 Part	X colum			9,224.			3,519. 0,692.
1010			oquai 1 011	550, Fall	<i>x</i> , ooiuiiii	, (<i>D</i>), III (D)			Sched		0,092. n 990) 2012

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Schedule D (F	orm 990) 2012			Page 3
Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
<u>(C)</u>				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	orm 000 Dart V lin		
Part VIII	Investments - Program Related. See F	1		
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, I			
(4) 5 5 5 5 5 5		Description		(b) Book value
. ,	FICIAL INTEREST IN NET			750,000.
	IS OF RELATED ENTITY			
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
	mn (b) must equal Form 990, Part X, col. (B)	line 15)		750,000.
Part X	Other Liabilities. See Form 990, Part >		· · · · · · · · · · · · · · · · · · ·	750,000.
1.	(a) Description of liability	(b) Book valu		
	al income taxes			
(2) FUNDS	S DUE TO RELATED ORGS., NET	8,538,	723	
(3)		0,000	<u>, 10.</u>	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 8,538,	723.	
	SC 740) Footnote. In Part XIII, provide the text			ports the organization's

2. FIN 48 (ASC 740) Footnote. 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.

CLINTON	GLOBAL	INITIATIVE,	INC.
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Schedu	le D (Form 990) 2012		Page 4
Part		n	
1	Total revenue, gains, and other support per audited financial statements	1	20,679,086.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b 1,882,841.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d -9,425,872.		
е	Add lines 2a through 2d	2e	-7,543,031.
3	Subtract line 2e from line 1	3	28,222,117.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,222,117.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	irn	
1	Total expenses and losses per audited financial statements	1	20,679,086.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 1,882,841.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,882,841.
3	Subtract line 2e from line 1	3	18,796,245.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	9,425,872.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	28,222,117.
Part		5	20/222/11/1
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V. line	s 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 pro	vide a	iny additional
inform	ation.		
 ৫৮	E PAGE 5		
UL.			

Schedule D (Form 990) 2012

EXPENSES INCLUDED IN REVENUE PER AUDIT, INCLUDED AS EXPENSES PER RETURN

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

INTER-COMPANY GRANTS \$(8,975,872)

ADMINISTRATIVE SERVICES PROVIDED

EXPENSES INCLUDED IN REVENUE PER AUDIT, INCLUDED AS EXPENSES PER RETURN FORM 990, SCHEDULE D, PART XII, LINE 4B INTER-COMPANY GRANTS \$ 8,975,872 ADMINISTRATIVE SERVICES PROVIDED UNDER AGREEMENT \$450,000

\$ 9,425,872

FIN 48 DISCLOSURE

FORM 990, SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2012

(For		statement of A	Activities	Outside the Uni	ted Sta	ates o	MB No. 1545-0047
	m 990)	Complete		n answered "Yes" to Form 9	90,		2012
	ment of the Treasury	► Attach		14b, 15, or 16. ▶ See separate instructions.			pen to Public
	I Revenue Service					Employer identifica	spection tion number
	NTON GLOBAL INITI					27-1551550	
Part	General Inform Form 990, Part I		S Outside the l	Jnited States. Complete	if the org	anization answe	red "Yes" to
	For grantmakers. Does	the organization main		substantiate the amount o	•		
	grants or assistance?			e, and the selection criter	la used to	award the	Yes No
	For grantmakers. Desc assistance outside the U		organization's p	rocedures for monitoring	the use	of its grants a	and other
3	Activities per Region. (T	he following Part I, lin	e 3 table can be	e duplicated if additional sp	bace is nee	eded.)	
	(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)	a pro describ	ivity listed in (d) is ogram service, e specific type of ce(s) in region	(f) Total expenditures for and investments in region
(1)	EUROPE			FUNDRAISING	N/A		29,616.
	LUROPE			FUNDRAISING	N/A		29,010.
(2)	SOUTH AMERICA			FUNDRAISING	N/A		43,088.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
<u>(17)</u>							
3a b	Sub-total Total from contir sheets to Part I	nuation					72,704.
-	Totals (add lines 3a a aperwork Reduction Act N						72,704. e F (Form 990) 2012

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 2E1274 1.000 8587BA K925 11/18/2013 9:56:41 AM V 12-7F

Page **2**

Schedule F (Form 990) 2012

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method or valuation (book, FMV, appraisal, other)
1)									
2)									
3)									
4)									
5)									
6)									
7)									
B)									
9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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

Schedule F (Form 990) 2012

Page 3

Schedule F (Form 990) 2012

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

Schedule F (Form 990) 2012

JSA

CLINTON GLOBAL INITIATIVE, INC.

Sched	ule F (Form 990) 2012		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

Page 5

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).

Schedule F (Form 990) 2012

SCHEDULE I (Form 990)

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

20**12** Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

CLINTON GLOBAL INITIATIVE, INC.

27-1551550

Employer identification number

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?

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) ∃	BILL, HILLARY & CHELSEA CLINTON FOUNDATION							
1	200 PRESIDENT CLINTON AVENUE	31-1580204	501 (C) (3)	8,975,872.		N/A	N/A	VARIOUS INITIATIVES
(2)								
_(3)		-						
_(4) _		-						
_(5)		_						
_(6)		_						
_(7)		_						
_(8)		_						
_(9)		_						
(10)		_						
(11)		_						
(12)		_						
2 E 3 E	Enter total number of section 501(c)(3) and g Enter total number of other organizations liste	overnment o	rganizations list 1 table	ed in the line 1 tabl	e		└ ►	<u> </u>
For P	aperwork Reduction Act Notice, see the Inst	structions fo	r Form 990.					ule I (Form 990) (2012)
ASI								

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
4					
5					
i					
7					

information.

MONITORING PROCEDURES FOR USE OF GRANT FUNDS

FORM 990, SCHEDULE I, PART I

THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS

DETAILING THE USE OF GRANT FUNDS.

Page 2

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.				OMB No. 1545-0047			
	nent of the Treasury Revenue Service		See separate instructions.			ectio			
	of the organization			Employer identification					
CLI	NTON GLOBA	I INITIATIVE, INC.		27-15515	50				
Part	Questio	ns Regarding Compensation							
1a		propriate box(es) if the organization provide				Yes	No		
	990, Part VII,	Section A, line 1a. Complete Part III to pro		-					
		ss or charter travel	Housing allowance or residence for	personal use					
		or companions	Payments for business use of perso	nal residence					
		mnification and gross-up payments	Health or social club dues or initiation						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		eur, chef)						
b	or reimburse	boxes on line 1a are checked, did the or ment or provision of all of the expens	ses described above? If "No," com	nplete Part III to					
•	explain				1b				
2	•	nization require substantiation prior to rein	.	•					
	directors, trus	tees, and the CEO/Executive Director, rega	Inding the items checked in line 1a?	• • • • • • • • • • •	2				
3	organization's related organ Comper X Indepen	n, if any, of the following the filing organizat CEO/Executive Director. Check all that ap zation to establish compensation of the CE sation committee dent compensation consultant 0 of other organizations	oply. Do not check any boxes for metho	ods used by a art III.					
4	During the ye	ar, did any person listed in Form 990, Part	VII, Section A, line 1a, with respect to	the filing					
	organization of	or a related organization:		-					
а		verance payment or change-of-control payme			4a		X		
b		or receive payment from, a supplemental			4b		Х		
С		or receive payment from, an equity-based y of lines 4a-c, list the persons and provid			4c		X		
5	For persons li	501(c)(3) and 501(c)(4) organizations mus sted in Form 990, Part VII, Section A, line a contingent on the revenues of:	-	any					
а		on?			5a		х		
b	Any related or	ganization?			5b		Х		
	If "Yes" to line	e 5a or 5b, describe in Part III.							
6		sted in Form 990, Part VII, Section A, line contingent on the net earnings of:	1a, did the organization pay or accrue a	any					
а	The organizat	on?			6a		Х		
b	Any related of	ganization?			6b		X		
		e 6a or 6b, describe in Part III.							
7		listed in Form 990, Part VII, Section A,					v		
8		described in lines 5 and 6? If "Yes," describ ounts reported in Form 990, Part VII, pai			7		X		
0	-	contract exception described in Regi	-						
		contract exception described in Regi			8		x		
9		ne 8, did the organization also follow					- 22		
3		ection 53.4958-6(c)?			9				
For Pa		tion Act Notice, see the Instructions for Form 9			lule J (Fo	orm 990	0) 2012		

Page 2

Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
ROBERT S. HARRISON	(i)	194,164.	3,000.	0	12,348.	17,240.	226,752.	
1 DIRECTOR & CEO	(ii)	C	0	0	0	0	()
BRUCE R. LINDSEY	(i)	C	0	0	0	0	(D
2 DIRECTOR	(ii)	385,046.	0	0	13,265.	14,270.	412,581.	
EDWARD F. HUGHES	(i)	154,439.	3,000.	0	9,637.	6,047.	173,123.	
3 SECRETARY	(ii)	C	0	0	0	0	(
FREDERIC POUST	(i)	247,400.	C	0	18,738.	4,036.	270,174.	
4 CHIEF MARKETING OFFICER	(ii)	250,000.	0 0	0	0	0	250,000.	
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)		+					

Schedule J (Form 990) 2012

Part 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.

SCHEDULE J, PART I

QUESTIONS REGARDING COMPENSATION

COMPENSATION FOR ALL EMPLOYEES OF CGI ARE REVIEWED FOR SUITABILITY BY THE

"SUPPORTED" ORGANIZATION.

PAGE 37

SCHEDULE M (Form 990)

Noncash Contributions

he organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Inspection Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

CLINTON GLOBAL INITIATIVE, INC.

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		2	0,6,000				
19	Food inventory	Х	2.	96,000.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(COMPUTERS)	Х	1.	87,684.	FMV			
26	Other ►(SOFTWARE)	Х	1.	227,213.	FMV			
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ar for contributions for				
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	jement	29			
							Yes	No
30 a	During the year, did the organizat							
	it must hold for at least three year							
	used for exempt purposes for the en		period?			30a		Х
b	If "Yes," describe the arrangement in							
31	Does the organization have a							
	contributions?					31		Х
32 a	contributions? 2 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an	amount in	column (c) for a type of pro	perty for which column (a) is checked,			
	describe in Part II.							
For P	aperwork Reduction Act Notice, see th	e Instruction	s for Form 990.		Schedule	M (For	m 990)	(2012)



27-1551550

►	Complete	if	tł

Schedule M (Form 990) (2012)

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.

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Internal Revenue Service Name of the organization

CLINTON GLOBAL INITIATIVE, INC.

Employer identification number

FORM 990 REVIEW PROCESS

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

THE ORGANIZATION HAS A SHARED SERVICES AGREEMENT WITH THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION, AND THE FORM 990 WAS PREPARED BY THE OFFICERS OF THE ORGANIZATION IN CONSULTATION WITH DIRECTORS AND OFFICERS OF THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION AND ITS OUTSIDE LEGAL AND ACCOUNTING COUNSEL.

CONFLICT OF INTEREST POLICY MONITORING PROCEDURES

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

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

AVAILABILITY OF GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19 THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT AVAILABLE ON THEIR WEBSITE; CGI IS CONSOLIDATED IN THESE REPORTS. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

SOLE MEMBER

Page 2

FORM 990, PART VI, SECTION A, LINE 6 & 7A THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION IS THE ORGANIZATION'S SOLE VOTING MEMBER. ALSO, THE MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS ARE APPOINTED BY THE FOUNDATION.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINES 4A-4D CGI'S THREE LARGEST PROGRAMS ARE THE CGI ANNUAL MEETING, CGI AMERICA AND CGI UNIVERSITY. IN 2012, CGI'S MEMBERS MADE 179 COMMITMENTS FOR THE ANNUAL MEETING VALUED AT \$2.64 BILLION. WHEN FULLY FUNDED AND IMPLEMENTED, THE COMMITMENTS MADE BY CGI MEMBERS FOR THE 2012 ANNUAL MEETING WILL HAVE A POSITIVE IMPACT ON THE LIVES OF NEARLY 22 MILLION PEOPLE. COLLECTIVELY, THESE COMMITMENTS WILL ENSURE THAT: MORE THAN 2.2 MILLION CHILDREN WILL HAVE A BETTER EDUCATION, MORE THAN \$70 MILLION WILL BE INVESTED IN OR LOANED TO SMALL AND MEDIUM ENTERPRISES, MORE THAN 750,000 METRIC TONS OF CO2 WILL NOT BE RELEASED INTO THE ATMOSPHERE, AND MORE THAN 5.5 MILLION PEOPLE WILL HAVE INCREASED ACCESS TO MATERNAL AND CHILD HEALTH PROGRAMS.

IN 2012, CGI AMERICA'S NEARLY 1,000 PARTICIPANTS MADE 100 COMMITMENTS VALUED AT \$1.24 BILLION. WHEN FULLY FUNDED AND IMPLEMENTED, THESE COMMITMENTS WILL IMPROVE THE LIVES OF NEARLY 4 MILLION PEOPLE, CREATE OR FILL MORE THAN 500,000 JOBS, AND INVEST OR LOAN MORE THAN \$256 MILLION TO SMALL AND MEDIUM ENTERPRISES IN THE UNITED STATES.

IN 2012, CGI U WAS ATTENDED BY 1,115 STUDENTS WHO MADE 746 COMMITMENTS INCLUDING: UHURU, A MOBILE APPLICATION THAT FOSTERS SMALL BUSINESS DEVELOPMENT AMONG REFUGEE COMMUNITIES; SHIFA CLINIC, WHICH PROVIDES FREE,

JSA

HIGH-QUALITY HEALTHCARE TO LOW-INCOME IMMIGRANT FAMILIES IN GARDEN GROVE, CALIFORNIA; BUILDING WITH BOTTLES, A SUSTAINABLE BUSINESS IN PORT AU PRINCE, HAITI THAT TRAINS MOBILITY-IMPAIRED INDIVIDUALS TO BUILD FUNCTIONAL FURNITURE OUT OF DISPOSED PLASTIC BOTTLES AND SELL THEM FOR A PROFIT; AND ELEC-CHESS-ITY, A PROGRAM THAT TEACHES LIFE SKILLS TO INNER-CITY YOUTH THROUGH THE GAME OF CHESS.

VOTING RIGHTS

FORM 990, PART VI, LINE 1A THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION IS THE ORGANIZATION'S SOLE VOTING MEMBER.

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

FORM 990, PART XII, LINE 2C THE ORGANIZATION'S BOARD, AS A WHOLE (INSTEAD OF A COMMITTEE), ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS.

COMPENSATION REVIEWS

FORM 990, PART VI, LINE 15A BEGINNING IN 2012, THE HUMAN RESOURCES DEPARTMENT PERFORMED A REVIEW OF ALL EMPLOYEES' COMPENSATION INCLUDING THE CEO. THIS INCLUDED REVIEW BY AN INDEPENDENT OUTSIDE CONSULTANT.

COMPENSATION REVIEWS

FORM 990, PART VI, LINE 15B BEGINNING IN 2011, THE ORGANIZATION BEGAN AN ANNUAL COMPENSATION STUDY

56303

Schedule O (Form 990 or 990-EZ) 2012				
Name of the organization	Employer identification number			
CLINTON GLOBAL INITIATIVE, INC.	27-1551550			

THAT REVIEWS THREE SURVEYS TO DETERMINE THE REASONABLENESS OF ALL STAFF

COMPENSATION INCLUDING TOP MANAGEMENT.

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

FOSTERING PARTNERSHIPS, PROVIDING STRATEGIC ADVICE, AND DRIVING RESOURCES TOWARD EFFECTIVE IDEAS, CGI HELPS ITS MEMBERS -ORGANIZATIONS FROM THE PRIVATE SECTOR, PUBLIC SECTOR AND CIVIL SOCIETY - MAXIMIZE THEIR EFFORTS TO ALLEVIATE POVERTY, CREATE A CLEANER ENVIRONMENT AND INCREASE ACCESS TO HEALTH CARE AND EDUCATION.

ATTACHMENT 2

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

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

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

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST F	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FIVE CURRENTS, LLC 48 18TH STREET HERMOSA BEACH, CA 90254	EXECUTIVE PRODUCERS	792,231.
LANKEY& LIMEY LTD 532 W 152ND ST #34 NEW YORK, NY 10031	TECHNICAL PRODUCER	520,765.
STAGE CALL, INC. 311W. 43RD ST NEW YORK, NY 10036	STAGE CREW PROVIDERS	479,948.

2

56303
Schedule O (Form 990 or 990-EZ) 2012					
Name of the organization	Employer identification number				
CLINTON GLOBAL INITIATIVE, INC.	27-1551550				
	ATTACHMENT 3 (CONT'D)				

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
T&M PROTECTION RESOURCES 42 BROADWAY SUITE 1630 NEW YORK, NY 10004	SECURITY SERVICES	262,220.
POSITIVE FEEDBACK 260 FAIR STREET, 2ND FLOOR KINGSTON, NY 12401	TECHNICAL SERVICES	256,501.

CLINTON	GLOBAL	INITIATIVE,	INC.
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27-1551550

OMB No. 1545-0047 SCHEDULE R **Related Organizations and Unrelated Partnerships** (Form 990) 2 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Open to Public Department of the Treasury Attach to Form 990. See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number CLINTON GLOBAL INITIATIVE, INC. 27-1551550 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part I (c) Legal domicile (state (a) (b) (d) (e) End-of-year assets (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Total income Primary activity or foreign country) entitv _(1)_____ _(2) _(3) _(4) _____

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) BILL, HILLARY& CHELSEA CLINTON FOUNDATION 31-1580204							
1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	ECONOMIC DEV	AR	501 (C) (3)	7	NA		Х
(2) BILL, HILLARY& CHELSEA CLINTON FOUN. UK							
610 PRESIDENT CLINTON AVE 2ND LITTLE ROCK, AR 72201	FUNDRAISING	UK	NA	NA	BHCC FDN		Х
(3) CLINTON HEALTH ACCESS INITIATIVE 27-1414646							
383 DORCHESTER AVE BOSTON, MA 02127	HEALTH	AR	501 (C) (3)	9	BHCC FDN		Х
(4) CLINTON FOUNDATION INSALINSSTIFTELSE TORNGREN MAGNELL VAST TRADGARD STOCKHOLM, SW	FUNDRAISING	SW	NA	NA	BHCC FDN		x
_(5)	-						
_(6)	-						
_(7)	-						

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

Schedule R (Form 990) 2012

JSA

Schedule R (Form 990) 2012

Page **2**

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

	nore related orga	anizationa	s liealeu as a pa	a mersnip duning me	ax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(r Disprop alloca	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging mer?	(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

Schedule R (Form 990) 2012

JSA 2E1308 3.000 CLINTON GLOBAL INITIATIVE, INC.

27-1551550

Schedule R (Form 990) 2012

1	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
с	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		Х
9 h	Purchase of assets from related organization(s)				1h		X
i.	Exchange of assets with related organization(s)				1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
•							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
ο	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)		<u></u>		1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t				sholds	S.	
	(a)	(b)	(c)				
				Marthaut	(d)		
	(a) Name of other organization	Transaction	Amount involved	Method amou		erminir	ıg
					of dete	erminir	ıg
(1)		Transaction			of dete	erminir	ıg
(1)		Transaction			of dete	erminir	ıg
		Transaction			of dete	erminir	ig
(2)		Transaction			of dete	erminir	ig
(2) (3)		Transaction			of dete	erminir	ng
(2) (3) (4)		Transaction			of dete	erminir	g
(2) (3) (4)		Transaction			of dete	erminir	ıg
(1) (2) (3) (4) (5) (6)		Transaction			of dete unt invo	erminir	

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Schedule R (Form 990) 2012

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.

	from tax under section 512-514)	Yes	No		1	1.14				<u> </u>	4
						Yes	No	(Form 1065)	Yes	No	
						<u> </u>				'	ļ
		Image: state stat	Image: state	Image: state	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Image: series of the series	Image: series of the series	Image: series of the series

Schedule R (Form 990) 2012

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Schedule R (F	orm 990) 2012
Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).

Schedule R (Form 990) 2012

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 black lung benefit trust or private foundation)

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



AF	or th	e 2012 calendar year, or tax year beginning and	ending					
B C a	heck if oplicab	le: C Name of organization		D Employer identific	ation number			
	Addre	CLINTON HEALTH ACCESS INITIATIVE, INC	•					
	Name		27-1414646					
]Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	E Telephone number					
]Termi	JOJ DORCHEJIER AVENOE	617-	774-0110				
X	Amer	City, town, or post office, state, and ZIP code		G Gross receipts \$	88,701,261.			
]Appli 		1744 Martin Martin 200 Martin Control 10 10 10 10	H(a) Is this a group re				
	pend	F Name and address of principal officer: LRA C. MAGAZINER		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates incl				
		empt status: 🗶 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)			
		te: WWW.CLINTONHEALTHACCESS.ORG		H(c) Group exemption				
a and 1 1977		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 📃 Other 🕨	L Year	of formation: 2009 N	State of legal domicile: AR			
Pa	rt I	Summary						
ė	1	Briefly describe the organization's mission or most significant activities:						
anc		STRENGTHEN INTEGRATED HEALTH SYSTEMS IN						
ern	2	Check this box Check						
200	3			<u> </u>				
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)						
Activities & Governance	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		260				
tivi	6	Total number of volunteers (estimate if necessary)			116			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>			
. <u></u>	a	Net unrelated business taxable income from Form 990-1, line 34	<u></u>	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		64,721,151.	88,448,655.			
Revenue	9	Program service revenue (Part VIII, line 2g)		01,721,151.	0.			
svel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		113,202.	98,029.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		109,811.	148,563.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		64,944,164.	88,695,247.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,859,527.	6,416,733.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		32,921,766.	37,223,521.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		6,000.	59,500.			
xpe		Total fundraising expenses (Part IX, column (D), line 25) 1,184,7						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,219,734.	33,270,412.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		66,007,027.	<u>76,970,166.</u>			
	19	Revenue less expenses. Subtract line 18 from line 12		-1,062,863.	11,725,081.			
s or nces			Be	ginning of Current Year	End of Year			
Assets d Balanc	20	Total assets (Part X, line 16)		52,362,846.	68,838,138.			
atA	21	Total liabilities (Part X, line 26)		38,510,274.	43,413,925.			
Fund	22	Net assets or fund balances. Subtract line 21 from line 20	l	13,852,572.	25,424,213.			
Pa	ırt 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.

				Data					
Sign	Signature of officer			Date					
Here	JULIE B. FEDER, CFO Type or print name and title								
······									
	Print/Type preparer's name	Preparer's signature	Date						
Paid	CRAIG KLEIN			self-employed P00734640					
Preparer	Firm's name 🕨 CBIZ TOFIAS			Firm's EIN 26-3753134					
Use Only	Firm's address 500 BOYLSTON STR	EET							
	BOSTON, MA 02116	Phone no. $617 - 761 - 0600$							
May the If	May the IRS discuss this return with the preparer shown above? (see instructions)								
232001 12-1	232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2012) CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Paget III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question 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.
~	Did the organization undertake any significant program services during the year which were not listed on
2	
	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?
	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	
	HIV/AIDS: CHAI IS WORKING TO SCALE-UP ADULT AND PEDIATRIC HIV/AIDS AN
	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 \$ 13,939,321. including grants of \$ 786,088.) (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 \$ 10,436,974. including grants of \$ 1,454,024.) (Revenue \$
	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.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 13,733,033. including grants of \$ 1,578,297.) (Revenue \$)
<u>4e</u>	Total program service expenses ► 68,716,628.
32002	
2-10-	¹² 2
71	121 756948 25760.001 2012.05000 CLINTON HEALTH ACCESS INITI 25760_
	IZI 190940 ZO100.001 ZUIZ.00000 CLINTON HEALTH ACCESS INITI 25760

-	000	(0040)	
Form	990	(2012)	

Form 990 (2012) CLINTON HEALTH ACCESS INITIATIVE, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
·	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		X
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		Х
10	It "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		- 22
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	2		
••	as applicable.	Bernin H		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	: 64	·	3) ÷
	Part VI	11a	x	
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	11b		Х
с	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	11c		X
d	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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
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	12b	<u> </u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	144	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	<u>^</u>	
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.0		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

232003 12-10-12

Form 990 (2012) CLINTON HEALTH ACCESS INITIATIVE, INC. Part IV Checklist of Required Schedules (continued)

04	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
LL.	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			- 23
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			-
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012)

232004 12-10-12

Form Par	990 (2012) CLINTON HEALTH ACCESS INITIATIVE, INC. t V Statements Regarding Other IRS Filings and Tax Compliance	27-1414	<u>646</u>	P	age 5
	Check if Schedule O contains a response to any question in this Part V				X
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	a 46		163	
b		а <u>4</u> 0 b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report	iii - alamana			
Ŭ	(gambling) winnings to prize winners?		1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		a 260			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	2041 - 1	Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	horitv over. a			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc		4a	x	
b	If "Yes," enter the name of the foreign country: > SEE SCHEDULE O	,		A STREET	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acc	counts.		ALC:	
5a			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?	-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servic	es provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year7	d		Revenues Sol tool	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con-	tract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did th	ne supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any	time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			Section 1	Distriction of the second
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а		Da			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities)b			
11	Section 501(c)(12) organizations. Enter:			- -	
а		1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				d y
	Here and the second	1b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?	12a	1 10	19 19
b		2b	Particular I	1.1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		STATE AND AND AND AND AND AND AND AND AND AND	Australia (<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the			14 14	
	•	3b		Punktora	
		BC			
			14a		<u>X</u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C		14b	000	0010
			⊦orm	990	2012)

CLINTON HEALTH ACCESS INITIATIVE, INC.

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

	Check if Schedule O contains a response to any question in this Part VI					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		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	Enter the number of voting members included in line 1a, above, who are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other		an a	=					
	officer, director, trustee, or key employee?										
3											
of officers, directors, or trustees, or key employees to a management company or other person?											
4											
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X					
6	Did the organization have members or stockholders?			6	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or								
	more members of the governing body?			7a	x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s										
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				All And All An						
а	The governing body?			8a	х						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		·	9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b	x						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	X						
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a Did the organization have a written conflict of interest policy? If "No," go to line 13											
b											
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12b	X						
	in Schedule O how this was done			12c	x						
13	Did the organization have a written whistleblower policy?				X						
14	Did the organization have a written document retention and destruction policy?				X						
15	Did the process for determining compensation of the following persons include a review and approva										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				En vil	5					
а	The organization's CEO, Executive Director, or top management official			15a	x						
b	Other officers or key employees of the organization			15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				2 1	6					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a			-					
	taxable entity during the year?			16a		x					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				8						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				M						
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure		<u></u>								
17	List the states with which a copy of this Form 990 is required to be filed AR , CA, CT, FL, I	L,M	A, NJ, NY, P	A.RI							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T				le						
	for public inspection. Indicate how you made these available. Check all that apply.		· · · · · · · · · · · · · · · · · · ·		-						
	Own website Another's website X Upon request Other (explain	in Sc	hedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			nd finar	ncial						
	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	nd rec	ords of the organiz	ation: 🕨	•						
	JULIE B. FEDER - 617-774-0110		0								
	383 DORCHESTER AVENUE, #400, BOSTON, MA 02127										
232006 12-10-	3			Form	990	(2012)					
	б					. ,					

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CLINTON HEALTH ACCESS INITIATIVE, INC.

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

Check if Schedule O contains a response to any question in this Part VII

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)	(B)	Ĭ		(0	C)			(D)	(E)	(F)
Name and Title	Average		Position		Reportable	Reportable	Estimated			
	hours per		(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week	offi	officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loyee	e comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		· · · · ·	organizations
		<u> </u>	Ĕ	5	₹ ₹	분동	8			and and a second s
(1) WILLIAM J. CLINTON	1.00	x						0	0	0
CHAIR OF THE BOARD	1 00	^						0.	0.	0.
(2) BRUCE LINDSEY	1.00	-							250 600	22.450
BOARD MEMBER	1 00	X			<u> </u>			0.	352,600.	30,462.
(3) PAUL FARMER	1.00							•		•
BOARD MEMBER	1 00	X						0.	0.	0.
(4) LYNN TALIENTO	1.00									•
BOARD MEMBER	1 00	X						0.	0.	0.
(5) CHELSEA CLINTON	1.00								•	-
BOARD MEMBER	1	X						0.	0.	0.
(6) MAGGIE WILLAIMS	1.00									_
BOARD MEMBER		X			ļ	ļ		0.	0.	0.
(7) STEPHEN LEWIS	1.00	4								
BOARD MEMBER		X						0.	0.	0.
(8) TACHI YAMADA	1.00									
BOARD MEMBER		X				ļ		0.	0.	0.
(9) IRA MAGAZINER	50.00	1								
CEO/VICE-CHAIR OF THE BOARD		X		X	ļ			131,070.	0.	19,281.
(10) MUSTAPHA LEAVENWORTH BAKALI	50.00									
<u>coo</u>				X				171,284.	0.	0.
(11) JULIE B. FEDER	50.00									
CFO				X				245,000.	0.	26,631.
(12) PATRICIA COLLINS	50.00									
CHIEF DEVELOPMENT OFFICER		ļ	ļ	X				99,422.	0.	5,965.
(13) DANIEL MENDIETA	50.00									
CHIEF HR OFFICER		<u> </u>		X				83,016.	0.	4,981.
(14) JEANNE BROSNAN	50.00									
EVP, HR MANAGEMENT						Х		140,000.	0.	14,896.
(15) DAVID RIPIN	50.00									
EVP, ACCESS PROGRAMS			ļ			X		140,360.	0.	27,681.
(16) PASCAL BIJLEVELD	50.00									
EVP, HEALTH FINANCING			L			X		163,329.	0.	0.
(17) FRANK WIGNALL	50.00									
ADVISOR, SENIOR	<u> </u>					X		194,324.	0.	16,358.
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								ATIVE, INC.	27-141	4646 Page 8
(A)	(B)	oloy		, and (C Posi	C)		st C	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations	box	not cl , unle:	heck 1 ss per	móre rson i irecto	Highest compensated	n an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
	below line)	Individua	Institutio	Officer	Key employee	Highest (employe	Former			organizations
(18) VISHAL BRIJLAL COUNTRY DIRECTOR	50.00					x	*******	155,386.	0	. 7,691.
								-		
· · · · · · · · · · · · · · · · · · ·								· · · · · · · · · · · · · · · · · · ·		
1b Sub-total c Total from continuation sheets to Part VI								1,523,191.		
dTotal (add lines 1b and 1c)2Total number of individuals (including but new							no r	1,523,191. eceived more than \$100	352,600	. 153,946.
compensation from the organization										35 Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se	,		<i>'</i>		•	· ·		highest compensated e	1	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150		e co	ompe	ensa	ation	n anc	l ot	her compensation from	the organization	4 X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	ccrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indiv		5 X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated inc	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of compe	nsation from
the organization. Report compensation for t								n the organization's tax		
(A) Name and business								(B) Description of s		(C) Compensation
BERLIN, GERMANY 10405	SWALDER	S'.	ĽR.		331	Α,		PROFESSIONAL SERVICES		282,578.
DELOITTE TAX 4022 SELLS DRIVE, HERMITA	AGE, TN	37	707	76			- 1	PROFESSIONAL SERVICES	1	106,935.
KHATLELI TOMANE MOTEANE P.O. BOX 373, MASERU, LES	SOTHO		*******					PROFESSIONAL SERVICES		101,298.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lii	niteo	d to		se lis 3	stec	above) who received r	nore than	an and a set of the se
232008 12-10-12										Form 990 (2012)

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		Check if Schedule O cont	ains a response	e to any question i	(A)	(B)	(C)	(D)
			area and an and a second and a s	- HI BARA	Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c	Membership dues	1b			manuna 20	開き and and and and and and and and and and	
ons, Gift Similar /	d	Related organizations	ions) 1d	4,000,000. 45,408,042.		A series and a ser	а н н	Millender an Antonio an Antonio an Antonio an Antonio antonio antonio Antonio antonio br>antonio antonio br>antonio antonio br>antonio antonio br>antonio antonio
ontribution d Other	f g	similar amounts not included abor Noncash contributions included in lines	Ve 1f		eren Renard de Antonio	ante a constante constante constante a constante a constante a constante a con		The second secon
<u>a Ö</u>	h	Total. Add lines 1a-1f		► Business Code	88,448,655.	u Turu Turu Turu Turu Turu Turu Turu Tu	and a second sec	M Concentration Concentration Concentration
ervice ue	2 a b							
Program Service Revenue	c d							
Pro	f					An and a second se		
	3	Investment income (including other similar amounts)	dividends, inter	rest, and	91,498.			91,498
	4 5	Income from investment of tax Royalties	x-exempt bond	proceeds 🕨				
	6 a		(i) Real	(ii) Personal				A contract of the second
	b c d	Rental income or (loss)	· · · · · · · · · · · · · · · · · · ·		a Hartin - Angelander Alfanter Alfanter	III IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	III. III. III. III. III. III. III. III			
	b	Less: cost or other basis and sales expenses		6,014.				
	d	Gain or (loss) Net gain or (loss)		6,531.	6,531.			6,531
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of 1c). See				100 mmmmm 100 mmmmm 100 mmmmm 100 mmmmmm 100 mmmmmm 100 mmmmmmm 100 mmmmmmmm 100 mmmmmmmmmm	
Other		Less: direct expenses Net income or (loss) from fund	b				and and a second	
		Gross income from gaming ac Part IV, line 19	a		ton. Boars An State State State And State State State State And State State State State State And State Stat		a manufacture of the second se	And Andrease and Andreas
	с	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less	ing activities .		Multinus Mul			
	b	and allowances Less: cost of goods sold Net income or (loss) from sale:	a b		estantia (Rose-profil) <u> <u> <u> </u> /u></u>		A more than the second se	
		Miscellaneous Revenue		Business Code 900099	148,563.	Area with a second seco		
	b c	OTHER REVENUE			140,003.			148,563.
	d	All other revenue						

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CLINTON HEALTH ACCESS INITIATIVE, INC. Part IX Statement of Functional Expenses

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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 to any question in this Part IX

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			1 Wallington	an a
	organizations in the United States. See Part IV, line 21	1,714,121.	1,714,121.	і с. 1	
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	4,702,612.	4,702,612.	1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	1,563,934.	959,923.	487,797.	116,214
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	07 025 010	04 067 007	0 5 5 5 6 0 0	<u> </u>
7	Other salaries and wages	27,235,219.	24,067,327.	2,565,699.	602,193.
8	Pension plan accruals and contributions (include	1 200 505	1 000 000	114 665	24 524
~	section 401(k) and 403(b) employer contributions)	1,388,595.	1,239,396.	114,665.	34,534
9	Other employee benefits	5,039,453.	3,999,680.	872,353.	167,420
10	Payroll taxes	1,996,320.	1,544,727.	374,528.	77,065
11	Fees for services (non-employees):				
a	Management	101,205.	00 000	0 000	······································
b		187,474.	<u>92,923.</u> 131,974.	8,282.	
c	Accounting	10/,4/4.	131,9/4.	55,500.	
d	Lobbying	59,500.			
e	Professional fundraising services. See Part IV, line 17 Investment management fees	59,500.			59,500
f					
g	column (A) amount, list line 11g expenses on Sch O.)	2,851,321.	2,200,518.	650,803.	
0	Advertising and promotion	2,001,021.	2,200,510.	050,003.	
12	Office expenses	2,441,208.	2,267,517.	165,742.	7,949.
3 4	Information technology	2,441,200.	2,207,517.	105,742.	/,949.
4 5					
15 16	Royalties	1,617,609.	1,378,167.	239,442.	
7	Occupancy Travel	8,538,947.	7,872,109.	574,447.	92,391.
8	Payments of travel or entertainment expenses		7,072,109.		94,391.
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	5,313,148.	5,202,847.	100,930.	9,371.
20	Interest	3,313,140.	5,202,047.	100,550.	J,J/14
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	342,989.	11,556.	331,433.	
3	Insurance	012/3031			
4	Other expenses. Itemize expenses not covered			1	
	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 0.)				
а	DIRECT PROGRAM EXPENSE	5,451,663.	5,451,663.	*	
b	CAPITAL CHARGES	2,179,976.	2,179,976.		
c	PROCUREMENT & SHIPPING	2,080,693.	2,080,693.		
d	TELEPHONE	1,624,969.	1,410,706.	197,354.	16,909.
	All other expenses	539,210.	208,193.	329,787.	1,230.
5	Total functional expenses. Add lines 1 through 24e	76,970,166.	68,716,628.	7,068,762.	1,184,776.
6	Joint costs. Complete this line only if the organization			/ · · · · / · · · · · · ·	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		I	ł	

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Part X Balance Sheet

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CLINTON HEALTH ACCESS INITIATIVE, INC.

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Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 1 5,123,177. 9,249,360. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 6,965,295. 2,928,631. 3 3 554,183. 4 Accounts receivable, net 4 438,460. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified 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 instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 315,897. 726,215. 9 10a Land, buildings, and equipment: cost or other 1,964,210. basis. Complete Part VI of Schedule D _____ 10a 1,608,527. 664,590. b Less: accumulated depreciation 10b 355,683. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 38,739,704. 55,139,789. 15 Other assets. See Part IV, line 11 15 52,362,846. 68,838,138. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,520,293. 4,722,470. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 30,174,426. 21,526,701. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 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 3,815,555. 25 17,164,754. 38,510,274. 43,413,925. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛄 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -3,421,094. -2,097,229. 27 Unrestricted net assets 27 17,273,666. Temporarily restricted net assets 27,521,442. 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 13,852,572. 25,424,213. 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 52,362,846. 34 68,838,138. 34

Form 990 (2012)

11 2012.05000 CLINTON HEALTH ACCESS INITI 25760 01

	990 (2012) CLINTON HEALTH ACCESS INITIATIVE, INC.	27-1	414646	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,695		
2	Total expenses (must equal Part IX, column (A), line 25)	2	76,970),1	66.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,725		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,852	2,5	72.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		3,4	40.
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	25,424	1,2	<u>13.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	5		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	1 on a			
	separate basis, consolidated basis, or both:			<u>.</u>	
	Separate basis Consolidated basis Both consolidated and separate basis		A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR A CONTRAC		. 1
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		Children of	li de
	consolidated basis, or both:		and the second s		
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		a	1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	
			Form S	990 ()	2012)

SCHEDULE A	
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Department c nternal Reve	of the Treasury nue Service	Δ1	4947(a)(1) no ttach to Form 990 or Fo	-			instructio	ne			n to Pub spection	
Name of t	the organizat			niii 330-L	L. 🕨 000	Separate	msuucuc		mnlover		cation nu	<u>}</u>
				CC TN		1777	TNO	L	• •			
Part I	Reason	for Public Char	I HEALTH ACCE ity Status (All organiz			LVC,	LINC.	ructions		/-14	14646	}
1. 14. Lat. 1.	<u> </u>							iuctions.				
		•	because it is: (For lines	•	-		,					
			s, or association of chur		nbea in se	ection 170	(b)(1)(A)(I)	•				
2			70(b)(1)(A)(ii). (Attach Sc			4704 144						
3			tal service organization									
4			operated in conjunction	with a nos	pital desc	nbea in se	ction 1/0	(b)(1)(A)(II	i). Enter	the nosp	ital's nan	ne,
_ []	city, and stat											
5			benefit of a college or ur	niversity ov	vnea or op	perated by	' a governr	nental uni	t describ	bed in		
• []		(b)(1)(A)(iv). (Comple	,									
6			ent or governmental uni									
7 X			eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public d	escribed	in
- <u> </u>		b)(1)(A)(vi). (Comple		(A)))	-							
8	-		section 170(b)(1)(A)(vi).									
9			eives: (1) more than 33 1							-		
			nctions - subject to certa		-					0		
			axable income (less sect	ion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after Jur	ie 30, 197	75.
		509(a)(2). (Complete										
10			perated exclusively to te					-				
11 🛄			perated exclusively for th							• •		or
			ations described in section			• • •	2). See sec	tion 509(a	a)(3). Ch	leck the l	ox that	
	l	· · · · · · · · · · · · · · · · · · ·	organization and comple		•							
[]	a Type I		•••••••••••••••••••••••••••••••••••••••			integrated	-				nally inte	0
e 📖			at the organization is not									
_			han one or more publicly						9(a)(1) or	section	509(a)(2).	
f			ten determination from t		-							[]
		rganization, check th								•••••		. 📖
g			organization accepted ar			-					[Τ
			lirectly controls, either al								Yes	No
			upported organization?									
			n described in (i) above?									
			person described in (i) o			••••••		•••••	•••••	11g	<u> III) </u>	L
h	Provide the h	bilowing information	about the supported org	yanization	s).							
//>		(1) 511		(iv) is the o	ragnization	(w) Did you	, potific the	(vi) s	the			
•••	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	-	(v) Did you organizat	-	organizátic	on in col.	1 · ·	ount of mo	netary
UI (Ja	inization		above or IRC section	1	document?	-		(i) organiz U.S.	ed in the		support	
			(see instructions))	Yes	No	Yes	No	Yes	No	-		
								100				

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

Schedule A (Form 990 or 990-EZ) 2012

OMB No. 1545-0047

2012

232021 12-04-12

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2012.05000 CLINTON HEALTH ACCESS INITI 25760_01

Schedule A (Form 990 or 990 EZ) 2012 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			66,874,152.	64,721,151.	88,448,655.	220,043,958.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			66,874,152.	64,721,151.	88,448,655.	220,043,958.
5	The portion of total contributions					2	
	by each person (other than a	н				= 4	
	governmental unit or publicly		a -				
	supported organization) included		ti yi	· 가별, 그는 가는 가 가 #19년 년 1월 20년 1월			
	on line 1 that exceeds 2% of the	101-5-101 101-101 101-101			10		
	amount shown on line 11,						
	column (f)	ili =			Ξp		125,111,823.
	Public support. Subtract line 5 from line 4.	-	NAME OF A DESCRIPTION O		Acceleration Accel		94,932,135.
Sec	tion B. Total Support				· · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4			66,874,152.	64,721,151.	88,448,655.	220,043,958.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots			185,938.	96,403.	91,498.	373,839.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	N 12 Tr. N. 1924			<u>109,811.</u>	148,563.	<u>258,374.</u>
11	Total support. Add lines 7 through 10						220,676,171.
	Gross receipts from related activities		,			12	
13	First five years. If the Form 990 is fo	-			•		
0	organization, check this box and sto	phere					> X
	tion C. Computation of Publ						
	Public support percentage for 2012 (14	%
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				• •		
40	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on ala not check a	box on line 13, 16	a, 100, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2012

232022 12-04-12

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				·		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to					· · ·	
	the organization without charge		· · ·	-			
	Total. Add lines 1 through 5						· · · · · · · · · · · · · · · · · · ·
/ 8	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
Sec	ction B. Total Support			1			
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties						
b							1
	acquired after June 30, 1975						
11	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
14					-		
	check this box and stop here						
				·····	·····	1 1	
				olumn (f))			%
						16	%
				12 oolumn (ft)		47	
							%
						hand and the second sec	% Zie net
199							
b							
20	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 c Add lines 7a and 7b 8 Public support (Subtractine 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Tota 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital						
				4 -			

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15 2012.05000 CLINTON HEALTH ACCESS INITI 25760_01 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.

OMB No. 1545-0047

2012

Employer identification number

•		
	CLINTON HEALTH ACCESS INITIATIVE, INC.	27-1414646
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\mathbf{X} 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2012)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

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

► Attach to Form 990. ► See separate instructions.



CLINTON HEALTH ACCESS INITIATIVE, INC.	27-1414646
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
organization answered "Yes" to Form 990, Part IV, line 6.	
	(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 fur	nds
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	•
impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV.	
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)	llv important land area
Protection of natural habitat	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
day of the tax year.	
	Held at the End of the Tax Yea
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 organ	nization 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?	
5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(f	3)(i)
and section 170(h)(4)(B)(ii)?	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization'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 a	
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 t	
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amount
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	🕨 \$
A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 201

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		N HEALTH AC							14646	
Pa	t III Organizations Maintaining	Collections of A	rt, His	torical T	reasures, o	or Othe	er Simila	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, access	sion, and other record	ds, chec	k any of the	e following tha	at are a si	gnificant ι	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	c	1 L	Loan or exc	change progra	ams				
b	Scholarly research	e	• 🛄	Other						
С	Preservation for future generations									
4	Provide a description of the organization's of	collections and expla	in how tł	ney further	the organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit									
	to be sold to raise funds rather than to be n								Yes	No
Pai	t IV Escrow and Custodial Arra		ete if the	e organizatio	on answered	"Yes" to	Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, P							e 110 da - 18 da - 18 da - 19 da -		
1a	Is the organization an agent, trustee, custo		-						-1	r
	on Form 990, Part X?				••••••			, L	Yes	No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing .	table:			[
									Amount	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
f	Ending balance	Earm 000 Dart V line					. 1 f		7	<u> </u>
2a	Did the organization include an amount on If "Yes," explain the arrangement in Part XII								Yes	No
Par		if the organization ar	rswered	"Yes" to Fo	rm 990 Part	IV line 1	0			<u></u>
		(a) Current year	1	rior year	(c) Two year			are hack		are back
1a	Beginning of year balance			nor year		S DOCK				Gal S Dauk
b	Contributions	·····								
c c	Net investment earnings, gains, and losses			1.000						·····
d	Grants or scholarships									
	Other expenditures for facilities								·····	
Ū	and programs									
f	Administrative expenses									******
g	End of year balance									
2	Provide the estimated percentage of the cu		ce (line 1	a. column (a)) held as:	k				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the poss	ession of the organiz	ation that	at are held a	and administe	ered for th	ne organiza	ation		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	ns listed as required o	on Scheo	dule R?					3b	
4	Describe in Part XIII the intended uses of th									
Par							•••••			
	Description of property	(a) Cost or c			t or other		cumulate	d	(d) Book v	/alue
		basis (investi	ment)	basis	(other)	dep	reciation			
	Land				· · · ·					
	Buildings									
	Leasehold improvements				15,346.		64,41			<u>,933.</u>
	Equipment			1,84	18,864.	1,5	544,11	4.	304	,750.
	Other			(m)						
Total	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, colur	nn (B), line	10(c).)					<u>,683.</u>
							5	Schedule	D (Form 9	990) 2012

Schedule D (Form 990) 2012 CLINTON HEA Part VII Investments - Other Securities. See	LTH ACCESS	INITIATIVE,	INC. 27	-1414646	Page 3
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end	d-of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					· · · ·
(3) Other					
(A)					
(B)					
(C)	·····				
(D)					
(E)					
(F)					
(G)					•
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related. See (a) Description of investment type	e Form 990, Part X, lin (b) Book value		aluation: Cost or end	h of yoar market y	
	(b) DOOK Value			d-oi-year market v	
(1) (2)					
(3)					·····
(4)					
(5)	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			***********	
(6)					
(7)					······
(8)					
(9)		······			
(10)					·····
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line (a) I (1) ASSETS LIMITED AS (2) ASSETS HELD BY (3)	Description			(b) Book va 18,106, 37,032,	,977.
(4)		· · · · · · · · · · · · · · · · · · ·			
(5)				· · · · · · · · · · · · · · · · · · ·	
(6)					
(7)					
(8)					
(9)					
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line	× 1 E \		· · · · · · · · · · · · · · · · · · ·	55,139,	700
Part X Other Liabilities. See Form 990, Part X, Idi				<u> </u>	, 103.
1. (a) Description of liability		(b) Book value	i. N	-	
(1) Federal income taxes					
(2) DUE TO AFFILIATE		3,558,496.			
(3) ASSETS HELD FOR COMMODITIE	ES	0,000,1000		p a	
(4) PURCHASE		13,606,258.			
(5)				· · ·	а И
(6)					
(7)			al de la constante de la const		1
(8)					
(9)			j ^k 1		
(10)				** <u>*</u>	
(11)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) 🕨	17,164,754.			11
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex	t of the footnote to the	organization's financia	statements that rep	orts the organiza	tion's
liability for uncertain tax positions under FIN 48 (ASC 7					
			Sch	edule D (Form 9	90) 2012

D (Form 990) 2

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-	dule D (Form 990) 2012 CLINTON HEALTH ACCESS INITI t XI Reconciliation of Revenue per Audited Financial Statemer	ATIN	TE, INC. th Revenue per R	<u>27-</u> eturi	<u>1414646</u>	Page 4
1				1	89,439,	023.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••		·	05,135,	025.
_ 	Net unrealized gains on investments	2a				
b	Donated services and use of facilities		743,776.			
2	Recoveries of prior year grants		125,110.			
с А	Other (Describe in Part XIII.)					
u				0.	7/2	776.
е 0	•			_2e		
3	Subtract line 2e from line 1			3	88,695,	24/.
4	· · · · · · · · · · · · · · · · · · ·					
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)					•
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	88,695,	247.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme			Retu	·····	
1	Total expenses and losses per audited financial statements			1	77,867,	382.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	897,216.	E		
b	Prior year adjustments	2b				
с	Other losses	1		8		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	897.	216.
3	Subtract line 2e from line 1			3	76,970,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					<u> </u>
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)		·····			
						0
-	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)			4c	76 070	1.0.
	t XIII Supplemental Information			5	76,970,	100.
Linternet			· · · · · · · · · · · · · · · · · · ·			
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,				2b; Part V, line 4	4; Part
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p					
PAF	RT X, LINE 2: CHAI ACCOUNTS FOR THE EFFECT	OF A	NY UNCERTAI	N T	AX	
<u>P05</u>	SITIONS BASED ON A "MORE LIKELY THAN NOT" T	HRES	HOLD TO THE	RE	COGNITIC	<u>N</u>
<u>OF</u>	THE TAX POSITIONS BEING SUSTAINED BASED ON	I THE	TECHNICAL	MER	ITS OF I	HE
POS	SITION UNDER SCRUTINY BY THE APPLICABLE TAX	ING	AUTHORITY.	IF .	A TAX	
POS	SITION OR POSITIONS ARE DEEMED TO RESULT IN	I UNC	ERTAINTIES	OF	THOSE	
			······			
POS	SITIONS, THE UNRECOGNIZED TAX BENEFIT IS ES	TIMA	TED BASED O	ΝΑ		
					Abot	
" CT	MULATIVE PROBABILITY ASSESSMENT" THAT AGGR	EGAT	דייצי איד די	ጠልጥ	ED TAY	
т.т и	BILITY FOR ALL UNCERTAIN TAX POSITIONS. CH	יאד ש		ГГ	דיים שאש	
	TITITION THE ONCENTRIN IAK FORTITONS. CH					
				Schee	dule D (Form 99	90) 2012

24 2012.05000 CLINTON HEALTH ACCESS INITI 25760_01

 Schedule D (Form 990) 2012
 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 5

 Part XIII
 Supplemental Information (continued)

 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 FEDERAL AND STATE INCOME TAX RETURNS ARE

 GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE OF

 FILING THE RELATED RETURN.

Schedule D (Form 990) 2012

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(Form 990)			e organization answered "Yes" to Fo Part IV, line 14b, 15, or 16.	rm 990,		2012
Department of the Treasury	ons.	C	Open to Public			
Internal Revenue Service Name of the organization					Employer identif	
-						
CLINTON HEALTH					27-141464	
and the second		Activities Ou	tside the United States. Compl	ete if the organ	ization answered "	Yes"
	Part IV, line 14b.					
			ds to substantiate the amount of its gr the selection criteria used to award the			Yes 🗌 No
•						
2 For grantmakers. De United States.	escribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
3 Activities per Region.	(The following Par	t I, line 3 table c	an 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)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	17	463	PROGRAM SERVICES	HEALTH		36,613,776.
EAST ASIA AND THE						
PACIFIC		5 75	PROGRAM SERVICES	HEALTH	······	11,433,745.
SOUTH ASIA	1	39	PROGRAM SERVICES	HEALTH		1,112,493.
CENTRAL AMERICA AND						
THE CARIBBEAN	2	34	PROGRAM SERVICES	HEALTH		1,444,184.
RUSSIA & THE NEWLY						
INDEPENDENT STATES	1	8	PROGRAM SERVICES	HEALTH		733,964.
EUROPE (INCLUDING						
ICELAND & GREENLAND)		5	PROGRAM SERVICES	HEALTH		0.
<u>rename a charactere</u>						
SUB-SAHARAN AFRICA		00	GRANTS	HEALTH		2,583,723.
EAST ASIA AND THE				2.		
PACIFIC		0	GRANTS	HEALTH		1,605,632.
3 a Sub-total	26				1.25 B	55,527,517.
b Total from continuati						-
sheets to Part I		0			п п	503,479.
c Totals (add lines 3a				1 1 a 4 27		

Statement of Activities Outside the United States

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

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Schedule F (Form 990) 2012

56,030,996.

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and 3b)

SCHEDULE F

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(a) Region	(b) Number of offices	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e., fundraising,	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	agents in region	program services, grants to recipients located in the region)	describe specific type of service(s) in region	for region
SOUTH ASIA	0	0	GRANTS	HEALTH	7,882
ENTRAL AMERICA AND					
HE CARIBBEAN	0	0	GRANTS	HEALTH	25,399
USSIA & THE NEWLY					
NDEPENDENT STATES	0	0	GRANTS	HEALTH	183,326
UROPE (INCLUDING CELAND & GREENLAND)	0	0	GRANTS	HEALTH	155,54
					100,04
IORTH AMERICA	0	0	GRANTS	HEALTH	131,329
					-
<u> </u>					
otals					503,47

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.001 2012.05000 CLINTON HEALTH ACCESS INITI 25760_01

Part II Grants and Other recipient who rece	er Assistance to Organiz erved more than \$5,000.	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	omplete if the or eded.	anization answered "Yes" to	Lada to Form 9	90, Part IV, line 15, for	any raye z
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)
		SUB-SAHARAN AFRICA	HEALTH	428 677.		0		
blooket, an		SIA AND THE C	НЕАТ.ТН	418,268.		0.0		
		SUB-SAHARAN AFRICA	HEALTH	312,561.		0		
		EAST ASIA AND THE PACIFIC	HEALTH	309 504.		0		
		SUB-SAHARAN AFRICA	HEALTH			0		
		HARAN	НЕАЛТН			0		
		EAST ASIA AND THE PACIFIC	HEALTH	198,171.		0		
		RUSSIA & THE NEWLY INDEPENDENT STATES	HEALTH	183,326.		0		
 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Exter total number of other correntizations or addition 	recipient organization he grantee or couns	ns listed above that are r el has provided a section	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	foreign country,	recognized as tax-e)			0
							School	Chadiila E (Form 000) 2012

Schedule F (Form 990) Part II Continuation of	CL, INT f Grants and Other	CLINTON HEALTH ACCESS nd Other Assistance to Organizations o	(Form 990) CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	/ INC . United States.	27-1414646 (Schedule F (Form 990), Part I	14646 90), Part II, line 1		Page 2
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)
a constraint of the second sec	and the second sec	SUB-SAHARAN AFRICA	HEALTH	176,601.		0		
		SIA AND THE C	IEALTH	170,206.		0		
		ARAN	HEALTH	156,405.		0		
n n n n n n n n n n n n n n n n n n n		EUROPE (INCLUDING ICELAND & GREENLAND) E	HEALTH	155 543.		0		
		И	HEALTH	149 258.		0		
		HARAN	HEALTH					
		HARAN	HEALTH	126,861.		0		
		NORTH AMERICA B	HEALTH	119,585.		0.		
In the second se		SUB-SAHARAN AFRICA H	НЕАТТН	95,939.		o		

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Page 2	(h) Description (i) Method of of non-cash valuation (book, FMV, assistance appraisal, other)									
27-1414646 E.Form 9901 Part II line 11		0		0.	0	.0			• •	
27–14 Schedule F (Form 6	(f) Manner of cash disbursement									
VE, INC.	(e) Amount of cash grant	8 8 8 8 8 8 8	85,846	76,105	76,056	75,987		65.176	60,520	58,754
(Form 990) CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Continuation of Grante and Other Assistance to Organizations or Entities Outside the United States (Schedule F (Form 990) Part II line 1)	(d) Purpose of grant	HLTTH	HEALTH	HEALTH	HT TH	HEALTH	HEALTH	HEALTH	HEALTH	IEALTH
CLINTON HEALTH AC	(c) Region	EAST ASIA AND THE PACIFIC	ARAN	SIA AND THE C	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC	ARAN	SIA AND THE C	ARAN	SUB-SAHARAN AFRICA F
CLINT Grants and Other	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990) Part II Continuation of	e						The second secon			

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		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,
		,			8000 B 100		apprasa, ourer)
	AFRICA	HEALTH	53,889.		0.		
	EAST ASIA AND THE						
	PACIFIC	HEALTH	49,853.		.0		
лана и противности и противност	SUB-SAHARAN AFRICA	НЕАТТН	43 328		0		
	SUB-SAHARAN						
	AFRICA	НЕАГТН	40,540.		•		
	SUB-SAHARAN A FR T CA	нкатлтн	29 800		c		
11. 11. 11. 11. 11. 11. 11. 11. 11. 11.					•	-	
6	EAST ASIA AND THE PACIFIC	HEAL TH	27 904		0		
	НАСТ АСТА АМП ФНЕ						
. In the second se	PACIFIC	HEALTH	27,000.		.0		
	SUB-SAHARAN AFRICA	неаттн	20 990.		o		
 B. C. L. C. Strategies B. B. R. Comm. International systems, and the system of the syste	CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	19,992.		.0		

Schedule F (Form 990)	CLINT	CLINTON HEALTH ACCESS	(Form 990) CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646	, INC.	27-1414646	L4646		Page 2
Θ	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(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)
		HARAN		r C t		c		
		AFRICA SUB-SAHARAN AFRICA	пельти Недтин	73 367 				
	and the second s	SIA AND THE C	HEALTH					
		MERICA	HEALTH	11.744.				
			HEALTH	9 500.		.0		
		HARAN	HEALTH	8,616,		0		
		HARAN	НЕАЦТН	7,941.		.0		
		SOUTH ASIA	НЕАТ.ТН	7,882.		.0		
		SUB-SAHARAN AFRICA	НЕАГТН	7,408.		0		

05-01-12

Page 2	(i) Method of valuation (book, FMV, appraisal, other)								
	(h) Description of non-cash assistance								
27-1414646 F (Form 990), Part II, line 1	(g) Amount of non-cash assistance		.0	0	.0	.0	0		
27-14 Schedule F (Form 9	(f) Manner of cash disbursement								
, INC.	(e) Amount of cash grant	5 ,758 ,		5,407,	5,030.	5,000.	5 000.		
(Form 990) CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	HEALTH	HEALTH	НЕАLTH	HEALTH	HEALTH	HEALTH		
CLINTON HEALTH ACCESS nd Other Assistance to Organizations or	(c) Region	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	CENTRAL AMERICA AND THE CARIBBEAN	SUB-SAHARAN AFRICA	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC		
f Grants and Other A	(b) IRS code section and EIN (if applicable)								
Schedule F (Form 990) Part II Continuation o	e							Bring a	

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Page 3	(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2012	E F (Form 99U) ZUJZ
V, line 16.	(g) Description of non-cash assistance					Schedu	ocneau
<mark>27-1414646</mark> s" to Form 990, Part	(f) Amount of non-cash assistance						
INC • lanization answered "Ye	(e) Manner of cash disbursement						
INITIATIVE, tes. Complete if the org	(d) Amount of cash grant						
H ACCESS e the United Sta	c) Number of recipients						
CLINTON HEALTH ACCESS nce to Individuals Outside the United Sta	dditional space is neede (b) Region						
Schedule F (Form 990) 2012 C	Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (

12-10-12
Schedule F	(Form 990) 2012	CLINTON	HEALTH	ACCESS	INITIATIVE,	INC.	27-1414646	Page 4
Part IV	Foreign Forms	3						

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

Schedule F (Form 990) 2012

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				9-3-9		16. (1995) JUR.		
							, 	
MISSIO	N .							
<u>IEALTH</u>	, HOSPITZ	ALS, AND O	THER ORGA	NIZATIO	NS IN FUF	THERANCI	E OF OUR	
THE GR	ANTEES CO	OUNTED ON :	LINE 3 CO	NSIST O	F GOVERNM	IENT MINI	ISTRIES OF	
SCHEDU.	LE F, PAP	RT II, LIN	Е 3:				, 	
MONTH.								
THE US	, THE EXI	PENSE REPO	RTS FOR 1	TEAM	S ARE REV	IEWED A	THE END OF	EAC
TEAM A	RE REVIEW	VED TO SEE	WHERE FU	JNDS WER	E USED.	FOR GRAN	NTS BASED OUT	rsid
COUNTR	Y/PROGRAM	M TEAMS.	AT THE EI	ID OF EA	<u>CH MONTH,</u>	THE EXI	PENSES FOR EA	ACH
AMOUNT	S ARE VER	RIFED, THE	HEADQUAI	RTERS TE	AM DISBUR	RES THE I	FUNDS TO THE	
PROGRA	M TEAMS H	REQUESTS T	HEIR CASI	I NEEDS	EACH MONI	TH WITH 2	AP, AFTER THI	ESE
SCHEDU:	LE F, PAE	RT I, LINE	2: FOR (GRANTS O	UTSIDE TH	<u>ie us, e</u> z	ACH COUNTRY (DR
	(c) (estimated nu	umber of recipients)	, as applicable. A	lso complete th	iis part to provide	any additional i	nformation.	
		-		-		•	e 3, column (f) (account ounting method); and Pa	•

SCHEDULE G

Department of the Treasury

Internal Revenue Service

Part I

b If "Yes,"

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open To Public Inspection

Employer identification number

27-1414646

OMB No. 1545-0047

No

Name of	the	organi	zation
---------	-----	--------	--------

CLINTON	HEALTH	ACCESS	INITIATIVE,	INC

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.

f X Solicitation of government grants

Special fundraising events

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

X Internet and email solicitations b

X Phone solicitations с

d X In-person solicitations

2 a 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?

gL

key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?	X Yes
If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fund	raiser is to be
compensated at least \$5,000 by the organization.	

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(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
THE HELEN BROWN GROUP LLC -		Yes	No			N
48 SUMMER ST., SUITE 2,	PROSPECTING		x	25,000.	59,500.	-34,500.
		<u> </u>				
	-					
				1		
		I	L,		****	
Total				25,000.	59,500.	-34,500.

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.

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

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS 232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

37 2012.05000 CLINTON HEALTH ACCESS INITI 25760 01 Schedule G (Form 990 or 990 EZ) 2012 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

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 (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes	-			
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
Δ	8	Entertainment		1 A.		
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		•	()
_	11	Net income summary. Combine line 3, column	n (d), and line 10			1
Pa	nt l	Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	r			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			()
	8	Net gaming income summary. Combine line 1	, column d, and line 7		•	
	<u> </u>	- Not gammig moorne canimaly: compare me	; column a, and into /			1
9	Ent	ter the state(s) in which the organization operat	tes gaming activities:			
а	ls t	he organization licensed to operate gaming ac	tivities in each of these	states?		Yes No
b	lf "	No," explain:				
				·····		
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
~			********			
23204	32 0.	1-07-13	*****		Schedule G (Fo	rm 990 or 990-EZ) 2012

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2012.05000 CLINTON HEALTH ACCESS INITI 25760_01

12	Does the organization operate gaming activities with nonmembers?		<u>646</u> Yes	
	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	
	Indicate the percentage of gaming activity operated in:			
		13a		
	An outside facility	13b		
14				
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	`	fes	
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name	-		
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			r
	retain the state gaming license?		/es	L
	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 \triangleright \$			
	supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) ar			
		nd (v)	and	Parl
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (s	• •		
Par		see ir		
Par	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (s HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	see ir		
Par		see ir		
Par SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	see ir		
Par SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	see ir	istruc	tion
Par SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	see ir		tion
Par SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	see ir	istruc	tion
Par SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	see ir	istruc	tion
Par SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	see ir	istruc	tion
Par SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	see ir	istruc	tion
Par SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	see ir	istruc	tion
Par	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	02	247	2

SCHEDULE I (Form 990)		Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations to the United Stat	S		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Сотр	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	n answered "Yes" to Fo Attach to Form 990.	to Form 990, Pari n 990.	t IV, line 21 or 22.		Open to Public Inspection
Name of the organization CLINTON	НЕАLTH	ACCESS INITIATIVE	IVE, INC.				Employer identification number 27 – 1414646
Part I General Information on Grants and Assistance	arants 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	ecords to substantiate th	le amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	istance, and the select	
criteria used to award the grants or assistance?	or assistance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ion's procedures for mon	itoring the use of grant	funds in the United	l States.			na na katika
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	ance to Governments ar	ld Organizations in the	• United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part I	V, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated 1 (a) Name and address of occanization (b) IRC sec	re than \$5,000. Part II ca		if additional space is needed	ed.	(f) Method of	(a) Description of	(h) Dimoso of grant
or government		if applicable	cash grant	assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
YALE UNIVERSITY							
NEW HAVEN, CT 06508	06-0646973	501(C)(3)	379,078.	•0			HEAL/TH
HARBOR PATH 2201 WESTLAKE AVENUE, SUITE 200	000					·	
1	91-1157127	501(C)(3)	329,179.	• 0			HEALTH
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE							
NEW YORK, NY 10012	13-5562308	501(C)(3)	184,538.	0.			HEALTH
STN	VARD						
COLLEGE - 1350 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	182,520.	•0			НЕАГТН
MASSACHUSETTS GENERAL HOSPITAL 100 CHARLES RIVER PLAZA, SUITE	л. 15 600 01 1564655		2 2 7 7	c		P	
	CC0#0CT_#0	101121700		•			итпуан
INNOVATIONS FOR POVERTY ACTION 1731 CONNECTICUT AVENUE. 4TH F	CTION 4TH FLOOR						
NGTON D.C. DC 2009	06-1660068	501(C)(3)	101,693.	0.			HEALTH
2 Enter total number of section 501(c)(3) and government organizations list	1(c)(3) and government o	rganizations listed in the	ed in the line 1 table				▼ 12.
	nizations listed in the line	1 table					•0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990	Notice, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2012)

12-18-12

Schedule I (Form 990) CLINTON HEALTH ACCESS INITIATIVE, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	EALTH ACC Assistance to Go	CESS INITIATIVE	<u>IVE</u> , INC.	ited States (Sche	ədule I (Form 990), Paı		27-1414646 Page 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
THE WILLIAM DAVIDSON INSTITUTE 724 EAST UNIVERSITY ANN ARBOR, MI 48109	38-3048086	501(C)(3)	77,382.	0.			HEALTH
HOWARD UNIVERSITY 2400 6TH STREET, NW WASHINGTON D.C., DC 20001	53-0204707	501(C)(3)	74,912.	.0			HEALTH
VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET, P.O. BOX 980 RICHMOND, VA 23298	54-6001758	501(C)(3)	62,500.	0			НЕАLTH
FLORIDA STATE UNIVERSITY 600 W COLLEGE AVENUE TALLAHASSEE, FL 32306	59-1961248	501(C)(3)	56,200.	.0			HEALTH
RESULTS FOR DEVELOPMENT INSTITUTE 1100 15TH STREET, NW, SUITE 4000 WASHINGTON D.C., DC 20005	20-8530747	501(C)(3)	91,861.	• o			HEALTH
JOHN HOPKINS UNIVERSITY 3400 N. CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	61,758.	.0			НЕАІ.РН
							Schedule I (Form 990)

05-01-12

Schedule I (Form 990) (2012) CLINTON HEALTH ACCESS		INITIATIVE,	INC.		27-1414646 Page 2
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.	iited States. Com	plete if the organiza	ttion answered "Yes'	to Form 990, Part IV, line 22.	
(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. Complete this part to provide the information required in Part I, line 2, Part II, column (b), and any other additional information.	de the information	n required in Part I,	line 2, Part III, colum	(b), and any other additional in	iormation.
SCHEDULE I, PART I, LINE 2: FOR GR	GRANTS INSIDE	IDE THE US,	EACH	COUNTRY OR	
PROGRAM TEAMS REQUESTS THEIR CASH	CASH NEEDS EACH	CH MONTH WITH	AP ,	AFTER THESE	
AMOUNTS ARE VERIFED, THE HEADQUARTERS		TEAM DISBURES	THE FUNDS	ТО ТНЕ	
COUNTRY/PROGRAM TEAMS. AT THE END	OF EACH MONTH	AONTH, THE	EXPENSES	FOR EACH TEAM	
ARE REVIEWED TO SEE WHERE FUNDS WE	WERE USED.				
232102 12-18-12		42			Schedule I (Form 990) (2012)

SCH	HEDULE J	n	1	OMB No.	1545-00)47
	rm 990) For certain Officers, Directors, Trustees, Key Employees			20	19)
•	Compensated Employees			ZU	12	
Departm	tment of the Treasury Complete if the organization answered "Yes" to For Part IV, line 23.	rm 990,		Open t	o Pub	lic
	al Revenue Service Attach to Form 990. See separate instruction	tions.		Insp	ection	
Name	ne of the organization		Employer ide	ntificat	ion nu	mber
	CLINTON HEALTH ACCESS INITIATIVE,	INC.	27-14	1464	6	
Parl	rt I Questions Regarding Compensation				·	
					Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a per-		n 990,			
F	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the			aliječena vojstvo		
Ľ	First-class or charter travel Housing allowance or re Travel for companions				1	1
L L	Travel for companions Payments for business X Tax indemnification and gross-up payments X Health or social club du			" µ - с	199	
Ē	Discretionary spending account					
L		maiu, chauneur,	chei)	u.	-	1
Ы	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding	a payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III	01.9		1b	x	
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred				- 23	
		by all officers, u		2	x	
					- 23	†
3 li	Indicate which, if any, of the following the filing organization used to establish the compensat	ion of the organiz	ration's	2	1.	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	•		1		
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment co	ntract				ą
	Independent compensation consultant				3	11.517-11.20
Ē	Form 990 of other organizations	•	committee			1
		,			ŧ.	
4 D	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to	the filing		4		3
o	organization or a related organization:	-				
a F	Receive a severance payment or change-of-control payment?			4a	X	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					X
сF	Participate in, or receive payment from, an equity-based compensation arrangement?			4c		X
lf	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each iten	n in Part III.				
						1
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.					
5 F	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	any compensati	on			
	contingent on the revenues of:					
	The organization?			<u>5</u> a	<u> </u>	X
	Any related organization?			<u>5</u> b		X
	If "Yes" to line 5a or 5b, describe in Part III.				. 0	
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	any compensati	on			11.5
	contingent on the net earnings of:			1000		
a⊺	The organization?			<u>6a</u>		X
	Any related organization?			6b		X
	If "Yes" to line 6a or 6b, describe in Part III.					
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any n			-		77
	not described in lines 5 and 6? If "Yes," describe in Part III			7		X
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that					3.7
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			8		X
	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described and the section 52 (4958 6(c))?			_		
	Regulations section 53.4958-6(c)?			9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule	J (For	m 990) 2012

232111 12-10-12

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. Do not list any individuals that are not 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. 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 columns (D) and (E) amounts for that individual.	t be re n Forn sted in	sported in Schedule u n 990, Part VII. idividual must equal t	l, report compensat he total amount of I	ion from the organiz: Form 990, Part VII, S	ation on row (i) and fron ection A, line 1a, applic	n related organizations able column (D) and (I	s, described in the inst =] amounts for that inc	tructions, on row (ii). Jividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denents	(n)-(i)(a)	reported as deterred in prior Form 990
(1) BRUCE LINDSEY	Ξ	.0	.0	0.	.0	.0	.0	0.
원	(ii)	352,600.	0.	0.	15,000.	,46	383,062	0.
(2) IRA MAGAZINER	Ξ	131,07	.0	•0	•0	19,281.	150,35	0.
CEO/VICE-CHAIR OF THE BOARD	▣		.0			•0		0.
(3) MUSTAPHA LEAVENWORTH BAKALI	Ξ	164,28	.0	7,00		.0	171,284.	•
COO			0	.0	.0			.0
(4) JULIE B. FEDER	Ξ	180,00	65,000.	.0	7,350.	19,281.	271,631.	•0
CFO	<u></u>	.0	.0		.0	.0	0.	•0
(5) JEANNE BROSNAN	(i)	140,00	.0		.0	14,896.	154,896.	•0
EVP, HR MANAGEMENT	(ii)	.0	.0	0.	.0	.0	•0	.0
(6) DAVID RIPIN	Ξ	140,36	0	.0	8,400.	19,281.	168,041.	•0
EVP, ACCESS PROGRAMS	E	.0	.0		.0	.0	0.	0.
(7) PASCAL BIJLEVELD	Ξ	163,329.	•0		.0	.0	163,329.	•0
EVP, HEALTH FINANCING	Ē	•	.0	.0	.0	.0	0.	.0
(8) FRANK WIGNALL	Ξ	194,32	.0	.0	12,059.	4,299.	210,682.	•0
ADVISOR, SENIOR	(ii)		.0	•0	•0	.0	0.	0.
(9) VISHAL BRIJLAL	Ξ	155,386.	0.	0.	•0	7,691.	163,077.	.0
COUNTRY DIRECTOR	0	.0	.0	.0	.0	•0	0.	.0
	Ξ							
	(ii)							
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232112				~ ~			Schedu	Schedule J (Form 990) 2012

Page 2

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

CLINTON HEALTH ACCESS INITIATIVE, INC.

Schedule J (Form 990) 2012

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Schedule J (Form 990) 2012 CLINTON HEALTH ACCESS INITIATIVE, INC.	27-1414646 Page 3
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.	t II. Also complete this part for any
PART I, LINE 1A: CHAI PROVIDES AN ALLOWANCE EQUAL TO THE LOCAL TAXES	
OWED IN THE COUNTRY OF ASSIGNMENT FOR PASCAL BIJLEVELD. THIS ALLOWANCE IS	
CONSIDERED TAXABLE.	
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.	
PART I, LINE 4A: SEVERENCE PAYMENTS:	
PATRICIA COLLINS \$45,000	
DANIEL MENDIETA \$39,750	
	Schedule J (Form 990) 2012

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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 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.	-EZ
Name of the organizatio	CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
EXPAND ACCES	S TO HIGH-QUALITY CARE AND TREATMENT FOR HIV/	AIDS, MALARIA
AND OTHER DI	SEASES.	·
<u>FORM 990, PA</u>	RT I, LINE 5:	***
THE NUMBER R	EPORTED ON PART I, LINE 5 REFLECTS THE NUMBER	OF PEOPLE
REPORTED ON	FORM W-3. CHAI EMPLOYS 769 PEOPLE AROUND THE	GLOBE.
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
CHAI APPLIES	THE RIGOROUS THINKING, ANALYSIS AND URGENCY	OF THE
BUSINESS WOR	LD TO SAVE LIVES AND STRENGTHEN HEALTH SYSTEM	S RAPIDLY AND
MORE EFFICIE	NTLY. IN ADDITION TO RETAINING ITS INITIAL FO	CUS ON
HIV/AIDS CAR	E AND TREATMENT, CHAI IMPLEMENTS PROGRAMS ON	VACCINES,
MALARIA, AND	HEALTH SYSTEMS STRENGTHENING MATERNAL AND CH	ILD HEALTH IN
MORE THAN 25	COUNTRIES.	
<u>FORM 990, PA</u>	RT III, LINE 4D, OTHER PROGRAM SERVICES:	·
MALARIA		
EXPENSES \$ 6	,660,070. INCLUDING GRANTS OF \$ 1,285,827.	REVENUE \$ 0.
VACCINES		
EXPENSES \$ 3	,763,870. INCLUDING GRANTS OF \$ 106,458.	REVENUE \$ 0.
MATERNAL AND	CHILD HEALTH	· · · · · · · · · · · · · · · · · · ·
	, 309, 093. INCLUDING GRANTS OF \$ 186, 012.	
232211 01-04-13	Sched	ule O (Form 990 or 990-EZ) (2012)

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Schedule O (Form 990 or 990-EZ) (2012				Page 2
Name of the organization				Employer identification number
CLINTC	N HEALTH ACCES	<u>S INITIATIVE,</u>	INC.	27-1414646

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CAMBODIA, CAMEROON, ETHIOPIA, HAITI,

INDIA, INDONESIA, JAMAICA, KENYA,

LESOTHO, LIBERIA, MALAWI, MOZAMBIQUE,

NIGERIA, PAPUA NEW GUINEA, RWANDA, SOUTH AFRICA,

SWAZILAND, TANZANIA, UKRAINE, UGANDA,

VIETNAM, ZAMBIA, ZIMBABWE, CONGO, DEM REP

FORM 990, PART VI, SECTION A, LINE 2: WILLIAM J. CLINTON AND CHELSEA

CLINTON HAVE A PARENT/CHILD RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6: 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: 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

 232212 01-04-13

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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
CLINTON HEALTH ACCESS INITIATIVE, INC.	27-1414646

BECOMES INCAPACITATED.

FORM 990, PART VI, SECTION B, LINE 11: THE ACCOUNTING MANAGER COLLECTS AND CONSOLIDATES THE INFORMATION AFTER THE 2012 AUDIT IS COMPLETED. THE RETURN IS PREPARED BY OUR EXTERNAL TAX ADVISOR. THE DIRECTOR OF ACCOUNTING AND PAYROLL, 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 FILING.

FORM 990, PART VI, SECTION B, LINE 12C: 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: 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: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII:

THE COMPENSATION REPORTED ON PART VII FOR IRA MAGAZINER REPRESENTS

 COMPENSATION FOR HIS SERVICES TO CHAI AS CEO.
 SEPARATELY, THE CLINTON

 232212 01-04-13
 Schedule O (Form 990 or 990-EZ) (2012)

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01 2012.05000 CLINTON HEALTH ACCESS INITI 25760_01

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
FOUNDATION HAS A CONSULTING AGREEMENT WITH SJS ADVISORS,	OF WHICH IRA
MAGAZINER IS A PRINCIPAL. THE CLINTON FOUNDATION PAID SJ	S ADVISORS
\$127,185 FOR SERVICES RELATED TO THE CLINTON FOUNDATION'S	CLINTON
CLIMATE INITIATIVE.	
REASONS FOR AMENDING RETURN	
THE ORGANIZATION IS AMENDING ITS 2012 FORM 990 IN ORDER T	O UPDATE
CERTAIN PRIOR YEAR INFORMATION, AS REPORTED HEREIN, TO RE	FLECT
AMENDMENTS TO CHAI'S 2011 FORM 990.	
FOLLOWING IS A SUMMARY OF THE PARTS AND SCHEDULES OF THE	FORM 990 THAT
ARE BEING AMENDED.	
PART I, LINE 20, BEGINNING OF CURRENT YEAR COLUMN - CHANG	ED FROM
53,063,545 TO 52,362,846	
PART I, LINE 21, BEGINNING OF CURRENT YEAR COLUMN - CHANG	ED FROM
39,210,973 TO 38,510,274	
990, PART X, COLUMN A	
LINE 2 - CHANGED FROM 6,231,585 TO 5,123,177	
LINE 4 - CHANGED FROM 1,254,882 TO 554,183	
LINE 15 - CHANGED FROM 37,631,296 TO 38,739,704	
LINE 17 - CHANGED FROM 5,220,992 TO 4,520,293	
SCHEDULE A, PART II, SECTION A, LINE 1, COLUMN (C) CHANGE	D FROM

64,645,004 TO 66,874,152

SCHEDULE A, PART II, SECTION A, LINE 1, COLUMN (D) CHANGED FROM 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012) 49

15171121 756948 25760.001 2012.05000 CLINTON HEALTH ACCESS INITI 25760_01

Name of the organization CLINTON HEA	LTH ACCESS IN	ITIATIVE,	INC.	Employer identification nu 27-1414646
54,863,301 TO 64,721,151				
SCHEDULE A, PART II, SECT		, COLUMIN (F) CHANG	SD FROM
<u>127,529,223 TO 125,111,82</u>	3			
			T-7842-410-411-1	
	· · · · · · · · · · · · · · · · · · ·		Blanke, I	
				i
		- And - In Manual Mathematica	XXII	
232212 D1-04-13			Sche	dule O (Form 990 or 990-EZ) (
71121 756948 25760.001	0010 05000	50		ESS INITI 25760_

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	■ Complete if the organization and Unrelated Partnerships ■ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ■ Attach to Form 990.	anizations and Unrelated Partnerships ion answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 to Form 990. ► See separate instructions.	I rtnerships ne 33, 34, 35, 36 uctions.	. or 37.		OMB No. 1545-0047 2012 Open to Public Inspection
Name of the organization CLINTON HEALTH	H ACCESS INITIATIVE				Employer identification number 27-1414646	ication number 646
Part I Identification of Disregarded Entities (Complete if the organization		answered "Yes" to Form 990, Part IV, line 33.)	(-)			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	cations (Complete if the organization	answered "Yes" to Form 990	, Part IV, line 34 t	ecause it had one	or more related tax-exer	mpt
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	entity? Yes No
CLINTON FOUNDATION - 31-1580204 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	ECONOMIC DEVELOPMENT	ARKANSAS	501(C)(3)	LINE 7	N/A	
WILLIAM J. CLINTON FOUNDATION - UK 610 PRESIDENT CLINTON AVE, 2ND FLOOR LITTLE ROCK, AR 72201	FUNDRAISING	MULTED KINGDOM	N/A	N/A	CL INTON FOUNDATION	×
CLINTON GLOBAL INITIATIVE, INC 27-1551550 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201		ARKANSAS	501(C)(3)	LINE 11A, I	CL INTON FOUNDATION	×
CLINTON FOUNDATION INSALINGSSTIFTELSE TORNGREN MAGNELL VAST TRADGARD STOCKHOLM. SWEDEN		SWEDEN	N/A	A/A	CL INTON FOUNDATION	X
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ins for Form 990.				Schedule R	Schedule R (Form 990) 2012

12-10-12 LHA

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	anizations Taxable a tnership during the ta	x year.)		>				_		-	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) (k) General or Percentage managing ownership Partner?
								*****		· · · · · · · · · · · · · · · · · · ·	
	anizations Taxable a	as a Corpo		omplete if the	e organization	answered "Ye	s" to Form 990	Part IV. line	or Trust (Complete if the organization answered "Yes" to Form 990. Part IV, line 34 because it had one or more related	d one or	ore related
Part IV organizations treated as a corporation or trust during the tax year.)	poration or trust durir	ig the tax y		_	0						
(a) Name, address, and EIN of related organization	7 -	Prima	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	ing Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
						-					
232162 12-10-12				52		-			Schec	dule R (For	Schedule R (Form 990) 2012

INC.
INITIATIVE,
ACCESS
HEALTH
CLINTON
Schedule R (Form 990) 2012

27-1414646 Page 3

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

Noto Comolata lina 1 if any antity is listed in Dorts II. III. or IV of this sobodulo						
	ns with one or more re	le. transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		Yes	So
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity)		19		×
b Gift, grant, or capital contribution to related organization(s)				<u>ب</u>	Ť	×
c Gift, grant, or capital contribution from related organization(s)				<u>,</u>	×	
d Loans or loan guarantees to or for related organization(s)				Ţ		×
				e e	×	:
				*		*
				=	-	4 Þ
y date of assets to related ofganization(s)				6		4
h Purchase of assets from related organization(s)				4		×
i Exchange of assets with related organization(s)				Ŧ		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
					4	and the strength of the strength os strength of the strength os strength o
k Lease of facilities, equipment, or other assets from related organization(s)				¥		X
I Performance of services or membership or fundraising solicitations for related org	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related org	related organization(s)			Ē		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ttion(s)			Ļ	×	
 Sharing of paid employees with related organization(s) 				9		×
				And a street of the second second		
p Reimbursement paid to related organization(s) for expenses				1p	X	
Reimbursement paid by related organization(s) for expenses				<u> </u>	×	
				A THE ACCURATE AND A THE ACCURAT		A CARLEN AND AND AND AND AND AND AND AND AND AN
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	iis line, including covered	relationships and transaction thresholds.	-		
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
2						
(3)						
(4)						
(5)						
(6)						
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to was not a revealed interface or a conduction of the protect of the activities (measured by total association of activity) (measured by total association association of activity) (measured by total association of activity) (measured by total association association of activity) (measured by total association of activity) (measured by total association as	CLLLN'L' ations Taxat	Schedule R (Form 990) 2012 CLINTON HEALTH ACCESS INITIATIVE, INC. Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)	ESS INTTIATIVE	ATIVE, INC.	to Form 9	990, Part IV, line :	(28		27-141	-1414646	Page 4
Legal domicing trated or foreign (etablet) Legal domicing (etablet) (related unrelated, (related form tax, note: section 512-514) (e) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	truc I	<pre>/ taxed as a partnerst tions regarding excluit</pre>	iip through which t sion for certain inve	the organization condu estment partnerships.	icted more	than five percen	t of its activities (m	easured t	oy total assets c	or gross re	venue)
Image: series of the series		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, umrelated, excluded from tax under section 512-514)	(e) Are all 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	(i) Code V-UBI amount in box 2 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
Image: series of the series											
Image: second											

Part VII	(Form 990) 2012 Supplemental In	formation			INC. 27-1414646 F
	Complete this part to	provide additional in	formation for responses to	questions on Schedule R (see instructions).
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