


<p>Form 990</p>  <p>Department of the Treasury Internal Revenue Service</p>	<p>Return of Organization Exempt From Income Tax</p> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</p> <p>▶ The organization may have to use a copy of this return to satisfy state reporting requirements</p>	<p>OMB No 1545-0047</p> <p>2009</p> <p>Open to Public Inspection</p>
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A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009		C Name of organization WILLIAM J CLINTON FOUNDATION		D Employer identification number 31-1580204	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.		E Telephone number (501) 748-0471	
				G Gross receipts \$ 250,656,163	
		Doing Business As			
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1200 PRESIDENT CLINTON AVENUE			
		City or town, state or country, and ZIP + 4 LITTLE ROCK, AR 72201			
		F Name and address of principal officer ANDREW KESSEL 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.CLINTONFOUNDATION.ORG					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1997		M State of legal domicile AR	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE WILLIAM J CLINTON FOUNDATION WORKS TO STRENGTHEN THE CAPACITY OF PEOPLE IN THE U S AND THROUGHOUT THE WORLD TO MEET THE CHALLENGES OF GLOBAL INTERDEPENDENCE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5 55	
	6	Total number of volunteers (estimate if necessary)	6 38	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	184,146,859	242,377,043
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	2,140,825
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,576,456	196,780
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,526,897	4,316,470
	12		188,250,212	249,031,118
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,905,809	4,046,086
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	34,320,034	38,212,782
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	598,670	309,814
	b	Total fundraising expenses (Part IX, column (D), line 25) 4,696,764		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	178,565,635	192,646,100
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	217,390,148	235,214,782
	19	Revenue less expenses Subtract line 18 from line 12	-29,139,936	13,816,336
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	276,839,097	260,448,325
	21	Total liabilities (Part X, line 26)	108,726,135	78,511,711
	22	Net assets or fund balances Subtract line 21 from line 20	168,112,962	181,936,614

Part II		Signature Block			
Sign Here	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				
	***** Signature of officer		2010-11-15 Date		
	ANDREW KESSEL CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		BKD LLP PO BOX 3667 LITTLE ROCK, AR 722033667		EIN
					Phone no (501) 372-1040

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 162,685,358 including grants of \$ 2,953,643) (Revenue \$ 1,562,802)

THE CLINTON HEALTH ACCESS INITIATIVE (FORMERLY THE CLINTON HIV/AIDS INITIATIVE) SEE SCHEDULE O FOR FURTHER DETAILS

4b

(Code) (Expenses \$ 12,479,973 including grants of \$ 226,581) (Revenue \$ 119,886)

THE CLINTON GLOBAL INITIATIVE SEE SCHEDULE O FOR FURTHER DETAILS

4c

(Code) (Expenses \$ 11,588,546 including grants of \$ 210,396) (Revenue \$ 111,323)

THE CLINTON CLIMATE INITIATIVE SEE SCHEDULE O FOR FURTHER DETAILS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 36,102,778 including grants of \$ 655,466) (Revenue \$ 346,814)

















4e

Total program service expenses

\$ 222,856,655

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	142			
		1b	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	Yes	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	559	2b	Yes	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	4a	Yes	
	b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		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.						
a	Did the organization make any taxable distributions under section 4966?	9a		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		9b		
10 Section 501(c)(7) organizations. Enter						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VII

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	4	
b	Enter the number of voting members that are independent	1b	3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AL , AK , AZ , AR , CA , CO , CT , FL , GA , HI , IL , IN , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , NV , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , VT , VA , WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
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

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

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b Total	2,040,371	0	188,247
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**36

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PARTNERS IN HEALTH	PROGRAM SERVICES	1,600,000
AIDS CARE CHINA	PROGRAM SERVICES	564,972
FIVE CURRENTS LLC	PROGRAM SERVICES	492,973
CARE PERU	PROGRAM SERVICES	465,493
ASCENTIUM	PROGRAM SERVICES	417,999

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**43

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	87,889	242,377,043					
	b	Membership dues	1b							
	c	Fundraising events	1c	715,990						
	d	Related organizations	1d							
	e	Government grants (contributions)	1e	122,520,657						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	119,052,507						
	g	Noncash contributions included in lines 1a-1f \$ 5,422,289								
	h	Total. Add lines 1a-1f								
Program Service Revenue			Business Code							
	2a	CGSGI, CHAI, & CHDI INCOME	900,099	1,956,583	1,956,583	0	0			
	b	LIBRARY ADMISSIONS	900,099	184,242	184,242	0	0			
	c									
	d									
	e									
	f	All other program service revenue								
	g	Total. Add lines 2a-2f			2,140,825					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		196,780	0	0	196,780		
4		Income from investment of tax-exempt bond proceeds . .		0						
5		Royalties		0						
6a		Gross Rents	(i) Real	(ii) Personal	167,431	0	0	167,431		
		b	Less rental expenses						167,431	
			c	Rental income or (loss)						
			d	Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	0					
		b	Less cost or other basis and sales expenses							
			c	Gain or (loss)						
			d	Net gain or (loss)						
8a		Gross income from fundraising events (not including \$ 715,990 of contributions reported on line 1c) See Part IV, line 18			3,346,549	0	0	3,346,549		
		a	3,542,000							
		b	Less direct expenses	b					195,451	
c		Net income or (loss) from fundraising events . .								
9a		Gross income from gaming activities See Part IV, line 19			0					
		a								
		b	Less direct expenses	b						
c		Net income or (loss) from gaming activities . .								
10a		Gross sales of inventory, less returns and allowances . .			418,289	0	0	418,289		
	a	1,847,883								
	b	Less cost of goods sold . . .	b	1,429,594						
c	Net income or (loss) from sales of inventory . .									
Miscellaneous Revenue		Business Code								
11a	MISCELLANEOUS REVENUE		900,099	384,201	0	0	384,201			
b										
c										
d	All other revenue									
e	Total. Add lines 11a-11d			384,201						
12	Total revenue. See Instructions			249,031,118	2,140,825	0	4,513,250			

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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 organizations in the U S See Part IV, line 21	2,479,807	2,479,807		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,566,279	1,566,279		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,407,602	0	1,407,602	0
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	29,239,944	25,967,832	1,814,076	1,458,036
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	993,546	822,527	113,789	57,230
9	Other employee benefits	3,876,271	3,195,190	476,097	204,984
10	Payroll taxes	2,695,419	2,300,827	274,793	119,799
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	685,227	0	685,227	0
c	Accounting	407,903	0	407,903	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	309,814			309,814
f	Investment management fees	0			
g	Other	13,562,346	12,739,048	97,399	725,899
12	Advertising and promotion	1,108,593	1,002,281	55,087	51,225
13	Office expenses	10,948,766	10,317,776	410,268	220,722
14	Information technology	804,521	413,794	253,489	137,238
15	Royalties	0			
16	Occupancy	5,915,298	4,959,585	670,594	285,119
17	Travel	11,311,615	10,918,456	140,767	252,392
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,260,427	2,249,869	7,023	3,535
20	Interest	956	956	0	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,508,399	4,326,551	133,654	48,194
23	Insurance	900,287	193,670	702,208	4,409
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PHARMACEUTICALS	105,594,283	105,594,283	0	0
b	CARE PARTNER EXPENSES	16,585,413	16,585,413	0	0
c	CGI CONFERENCES	6,442,477	6,442,477	0	0
d	PROVISION FOR BAD DEBTS	589,726	589,726	0	0
e	OTHER DIRECT PROGRAM EXPENSES	6,945,840	6,945,840	0	0
f	All other expenses	4,074,023	3,244,468	11,387	818,168
25	Total functional expenses. Add lines 1 through 24f	235,214,782	222,856,655	7,661,363	4,696,764
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

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

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	80,048,391	135,817,368	89,393,842	104,673,091	126,979,554	536,912,246
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	80,048,391	135,817,368	89,393,842	104,673,091	126,979,554	536,912,246
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						99,935,525
6 Public Support. Subtract line 5 from line 4						436,976,721

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	80,048,391	926,928	89,393,842	104,673,091	126,979,554	536,912,246
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	871,717	926,928	3,436,903	2,779,487	364,211	8,379,246
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	2,692,341	2,009,846	2,090,624	1,799,055	2,232,084	10,823,950
11 Total support (Add lines 7 through 10)						556,115,442

12

Gross receipts from related activities, etc (See instructions)

12

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	78 577 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	78 700 %

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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 assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WILLIAM J CLINTON FOUNDATION

Employer identification number
31-1580204

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

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

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

1

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

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

6

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

7

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

8

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

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	233,301	227,051		
b	Contributions	0	50,000		
c	Investment earnings or losses	27,503	-43,750		
d	Grants or scholarships	0	0		
e	Other expenditures for facilities and programs	0	0		
f	Administrative expenses	0	0		
g	End of year balance	260,804	233,301		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 100 000 % %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	943,690		943,690
b Buildings	0	134,848,995	18,794,851	116,054,144
c Leasehold improvements				
d Equipment	0	4,796,078	2,409,397	2,386,681
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				119,384,515

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1249,031,118
2	Total expenses (Form 990, Part IX, column (A), line 25)	2235,214,782
3	Excess or (deficit) for the year Subtract line 2 from line 1	313,816,336
4	Net unrealized gains (losses) on investments	7,316
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	7,316
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	13,823,652

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1252,660,339
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a7,316	
b	Donated services and use of facilities2b3,411,052	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d210,853	
e	Add lines 2a through 2d	2e3,629,221
3	Subtract line 2e from line 1	3249,031,118
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5249,031,118

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1238,836,687
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a3,411,052	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d210,853	
e	Add lines 2a through 2d	2e3,621,905
3	Subtract line 2e from line 1	3235,214,782
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5235,214,782

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
REVENUE RECONCILIATION	FORM 990, SCHEDULE D, PART XII, LINE 2D	COST OF GOODS SOLD 15,402 DIRECT FUNDRAISING EXPENSE 195,451 ----- TOTAL 210,853
EXPENSE RECONCILIATION	FORM 990, SCHEDULE D, PART XIII, LINE 2D	COST OF GOODS SOLD 15,402 DIRECT FUNDRAISING EXPENSE 195,451 ----- TOTAL 210,853
UNCERTAIN TAX POSITIONS FOOTNOTE	FORM 990, SCHEDULE D, PART X	THE FOUNDATION FILES A TAX-EXEMPT RETURN IN THE U S FEDERAL JURISDICTION. THE FOUNDATION IS NOT SUBJECT TO U S FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE 2007. THE FOUNDATION ADOPTED CERTAIN PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, CONCERNING THE ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS ON JANUARY 1, 2009. THE IMPLEMENTATION OF THE PROVISIONS OF ASC 740 DID NOT HAVE ANY EFFECT ON THE FINANCIAL STATEMENTS.
INTENDED USES OF ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT BRINGING SPEAKERS TO THE CLINTON PRESIDENTIAL CENTER.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
WILLIAM J CLINTON FOUNDATION

Employer identification number
31-1580204

Part I

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

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2

For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	13	212	Program Services	HEALTH & CLIMATE	61,344,000
South Asia	3	86	Program Services	HEALTH & CLIMATE	5,411,000
Central America and the Caribbean	8	30	Program Services	HEALTH, CLIMATE, ECON	2,573,000
Europe (Including Iceland and Greenland)	3	23	Program Services	HEALTH & CLIMATE	334,381
Middle East and North Africa	21	237	Program Services	HEALTH & CLIMATE	80,147,000
East Asia and the Pacific	13	96	Program Services	HEALTH & CLIMATE	14,968,000
North America	2	3	Program Services	CLIMATE	100,754
South America	6	16	Program Services	HEALTH, CLIMATE, ECON	4,218,000
Russia and the Newly Independent States	1	1	Program Services	HEALTH	954,000
Totals ►	70	704			170,050,135

Part II

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

Use Schedule F-1 (Form 990) if additional space is needed.

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)
			East Asia/Pacific	PROGRAM SERVICES	6,000	WIRE XFER	0	NA	NA
			Middle East/North Africa	PROGRAM SERVICES	6,000	WIRE XFER	0	NA	NA
			North America	PROGRAM SERVICES	7,000	WIRE XFER	0	NA	NA
			North America	PROGRAM SERVICES	10,000	WIRE XFER	0	NA	NA
			South America	PROGRAM SERVICES	89,227	WIRE XFER	0	NA	NA
			South America	PROGRAM SERVICES	75,000	WIRE XFER	0	NA	NA
			South America	PROGRAM SERVICES	429,990	WIRE XFER	0	NA	NA
			South America	PROGRAM SERVICES	50,000	WIRE XFER	0	NA	NA
			South America	PROGRAM SERVICES	64,000	WIRE XFER	0	NA	NA
			South America	PROGRAM SERVICES	660,577	WIRE XFER	0	NA	NA
			South America	PROGRAM SERVICES	168,485	WIRE XFER	0	NA	NA

2

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

11

3

Enter total number of other organizations or entities ☐

0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

Schedule F (Form 990) 2009

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
WILLIAM J CLINTON FOUNDATION

Employer identification number
31-1580204

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

1

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

a

☒

Mail solicitations

b

☒

Internet and e-mail solicitations

c

☐

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

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

☒ Yes ☐ No

b

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

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

3

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

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		MILLENNIUM (event type)	DINNERS (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	715,990	3,542,000	4,257,990
	2	Less Charitable contributions	715,990	0	715,990
	3	Gross income (line 1 minus line 2)		3,542,000	3,542,000
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	195,451	0	195,451
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			195,451
	11	Net income summary Combine lines 3, column d, and line 10. ▶			3,346,549

Part III Gaming.

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

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

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
WILLIAM J CLINTON FOUNDATION

Employer identification number
31-1580204

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

31

3

Enter total number of other organizations

0

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

(a) Type of grant or assistance	(b) 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, and any other additional information.

[illegible]

Software ID:

Software Version:

EIN: 31-1580204

Name: WILLIAM J CLINTON FOUNDATION

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIVERSITY OF WASHINGTON FOUNDATIONSAO BOX 256 UW BOX 352238 SEATTLE,WA 98195	94-3079432	501(C)(3)	6,000	0	NA	NA	GENERAL SUPPORT
WORLD PARTNERS FOR DEVELOPMENTBIKES FOR AFRICA INITIATIVE 14951 PALOMA CT HAYMARKET,VA 20169	37-1474223	501(C)(3)	6,000	0	NA	NA	GENERAL SUPPORT
YMCA OF THE UNIVERSITY OF ILLINOIS1001 S WRIGHT ST CHAMPAIGN,IL 61820	37-0661257	501(C)(3)	6,000	0	NA	NA	GENERAL SUPPORT
ASSOCIATED STUDENTS OF THE UNIVERSITY OF CA 400 ESHLEMAN HALL 4500 BERKELEY,CA 94720	94-0294680	501(C)(3)	6,500	0	NA	NA	GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST ROOM 1054 ANN ARBOR,MI 48109	38-6006309	501(C)(3)	6,500	0	NA	NA	GENERAL SUPPORT
COME LETS DANCEPO BOX 770172 STEAMBOAT SPRINGS,CO 80477	20-4650412	501(C)(3)	7,000	0	NA	NA	GENERAL SUPPORT
MIDDLEBURY COLLEGE ADIRONDACK HOUSE 2ND FLOOR MIDDLEBURY,VT 05753	03-0179298	501(C)(3)	15,000	0	NA	NA	GENERAL SUPPORT
ST MARY'S CHURCH HAMILTON VILLAGE3916 LOCUST WALK PHILADELPHIA,PA 19104	23-6000162	501(C)(3)	7,000	0	NA	NA	GENERAL SUPPORT
GARDENS FOR HEALTH INTERNATIONAL69 BROWN ST 2847 PROVIDENCE,RI 02912	16-1772171	501(C)(3)	7,500	0	NA	NA	GENERAL SUPPORT
PLAY31608 WEST 113TH ST APT 2C NEWYORK,NY 10025	26-3536871	501(C)(3)	7,500	0	NA	NA	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PENNSYLVANIA STATE UNIVERSITY227 W BEAVER AVE STE 401 STATE COLLEGE,PA 16801	24-6000376	501(C)(3)	8,000	0	NA	NA	GENERAL SUPPORT
AHEAD ENERGY CORPORATION206 GAVETT HALL UNIVERSITY OF ROCHESTER ROCHESTER,NY 14627	22-3018053	501(C)(3)	9,000	0	NA	NA	GENERAL SUPPORT
OPEN SPACE INSTITUTE 1350 BROADWAY SUITE 201 NEW YORK,NY 10018	52-1053406	501(C)(3)	9,000	0	NA	NA	GENERAL SUPPORT
LANE COMMUNITY COLLEGE4000 EAST 30TH AVE EUGENE,OR 97405	93-0546223	501(C)(3)	10,000	0	NA	NA	GENERAL SUPPORT
MEDICAL OUTREACH FOUNDATION21020 WEST 151ST STREET OLATHE,KS 66061	33-1027286	501(C)(3)	10,000	0	NA	NA	GENERAL SUPPORT
METANOIA PROJECT INC 4399 W 19TH ST CLEVELAND,OH 44109	26-2788076	501(C)(3)	10,000	0	NA	NA	GENERAL SUPPORT
TRUSTEES OF DARTMOUTH COLLEGE11 ROPE FERRY ROAD 6210 HANOVER,NH 03755	02-0222111	501(C)(30	10,000	0	NA	NA	GENERAL SUPPORT
UNIVERSITY OF DELAWARE 220 HULLIHEN HALL NEWARK,DE 19716	51-6000297	501(C)(3)	10,000	0	NA	NA	GENERAL SUPPORT
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)(3)	2,223,000	0	NA	NA	GENERAL SUPPORT
HENDRIX COLLEGE1600 WASHINGTON AVE CONWAY,AR 72032	71-0236897	501(C)(3)	187,500	0	NA	NA	GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
WILLIAM J CLINTON FOUNDATION

Employer identification number

31-1580204

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRUCE R LINDSEY	(i)	276,584	3,000	0	16,799	13,500	309,883	0
	(ii)	0	0	0	0	0	0	0
ANDREW KESSEL	(i)	147,000	3,000	0	8,909	13,500	172,409	0
	(ii)	0	0	0	0	0	0	0
ROBERT HARRISON	(i)	149,705	3,000	0	0	13,500	166,205	0
	(ii)	0	0	0	0	0	0	0
OWENS WIWA	(i)	180,000	0	0	0	0	180,000	0
	(ii)	0	0	0	0	0	0	0
MARGARET MARTINELLO	(i)	150,052	0	0	7,855	10,560	168,467	0
	(ii)	0	0	0	0	0	0	0
EDWARD HUGHES	(i)	133,613	3,000	0	8,484	5,280	150,377	0
	(ii)	0	0	0	0	0	0	0
VISHAL BRIJLAL	(i)	157,113	0	0	0	0	157,113	0
	(ii)	0	0	0	0	0	0	0
KATE CONDLIFFE	(i)	148,859	0	0	5,640	10,560	165,059	0
	(ii)	0	0	0	0	0	0	0
CARLOS FERNANDEZ MAZZI	(i)	184,846	3,000	0	0	13,500	201,346	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Ident if ier	Ret urn Reference	Explanat ion
COMPENSATION REVIEW PROCESS	FORM 990, SCHEDULE J	AT THIS TIME THE ORGANIZATION DOES NOT HAVE A PROCESS IN PLACE FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS, OFFICERS, OR KEY EMPLOYEES. THE ORGANIZATION IS WORKING TO PUT SUCH A PROCESS IN PLACE.
REIMBURSEMENT POLICIES	FORM 990, SCHEDULE J, LINE 1B	WHILE THE ORGANIZATION DOES NOT HAVE A WRITTEN POLICY AT THIS TIME, IT DOES HAVE STANDARDS AND A PROCESS FOR DETERMINING THE BONA FIDES OF SPOUSAL TRAVEL FOR BUSINESS PURPOSES. IN ADDITION, AS NOTED ON SCHEDULE J LINE 2, THE ORGANIZATION DOES REQUIRE SUBSTANTIATION OF SUCH EXPENSES PRIOR TO REIMBURSING OR ALLOWING EXPENSES.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
WILLIAM J CLINTON FOUNDATION

Employer identification number
31-1580204

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		54,600	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	5,171,289	CASH VALUE RECEIVED
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	X	1	55,000	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>VARIOUS</u>)	X	2	141,400	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

WILLIAM J CLINTON FOUNDATION

Employer identification number

31-1580204

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINES 4A - 4D	<p>ABOUT THE FOUNDATION BUILDING ON A LIFETIME OF PUBLIC SERVICE, PRESIDENT BILL CLINTON ESTABLISHED THE WILLIAM J CLINTON FOUNDATION WITH THE MISSION OF STRENGTHENING THE CAPACITY OF PEOPLE THROUGHOUT THE WORLD TO MEET THE CHALLENGES OF GLOBAL INTERDEPENDENCE. TODAY, THE CLINTON FOUNDATION WORKS TO ALLEVIATE POVERTY, IMPROVE GLOBAL HEALTH, STRENGTHEN ECONOMIES, AND PROTECT THE ENVIRONMENT, BY FOSTERING PARTNERSHIPS AMONG GOVERNMENTS, BUSINESSES, NONGOVERNMENTAL ORGANIZATIONS (NGOS), AND PRIVATE CITIZENS - LEVERAGING THEIR EXPERTISE, RESOURCES, AND PASSIONS TO TURN GOOD INTENTIONS INTO MEASURABLE RESULTS. TO ACCOMPLISH ITS GOALS, THE CLINTON FOUNDATION HAS ESTABLISHED SEPARATE INITIATIVES, EACH WITH A DISTINCT MISSION BUT ALL REFLECTING PRESIDENT CLINTON'S FOUNDING VISION TO IMPLEMENT SUSTAINABLE PROGRAMS THAT IMPROVE ACCESS WORLDWIDE TO INVESTMENT, OPPORTUNITY, AND LIFESAVING SERVICES NOW AND FOR FUTURE GENERATIONS. BECAUSE OF THIS WORK, MORE THAN 1,900 COMMITMENTS TO ACTION HAVE BEEN MADE TO IMPROVE MORE THAN 300 MILLION LIVES AROUND THE WORLD, 9,000 AMERICAN SCHOOLS ARE PROVIDING KIDS WITH HEALTHY FOOD CHOICES IN AN EFFORT TO ERADICATE CHILDHOOD OBESITY, 4,300 AFRICAN FARMERS HAVE IMPROVED THEIR CROPS TO FEED 30,000 PEOPLE, 14 CITIES AROUND THE WORLD ARE IMPLEMENTING ENERGY EFFICIENCY PROJECTS TO ELIMINATE 75,000 TONS OF CARBON DIOXIDE RELEASED INTO THE ATMOSPHERE EACH YEAR, \$20 MILLION IS BEING INVESTED IN SMALL- AND MEDIUM-SIZED BUSINESSES IN COLOMBIA, AND 2.6 MILLION PEOPLE HAVE BENEFITED FROM LIFESAVING HIV/AIDS MEDICATIONS. 2009 INITIATIVE ACTIVITY</p> <p>THE CLINTON GLOBAL INITIATIVE (CGI) IS AN ORGANIZATION OF WORLD LEADERS WHO WORK TOGETHER TO IDENTIFY URGENT NEEDS AROUND THE WORLD AND THEN TAKE ACTION TO SOLVE THEM. CGI SPECIALIZES IN BUILDING PARTNERSHIPS AMONG CHANGE-MAKERS AROUND THE WORLD. IN 2009, CGI HELD ITS FIFTH ANNUAL MEETING, AND MORE THAN 1,200 WORLD LEADERS CAME TOGETHER TO MAKE 291 NEW COMMITMENTS TO ACTION TO IMPROVE THE LIVES OF 197 MILLION PEOPLE. THE CLINTON CLIMATE INITIATIVE (CCI) WORKS WITH GOVERNMENTS AND BUSINESSES AROUND THE WORLD TO IMPROVE ENERGY EFFICIENCY IN CITIES, CATALYZE THE LARGE-SCALE SUPPLY OF CLEAN ENERGY, AND RESTORE FORESTS AND STOP DEFORESTATION. IN 2009, CCI ANNOUNCED AGREEMENTS TO WORK WITH GOVERNMENTS IN GUJARAT AND RAJASTHAN IN INDIA AS WELL AS IN SOUTH AFRICA TO ASSESS THE POTENTIAL TO CREATE LARGE-SCALE "SOLAR PARKS" THAT WOULD SIGNIFICANTLY DECREASE THE COST OF PRODUCING SOLAR POWER. CCI ALSO PARTNERED WITH THE CITY OF LOS ANGELES TO REPLACE 140,000 EXISTING STREETLIGHT FIXTURES WITH LED LIGHTS, WHICH WILL REDUCE CO2 EMISSIONS BY 40,500 TONS ANNUALLY. FINALLY, CCI WORKED WITH SAO PAULO TO ESTABLISH A NETWORK OF MORE THAN 100 KILOMETERS OF BICYCLE LANES, WHICH WILL REDUCE TRAFFIC CONGESTION AND RELATED EMISSIONS.</p> <p>THE CLINTON HEALTH ACCESS INITIATIVE (CHAI) WORKS WITH GOVERNMENTS TO STRENGTHEN INTEGRATED HEALTH SYSTEMS IN THE DEVELOPING WORLD AND EXPAND ACCESS TO CARE AND TREATMENT FOR HIV/AIDS, MALARIA, AND OTHER DISEASES. AS A RESULT OF AGREEMENTS MADE SINCE CHAI BEGAN ITS WORK, MORE THAN 250,000 CHILDREN HAVE INITIATED HIV TREATMENT AND MORE THAN 2.6 MILLION PEOPLE HAVE RECEIVED ANTIRETROVIRAL PURCHASED AT CHAI-NEGOTIATED PRICES. IN 2009, CHAI ANNOUNCED A NEW AGREEMENT WITH PFIZER TO REDUCE THE COST OF RIFABUTIN, A KEY DRUG USED TO TREAT TUBERCULOSIS IN HIV/AIDS PATIENTS TAKING SECOND-LINE MEDICINES, BY 60 PERCENT. CHAI ALSO COMMITTED TO EXPAND ITS WORK TO HAITI.</p> <p>THE ALLIANCE FOR A HEALTHIER GENERATION, A PARTNERSHIP BETWEEN THE CLINTON FOUNDATION AND THE AMERICAN HEART ASSOCIATION, WORKS TO ELIMINATE CHILDHOOD OBESITY IN THE UNITED STATES. THE ALLIANCE TARGETS THE PLACES THAT CAN MAKE A DIFFERENCE TO A CHILD'S HEALTH: HOMES, SCHOOLS, RESTAURANTS, DOCTOR'S OFFICES, AND COMMUNITIES. IN 2009, THE ALLIANCE ANNOUNCED A MAJOR AGREEMENT WITH HEALTH INSURERS: 1 MILLION KIDS WILL HAVE YEARLY ACCESS TO AT LEAST FOUR VISITS WITH A PRIMARY CARE PHYSICIAN AND AT LEAST FOUR VISITS WITH A REGISTERED DIETICIAN. THE ALLIANCE SAW GROWTH IN ITS HEALTHY SCHOOLS PROGRAM, RAISING THE TOTAL NUMBER OF PARTICIPATING SCHOOLS TO 9,000.</p> <p>THE CLINTON ECONOMIC OPPORTUNITY (CEO) INITIATIVE HELPS TO EXPAND ECONOMIC OPPORTUNITY IN THE UNITED STATES BY INCREASING ACCESS TO LOW-COST FINANCIAL SERVICES AND BY CONNECTING ENTREPRENEURS TO THE SUPPORT, IDEAS, AND TOOLS THAT CAN HELP THEM COMPETE AND SUCCEED IN THE MARKETPLACE. IN 2009, CEO PARTNERED WITH ZAGAT SURVEY TO LAUNCH ITS FIRST SPOTLIGHT ON HARLEM NEIGHBORHOOD GUIDE, WHICH HIGHLIGHTS 323 OF HARLEM'S ATTRACTIONS. CEO ALSO EXPANDED ITS ENTREPRENEUR MENTORING PROGRAM (EMP) TO CHICAGO, NEWARK, AND PHILADELPHIA, WHERE CEO WILL WORK WITH LOCAL ORGANIZATIONS TO CONNECT BUSINESS MENTORS TO EMERGING ENTREPRENEURS.</p> <p>THE CLINTON HUNTER DEVELOPMENT INITIATIVE (CHDI) IS WORKING IN RWANDA AND MALAWI - AT THE INVITATION OF THESE COUNTRIES' GOVERNMENTS - TO STRENGTHEN AGRICULTURE, DEVELOP AGRIBUSINESS, AND INCREASE ACCESS TO CLEAN WATER, QUALITY HEALTH CARE, AND IMPROVED EDUCATION IN WAYS THAT CAN BE LOCALLY SUSTAINED. IN 2009, CHDI SUCCESSFULLY COMPLETED THE HARVEST AND SALE OF 380 TONS OF SOY ON BEHALF OF 168 SMALLHOLDER FARM FAMILIES AND HAS PARTNERED TO SCALE UP THEIR REACH. CHDI ALSO WORKED WITH MORE THAN 3,000 SMALLHOLDER FARM FAMILIES TO PLANT AND MAINTAIN 1 MILLION TREES IN MALAWI, HELPING TO REVERSE DEFORESTATION AND SEQUESTER 148,000 TONS OF CO2.</p> <p>THE CLINTON GIUSTRA SUSTAINABLE GROWTH INITIATIVE (CGSGI) SEEKS TO NARROW THE WEALTH GAP IN THE DEVELOPING WORLD BY ALLEVIATING POVERTY THROUGH MARKET-DRIVEN DEVELOPMENT THAT CREATES JOBS AND INCREASES INCOMES AND BY STRENGTHENING FACTORS THAT ENABLE ECONOMIC GROWTH SUCH AS HEALTH AND EDUCATION. AS PART OF THEIR INCOME-GENERATION PROGRAMS IN COLOMBIA, IN 2009, CGSGI AND THE FUNDACIN CARLOS SLIM ANNOUNCED THE CREATION OF A \$20 MILLION INVESTMENT FUND TO CREATE A NEW SOURCE OF FINANCING FOR QUALIFIED SMALL- AND MEDIUM-SIZED ENTERPRISES. CGSGI ALSO PARTNERED WITH LOCAL MINING COMPANIES TO LAUNCH TWO PROGRAMS IN CAJAMARCA, PERU: THE POVERTY REDUCTION AND ALLEVIATION PROGRAM AND THE CHILD NUTRITION PROGRAM. CGSGI ALREADY OPERATES A CHILD NUTRITION PROGRAM IN COLOMBIA THAT HAS SERVED 1 MILLION MEALS TO PRIMARY SCHOOL STUDENTS IN PIES DESCALZOS SCHOOLS. FINALLY, IN 2009, CGSGI'S CATARACTS PROGRAM PROVIDED NEARLY 2,000 CATARACT SURGERIES TO UNDERSERVED POPULATIONS IN PERU AND HAS SCALED UP THE PROGRAM TO PROVIDE THOUSANDS MORE.</p> <p>THE CLINTON PRESIDENTIAL CENTER, LOCATED IN LITTLE ROCK, ARKANSAS, IS COMMITTED TO SUPPORTING THE WORK OF THE CLINTON FOUNDATION AND SERVING THE COMMUNITY BY PROVIDING A FIRST-CLASS VENUE FOR EXHIBITS, EVENTS, AND EDUCATIONAL PROGRAMS. THE CENTER HAS WELCOMED 1.6 MILLION VISITORS FROM AROUND THE WORLD AND PROVIDED FREE SCHOOL TOURS TO MORE THAN 100,000 ARKANSAS STUDENTS. IN ADDITION TO SERVING AS A MAJOR TOURIST ATTRACTION, THE CENTER HAS DRIVEN ECONOMIC DEVELOPMENT THROUGHOUT THE CITY AND THE STATE BY INITIATING MORE THAN \$2 BILLION IN REVITALIZATION AND REINVESTMENT IN THE COMMUNITY.</p>

ORGANIZATION'S MISSION FORM 990, PART III, LINE 1 PRESIDENT CLINTON ESTABLISHED THE WILLIAM J CLINTON FOUNDATION WITH THE DUAL MISSIONS OF CONSTRUCTING & ENDOWING THE CLINTON PRESIDENTIAL CENTER & PARK IN LITTLE ROCK, ARKANSAS & CONTINUING THE WORK OF HIS PRESIDENCY TO STRENGTHEN THE CAPACITY OF PEOPLE IN THE UNITED STATES & THROUGHOUT THE WORLD TO MEET THE CHALLENGES OF GLOBAL INTERDEPENDENCE TO ADVANCE THE MISSION, THE FOUNDATION HAS DEVELOPED PROGRAMS & PARTNERSHIPS IN THE FOLLOWING AREAS ECONOMIC EMPOWERMENT HEALTH SECURITY WITH AN EMPHASIS ON HIV/AIDS RACIAL, ETHNIC, & RELIGIOUS RECONCILIATION LEADERSHIP DEVELOPMENT & CITIZEN SERVICE FOREIGN FINANCIAL ACCOUNTS FORM 990, PART V, LINE 4B AUSTRALIA, BURUNDI, CAMBODIA, CHINA, COLOMBIA, DOMINICAN REPUBLIC, CONGO (DEMOCRATIC REPUBLIC), ETHIOPIA, HAITI, INDIA, INDONESIA, KENYA, LESOTHO, LIBERIA, MALAWI, MOZAMBIQUE, NIGERIA, PAPUA-NEW GUINEA, PERU, RWANDA, UNITED KINGDOM, TANZANIA, UGANDA, UKRAINE, VIETNAM, ZAMBIA, ZIMBABWE DOCUMENTATION OF COMMITTEE MEETINGS FORM 990, PART VI, SECTION A, LINE 8B THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY, THEREFORE, THE MEETINGS ARE NOT CONTEMPORANEOUSLY DOCUMENTED FORM 990 REVIEW PROCESS FORM 990, PART VI, SECTION A, LINE 10 A COPY OF FORM 990 IS CIRCULATED TO THE BOARD, AMONG THE VARIOUS OFFICERS, AND AMONG THE VARIOUS INITIATIVE HEADS FOR REVIEW PRIOR TO FILING CONFLICT OF INTEREST POLICY MONITORING PROCEDURES FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING ALL OFFICERS TO DISCLOSE ANY POTENTIAL CONFLICTS ANNUALLY THE ANNUAL DISCLOSURES ARE REVIEWED BY COUNSEL AND IF ANY POTENTIAL CONFLICT EXISTS, IT WOULD BE EXAMINED AND APPROPRIATE ACTION WOULD BE TAKEN THERE HAVE BEEN NO KNOWN CONFLICTS TO DATE COMPENSATION DETERMINATION PROCEDURES FORM 990, PART VI, SECTION B, LINE 15A & 15B AT THIS TIME THE ORGANIZATION DOES NOT HAVE A PROCESS IN PLACE FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS, OFFICERS, OR KEY EMPLOYEES THE ORGANIZATION IS WORKING TO PUT SUCH A PROCESS IN PLACE AVAILABILITY OF GOVERNING DOCUMENTS FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT AVAILABLE ON THEIR WEBSITE ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

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

FUNDRAISING EXPENSES FORM 990, SCHEDULE G, PART I ALL FUNDRAISING AGREEMENTS ENTERED INTO BY THE ORGANIZATION STATE THAT FUNDRAISING EXPENSES WILL BE INVOICED SEPARATELY FROM FUNDRAISING FEES BELOW ARE THE AMOUNTS PAID TO EACH PROFESSIONAL FUNDRAISER FOR FUNDRAISING EXPENSES AMERICAN MARKETING & COMMUNICATIONS CORP 14,496 MADERA GROUP, LLC 18,141 STATES FILING REQUIREMENTS FORM 990, PART VI, SECTION C, LINE 17 AL, AK, AZ, AR, CA, CO , CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VT, VA, WA, WV , WI, WY

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

Cat No 51056K

Schedule O (Form 990) 2009

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WILLIAM J CLINTON FOUNDATION

Employer identification number

31-1580204

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

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

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

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

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

WILLIAM J CLINTON FOUNDATION UK

610 PRESIDENT CLINTON AVE 2ND FLOOR

FUNDRAISING

UK

NA

NA NA

LITTLE ROCK, AR 72201

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
---	-------------------------	---	-------------------------------------	--	---------------------------------	--	--------------------------------

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	WILLIAM J CLINTON FOUNDATION UK	C	800,000
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 31-1580204
Name: WILLIAM J CLINTON FOUNDATION

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

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

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

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