

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

### A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
Bill Hillary & Chelsea Clinton FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1200 President Clinton Ave

City or town, state or province, country, and ZIP or foreign postal code  
Little Rock, AR 72201

**D** Employer identification number  
31-1580204

**E** Telephone number  
(501) 748-0471

**G** Gross receipts \$ 77,390,585

**F** Name and address of principal officer  
Kevin Thurm  
1200 President Clinton Ave  
Little Rock, AR 72201

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ www.clintonfoundation.org

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1997 **M** State of legal domicile AR

### Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
SEE SCHEDULE O

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	10
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	9
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	578
<b>6</b> Total number of volunteers (estimate if necessary)	400
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	2,024,689
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	108,915,463	62,912,331
<b>9</b> Program service revenue (Part VIII, line 2g)	2,628,406	2,912,432
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,894,924	4,742,091
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,643,715	209,674
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	116,082,508	70,776,528
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,744,706	2,772,514
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,037,346	37,360,489
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	569,871	147,564
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,348,719		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	56,525,427	47,134,731
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	98,877,350	87,415,298
<b>19</b> Revenue less expenses Subtract line 18 from line 12	17,205,158	-16,638,770

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	359,923,364	335,481,447
<b>21</b> Total liabilities (Part X, line 26)	13,314,443	8,746,251
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	346,608,921	326,735,196

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

\*\*\*\*\*  
Signature of officer \_\_\_\_\_ Date 2017-11-15  
andrew kessel CFO  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name THOMAS LANNING	Preparer's signature THOMAS LANNING	Date 2017-11-15	Check <input type="checkbox"/> if self-employed	PTIN P00851654
Firm's name ▶ COHNREZNICK LLP			Firm's EIN ▶ 22-1478099	
Firm's address ▶ 1301 AVENUE OF THE AMERICAS NEW YORK, NY 10019			Phone no (212) 297-0400	

**Part III Statement of Program Service Accomplishments**

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

- 1** Briefly describe the organization's mission  
 THE CLINTON FOUNDATION WORKS TO IMPROVE GLOBAL HEALTH AND WELLNESS, INCREASE OPPORTUNITY FOR WOMEN AND GIRLS, REDUCE CHILDHOOD OBESITY, CREATE ECONOMIC OPPORTUNITY AND GROWTH, AND HELP COMMUNITIES ADDRESS THE EFFECTS OF CLIMATE CHANGE
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code )	(Expenses \$ 22,636,021	including grants of \$ 34,750	(Revenue \$ 1,079,538 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$ 11,287,293	including grants of \$ 5,105	(Revenue \$ 783,585 )
See Additional Data				

<b>4c</b>	(Code )	(Expenses \$ 8,711,717	including grants of \$ 0	(Revenue \$ 0 )
See Additional Data				

(Code )	(Expenses \$ 23,986,884	including grants of \$ 2,732,659	(Revenue \$ -143,224 )
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THE CLINTON DEVELOPMENT INITIATIVE (CDI) DEVELOPS AND OPERATES AGRIBUSINESS PROJECTS THAT EMPOWER SMALLHOLDER FARMERS TO INCREASE THEIR ECONOMIC POTENTIAL IN MALAWI, TANZANIA, AND RWANDA. CDI PERFORMS OUTREACH TO SMALLHOLDER FARMERS TO INCREASE ACCESS AND HELP THEM TO PARTICIPATE EQUITABLY IN LOCAL MARKETS. CDI'S MODEL PUTS FARMERS FIRST BY PROVIDING THEM TRAINING, AS WELL AS INCREASING THEIR ACCESS TO INPUTS TO IMPROVE THEIR CROP YIELDS AND INCREASE THEIR INCOMES. IN 2016, CDI GREW ITS SMALLHOLDER FARMER OUTREACH IN RWANDA, MALAWI, AND TANZANIA, AND IS NOW HELPING MORE THAN 150,000 FARMERS THROUGH TRAINING AND BY PROVIDING SEEDS AND FERTILIZER TO INCREASE THEIR YIELDS AND INCOMES. CDI ALSO HELPED FARMERS IN MALAWI FIND NEW MARKETS IN EUROPE FOR THEIR GROUNDNUTS AND OPENED THE FIRST OF THREE PLANNED HEALTH CLINICS ON OUR ANCHOR FARM IN MALAWI. THE CLINIC PROVIDES PRIMARY HEALTH CARE SERVICES AND DISEASE PREVENTION, AND SAW TENS OF THOUSANDS OF PATIENTS BETWEEN APRIL AND DECEMBER OF 2016. The Clinton Climate Initiative (CCI) collaborates with governments and partners to increase the resiliency of communities facing climate change by creating and implementing replicable and sustainable models that foster cross-sector collaborations. CCI's approach addresses major sources of greenhouse gas emissions by bringing together relevant partners, while also saving money for individuals and governments and growing economies. In 2016, CCI continued assisting with the development of renewable energy projects across the Caribbean. For example, a 3 MW solar project and a 30 MW geothermal project in Saint Lucia that, when fully constructed and operational, are expected to bring clean power to half of the country's 60,000 households. In order to amplify the long-term impact of these efforts, in February 2016 CCI launched a new Women in Renewable Energy (WIRE) Network so that more women are empowered to become part of the energy solutions in their communities and to reaffirm our commitment to the full participation of girls and women. THE CLINTON FOUNDATION HAS BEEN ACTIVELY ENGAGED IN HAITI SINCE 2009, FOCUSING ON ECONOMIC DIVERSIFICATION, PRIVATE SECTOR INVESTMENT, AND JOB CREATION IN ORDER TO CREATE LONG-TERM, SUSTAINABLE ECONOMIC DEVELOPMENT. SINCE 2010, THE CLINTON FOUNDATION HAS RAISED A TOTAL OF MORE THAN \$30 MILLION FOR HAITI, INCLUDING RELIEF FUNDS AS WELL AS FUNDS FOCUSED ON SUSTAINABLE DEVELOPMENT, EDUCATION, AND CAPACITY BUILDING PROGRAMS. THE CLINTON FOUNDATION CONCENTRATES ON CREATING SUSTAINABLE ECONOMIC GROWTH IN FIVE PRIORITY SECTORS INCLUDING ENERGY, TOURISM, AGRICULTURE, ENVIRONMENT, AND ARTISANS/MANUFACTURING, WHERE IT WORKS TO DEVELOP NEW MARKETS FOR HAITIAN PRODUCTS, TO ENGAGE INTERNATIONAL COMPANIES AND INVESTORS, AND TO STRENGTHEN LOCAL ORGANIZATIONS, ENTREPRENEURS, AND BUSINESSES. IN 2016, THE FOUNDATION'S WORK IN HAITI SUPPORTED INCREASED PRODUCTION OF IMPORTANT CROPS SUCH AS PEANUTS HELPING TO IMPROVE INCOMES FOR MORE THAN 3,000 FARMERS. IN THE AFTERMATH OF HURRICANE MATTHEW WHICH DEVASTATED THE COUNTRY'S SOUTHERN REGION AND LEFT AN ESTIMATED 800,000 PEOPLE IN URGENT NEED OF EMERGENCY RELIEF MEMBERS OF THE CGI HAITI ACTION NETWORK PROVIDED MORE THAN \$15 MILLION WORTH OF EMERGENCY SUPPLIES, EQUIPMENT, AND SERVICES TO HELP SUPPORT THE RECOVERY EFFORT. THE CLINTON HEALTH MATTERS INITIATIVE (CHMI) WORKS TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE ACROSS THE U.S. BY ACTIVATING INDIVIDUALS, COMMUNITIES, AND ORGANIZATIONS TO MAKE MEANINGFUL CONTRIBUTIONS TO THE HEALTH OF OTHERS. BY BUILDING STRATEGIC PARTNERSHIPS AND WORKING ACROSS SECTORS, CHMI WORKS TO REDUCE THE PREVALENCE OF PREVENTABLE HEALTH OUTCOMES AND CLOSE HEALTH INEQUITY AND DISPARITY GAPS BY IMPROVING ACCESS TO KEY CONTRIBUTORS TO HEALTH FOR ALL PEOPLE. IN 2016, CHMI NEGOTIATED A GROUNDBREAKING AGREEMENT WITH ADAPT PHARMA TO PROVIDE THE FIRST NASAL SPRAY VERSION OF NALOXONE, A DRUG THAT CAN REVERSE OPIOID OVERDOSES, TO ALL U.S. HIGH SCHOOLS FREE OF CHARGE. AS OF THE END OF 2016, THE DISTRIBUTIONS HAVE ALREADY BEGUN IN THIRTY-TWO STATES ACROSS THE COUNTRY. NO CEILINGS. THE FULL PARTICIPATION PROJECT IS AN INITIATIVE OF THE CLINTON FOUNDATION WHICH AIMS TO ADVANCE THE FULL PARTICIPATION OF GIRLS AND WOMEN AROUND THE WORLD THROUGH A DATA-DRIVEN ANALYSIS ON GENDER EQUALITY, AN IN-DEPTH CONVERSATION SERIES, INNOVATIVE PARTNERSHIPS, AND CGI COMMITMENTS, NO CEILINGS BUILDS AN EVIDENCE-BASED CASE TO CHART THE PATH FORWARD FOR THE FULL PARTICIPATION OF GIRLS AND WOMEN IN THE 21ST CENTURY. IN 2016, NO CEILINGS TOGETHER WITH VITAL VOICES GLOBAL PARTNERSHIP AND WECONNECT INTERNATIONAL LAUNCHED A NEW COALITION OF 30 PARTNERS FROM THE PUBLIC AND PRIVATE SECTORS THAT SEEKS TO INCREASE WOMEN'S ECONOMIC PARTICIPATION, ADDRESS VIOLENCE AGAINST GIRLS AND WOMEN, AND PROMOTE WOMEN'S LEADERSHIP. THE GROUP ANNOUNCED 24 NEW COMMITMENTS TO ACTION AT THE 2016 CLINTON GLOBAL INITIATIVE ANNUAL MEETING, WHICH WILL INVEST MORE THAN \$70 MILLION TO HELP NEARLY 900,000 PEOPLE ACROSS SIX CONTINENTS TO PROMOTE GENDER EQUALITY TOO SMALL TO FAIL, A JOINT INITIATIVE OF THE CLINTON FOUNDATION AND THE OPPORTUNITY INSTITUTE, IS LEADING A PUBLIC AWARENESS AND ACTION CAMPAIGN TO PROMOTE THE IMPORTANCE OF EARLY BRAIN AND LANGUAGE DEVELOPMENT AND TO SUPPORT PARENTS WITH TOOLS TO TALK, READ, AND SING WITH THEIR YOUNG CHILDREN FROM BIRTH. TODAY, ALMOST 60 PERCENT OF CHILDREN IN THE UNITED STATES START KINDERGARTEN UNPREPARED, LAGGING BEHIND THEIR PEERS IN CRITICAL LANGUAGE SKILLS THROUGH PARTNERSHIPS WITH PEDIATRICIANS, HOSPITALS, FAITH-BASED LEADERS, COMMUNITY BASED ORGANIZATIONS, BUSINESSES, ENTERTAINMENT INDUSTRY LEADERS, AND OTHERS, TOO SMALL TO FAIL IS MEETING PARENTS WHERE THEY ARE TO HELP THEM PREPARE THEIR CHILDREN FOR SUCCESS IN SCHOOL AND BEYOND. WHETHER AT THE PEDIATRICIAN'S OFFICE OR THE PLAYGROUND, TOO SMALL TO FAIL AIMS TO MAKE SMALL MOMENTS BIG BY CREATING OPPORTUNITIES FOR MEANINGFUL INTERACTIONS ANYTIME, ANYWHERE. IN 2016, TOO SMALL TO FAIL LAUNCHED A NEW EFFORT TO DISTRIBUTE BOOKS TO UNDERSERVED FAMILIES THROUGH DIAPER BANKS, AND OPENED 21 "TALKING IS TEACHING" THEMED PLAYGROUNDS AROUND THE COUNTRY THAT INTEGRATE LEARNING WITH PLAY USING CONVERSATIONAL PROMPTS THAT ENCOURAGE PARENTS TO TALK, READ, AND SING WITH THEIR CHILDREN. THROUGH 2016, TOO SMALL TO FAIL DISTRIBUTED MORE THAN 839,000 BOOKS TO UNDERSERVED COMMUNITIES IN THE UNITED STATES. THE ALLIANCE FOR A HEALTHIER GENERATION (ALLIANCE), AN AFFILIATED ENTITY, FOUNDED BY THE CLINTON FOUNDATION AND THE AMERICAN HEART ASSOCIATION, EMPOWERS KIDS TO DEVELOP LIFELONG, HEALTHY HABITS BY ENSURING THE ENVIRONMENTS THAT SURROUND THEM PROVIDE AND PROMOTE GOOD HEALTH. IN 2016, THE ALLIANCE CONTINUED ITS EFFORTS TO EMPOWER KIDS TO DEVELOP LIFELONG HEALTHY HABITS THROUGH ITS WORK IN SCHOOLS, JUVENILE JUSTICE FACILITIES, AND OUT-OF-SCHOOL TIME SITES REACHING MORE THAN 21 MILLION YOUNG PEOPLE IN NEARLY 35,000 SCHOOLS AND MORE THAN 2,600 OUT-OF-SCHOOL TIME SITES. Form 990, Part III, line 4c total other program services

<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$ 23,986,884	including grants of \$ 2,732,659	(Revenue \$ -143,224 )
<b>4e</b>	<b>Total program service expenses</b>	<b>66,621,915</b>		

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

Part VI 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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a sub-table for 1a/1b. Rows include: 1a (10), 1b (9), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 4 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (Yes), 16a (Yes), 16b (Yes).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AK, AL, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SC, TN, VA, WV, WI
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 made these available. Check all that apply: [X] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Andrew Kessel CFO, 1200 President Clinton Ave, Little Rock, AR 72201 (510) 748-0471

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

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

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Bruce R Lindsey Director	45 00 5 00	X					361,308	0	42,384	
(2) Chelsea V Clinton Director	25 00 10 00	X					0	0	0	
(3) Cheryl Mills Director	5 00	X					0	0	0	
(4) Cheryl Saban Director	5 00	X					0	0	0	
(5) Eric Goosby Director	5 00	X					0	0	0	
(6) Frank Guistra Director	5 00	X					0	0	0	
(7) Hadeel Ibrahim Director	5 00	X					0	0	0	
(8) Lisa Jackson Director	5 00	X					0	0	0	
(9) Rolando Gonzalez Bunster Director	5 00	X					0	0	0	
(10) William Jefferson Clinton Director	20 00 5 00	X					0	0	0	
(11) Andrew Kessel CFO	50 00			X			190,159	0	38,074	
(12) Donna Shalala President and CEO	50 00			X			0	0	0	
(13) Kevin Thurm COO, EVP	50 00			X			394,137	0	46,155	
(14) Ricardo Castro General Counsel	50 00			X			268,218	0	39,783	
(15) Scott Curran Assistant Secretary	50 00			X			172,226	0	26,822	
(16) Stephanie S Streett Executive Director, Secretary	50 00			X			195,197	0	39,557	
(17) Danielle Stilz CDO	50 00				X		191,098	0	26,712	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) Maura Pally SVP Programs	50 00				X			299,080	0	26,217
(19) Robert S Harrison CEO, CGI	50 00				X			240,704	0	41,660
(20) Amitabh Desai Foreign Policy Director	50 00					X		207,823	0	39,487
(21) Carolina Botero CFO, CGEP	50 00					X		208,747	0	37,185
(22) David Watt Director of Sponsorship, CGI	50 00					X		267,249	0	43,660
(23) Dymphna Van der Lans CEO, CCI	50 00					X		244,780	0	37,076
(24) Mark Gunton CEO, CGEP	50 00					X		287,758	0	42,105
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>								3,528,484	0	526,877

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 66

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

(A) Name and business address	(B) Description of services	(C) Compensation
Roundboxx Group Inc PO box 575 Hermosa Beach, CA 90254	Conference Production Services	897,180
PricewaterhouseCoopers LLC PO Box 952282 Dallas, TX 75395	Audit and Tax Services	757,300
Phase2 Technology LLC 1330 Braddock Place Alexandria, VA 22314	Website development	362,000
The Mullion Group Pty Ltd 453 Ledgers Creek Road Mullion, Mullion NSW2582 AS	Technical Advisory Services	324,438
OSA International Inc 537 N Edgewood Ave Wood Dale, IL 60191	Production services	252,282

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 15



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	38,905				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	118,875				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	12,330,627				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	3,786,590				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	4,719,576				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	41,917,758				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		550,543				
	<b>h Total.</b> Add lines 1a-1f . . . . .			62,912,331			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> Presidential Center . . . . .		900099	1,625,055	735,469	889,586	
	<b>b</b> Clinton Global Initiat . . . . .		900099	1,079,538	1,079,538		
	<b>c</b> Other Program Service . . . . .		900099	204,538	204,538		
	<b>d</b> Clinton Dev Initiative . . . . .		900099	3,301	3,301		
	<b>e</b> _____ . . . . .						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			2,912,432				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			4,807,873		141,871	4,666,002
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
			983,853				
		<b>b</b> Less rental expenses	957,262				
		<b>c</b> Rental income or (loss)	26,591				
	<b>d</b> Net rental income or (loss) . . . . .			26,591			26,591
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			1,718,309	2,188,648			
		<b>b</b> Less cost or other basis and sales expenses	1,333,427	2,639,312			
		<b>c</b> Gain or (loss)	384,882	-450,664			
	<b>d</b> Net gain or (loss) . . . . .			-65,782	-450,664	89,704	295,178
	<b>8a</b> Gross income from fundraising events (not including \$ 12,330,627 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	68,368				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	936,530			
<b>c</b> Net income or (loss) from fundraising events . . . . .				-868,162		-868,162	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	2,149,834					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	747,526				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			1,402,308	498,780	903,528	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> Other revenue . . . . .		900099	104,122	104,122			
<b>b</b> Loss on CDI Farming . . . . .		900099	-455,185	-455,185			
<b>c</b> _____ . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			-351,063				
<b>12 Total revenue.</b> See Instructions . . . . .			70,776,528	1,719,899	2,024,689	4,119,609	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,513,481	2,513,481		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	259,033	259,033		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,641,123	517,119	1,906,194	217,810
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	61,537		61,537	
<b>7</b> Other salaries and wages	26,069,645	20,221,522	4,440,932	1,407,191
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,415,415	1,089,486	247,608	78,321
<b>9</b> Other employee benefits	4,766,757	3,588,129	953,365	225,263
<b>10</b> Payroll taxes	2,406,012	1,807,509	469,902	128,601
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	501,491	185,278	315,809	404
<b>c</b> Accounting	891,612	146,581	745,031	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17	147,564			147,564
<b>f</b> Investment management fees	3,168,685		3,168,685	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,326,773	5,242,978	928,505	155,290
<b>12</b> Advertising and promotion	392,460	316,391	26,399	49,670
<b>13</b> Office expenses	1,216,545	518,422	636,333	61,790
<b>14</b> Information technology	1,548,457	633,440	899,316	15,701
<b>15</b> Royalties				
<b>16</b> Occupancy	4,811,368	3,544,153	953,063	314,152
<b>17</b> Travel	3,917,419	3,626,793	288,692	1,934
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	9,027,648	8,960,978	64,720	1,950
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	6,071,818	5,285,700	416,128	369,990
<b>23</b> Insurance	562,424	156,900	405,524	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Direct Program	4,965,952	4,965,952		
<b>b</b> Loss on program investm	1,813,284	1,813,284		
<b>c</b> Exhibits and fixtures	411,885	411,885		
<b>d</b> Staff Training and deve	332,452	70,913	261,539	
<b>e</b> All other expenses	1,174,458	745,988	255,382	173,088
<b>25</b> Total functional expenses. Add lines 1 through 24e	87,415,298	66,621,915	17,444,664	3,348,719
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	28,329,841	<b>1</b>	13,625,081
	<b>2</b> Savings and temporary cash investments . . . . .	18,737,426	<b>2</b>	17,647,133
	<b>3</b> Pledges and grants receivable, net . . . . .	81,981,740	<b>3</b>	52,072,670
	<b>4</b> Accounts receivable, net . . . . .	1,724,402	<b>4</b>	1,381,173
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	889,273
	<b>8</b> Inventories for sale or use . . . . .	2,173,224	<b>8</b>	753,190
	<b>9</b> Prepaid expenses and deferred charges . . . . .	651,982	<b>9</b>	899,814
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 148,417,135		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 51,573,963	104,357,939	<b>10c</b> 96,843,172
	<b>11</b> Investments—publicly traded securities . . . . .	36,815,371	<b>11</b>	42,683,182
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	82,351,196	<b>12</b>	105,218,916
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	2,733,171	<b>13</b>	3,467,843
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	67,072	<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	359,923,364	<b>16</b>	335,481,447	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,012,261	<b>17</b>	7,466,397
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	6,302,182	<b>19</b>	1,279,854
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	13,314,443	<b>26</b>	8,746,251
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	147,675,145	<b>27</b>	128,180,966
	<b>28</b> Temporarily restricted net assets . . . . .	15,319,058	<b>28</b>	16,479,445
	<b>29</b> Permanently restricted net assets	183,614,718	<b>29</b>	182,074,785
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	346,608,921	<b>33</b>	326,735,196
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	359,923,364	<b>34</b>	335,481,447

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	70,776,528
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	87,415,298
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-16,638,770
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	346,608,921
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,599,896
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-7,834,851
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	326,735,196

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-1580204

**Name:** Bill Hillary & Chelsea Clinton  
FOUNDATION

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

CLINTON GLOBAL INITIATIVE (SEE SCHEDULE O FOR FURTHER DETAILS)

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**Form 990, Part III, Line 4b:**

CLINTON PRESIDENTIAL CENTER (SEE SCHEDULE O FOR FURTHER DETAILS)

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**Form 990, Part III, Line 4c:**

Clinton Giustra Enterprise Partnership (SEE SCHEDULE O FOR FURTHER DETAILS)

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

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Bill Hillary & Chelsea Clinton  
FOUNDATION

Employer identification number

31-1580204

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s) \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	49,937,264	142,885,956	172,579,474	108,915,463	62,901,979	537,220,136
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	49,937,264	142,885,956	172,579,474	108,915,463	62,901,979	537,220,136
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24,968,737
<b>6 Public support.</b> Subtract line 5 from line 4						512,251,399

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4	49,937,264	142,885,956	172,579,474	108,915,463	62,901,979	537,220,136
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	60,308	159,457	388,177	4,074,096	5,791,726	10,473,764
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,464,256	4,419,621	5,107,819	2,007,224	216,085	14,215,005
<b>11 Total support.</b> Add lines 7 through 10						561,908,905
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	10,363,071

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

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	91.160 %
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	90.400 %

- 16a 33 1/3% support test—2016.** 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—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2016.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2015.** 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 VI 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 III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income	MISCELLANEOUS - 2012 Amount \$ 39,646 2013 Amount \$ 1,462,782 2014 Amount \$ 419,626 2015 Amount \$ 199,253 2016 Amount \$ 104,122 Cafe Revenue - 2013 Amount \$ 295,526 2014 Amount \$ 341,872 2015 Amount \$ 361,855 2016 Amount \$ 498,780 Speech Revenue - 2012 Amount \$ 1,482,088 2013 Amount \$ 1,784,748 2014 Amount \$ 3,629,585 2015 Amount \$ 35,750 2016 Amount \$ 0 Presidential Center - 2012 Amount \$ 1,000,402 Fundraising Revenue - 2012 Amount \$ 121,653 2013 Amount \$ 364,151 2014 Amount \$ 290,150 2015 Amount \$ 132,850 2016 Amount \$ 68,368 Cdi farming Revenue - 2013 Amount \$ 512,414 2014 Amount \$ 426,586 2015 Amount \$ 955,766 2016 Amount \$ -455,185 Partnership Income - 2012 Amount \$ -179,533

Schedule A Form 990 of 990-E 2016



**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Bill Hillary & Chelsea Clinton  
FOUNDATION

**Employer identification number**  
31-1580204

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	183,711,819	150,791,965	59,096,285	267,491	250,000
<b>b</b> Contributions . . . . .	4,507,787	32,921,313	91,679,557	58,763,848	17,491
<b>c</b> Net investment earnings, gains, and losses	5,019,534	-1,459	16,123	64,946	
<b>d</b> Grants or scholarships . . . . .	6,047,720				
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	187,191,420	183,711,819	150,791,965	59,096,285	267,491

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶ 97.270 %
  - c** Temporarily restricted endowment ▶ 2.730 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		943,690		943,690
<b>b</b> Buildings		127,552,331	38,634,029	88,918,302
<b>c</b> Leasehold improvements		8,644,485	6,332,751	2,311,734
<b>d</b> Equipment . . . . .		11,276,629	6,607,183	4,669,446
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				96,843,172

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) Hedged Equity	15,358,074	F
(B) Select Equity	41,984,831	F
(C) Intermediate Fund	17,207,593	F
(D) Strategic Fixed Income	12,490,276	F
(E) Private Equity	2,674,527	F
(F) Diversified Strategy Funds	15,503,615	F
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	105,218,916	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-1580204

**Name:** Bill Hillary & Chelsea Clinton  
FOUNDATION

## Supplemental Information

Return Reference	Explanation
Part X, Line 2	MANAGEMENT HAS ANALYZED TAX POSITIONS TAKEN BY THE CONSOLIDATED ENTITIES AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2016, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS

## Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	THE ENDOWMENT CONSISTS OF FUNDS ESTABLISHED TO SUPPORT THE ONGOING MISSION OF THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION

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

OMB No 1545-0047  
  
**2016**  
  
**Open to Public  
Inspection**

Name of the organization  
Bill Hillary & Chelsea 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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1) See Add'l Data					
( 2)					
( 3)					
( 4)					
( 5)					
<b>3a</b> Sub-total	10	311			21,466,690
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	10	311			21,466,690





**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.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Return Reference	Explanation
Part I, Line 2	THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS DETAILING THE USE OF GRANT FUNDS THE RELEVANT GROUP INITIATIVE WITHIN THE FOUNDATION REVIEWS THESE REPORTS FOR PROPER USE OF GRANT FUNDS AND CONTINUED FUNDING

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN (F)	EXPENDITURES ARE REPORTED ON AN ACCRUAL-BASIS CONSISTENT WITH THE ORGANIZATION'S FINANCIAL STATEMENTS

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-1580204

**Name:** Bill Hillary & Chelsea Clinton  
FOUNDATION

### Form 990 Schedule F Part I - Activities Outside The United States

(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
Central America and the Caribbean	0	7	Program Service	Climate & Economic Development	3,120,252
East Asia and the Pacific	0	4	Program Service	Climate	271,727
South America	2	59	Program Service	Economic Development	8,029,751

**Form 990 Schedule F Part I - Activities Outside The United States**

(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
South Asia	0	2	Program Service	climate	55,317
Sub-Saharan Africa	8	239	Program Service	Climate & Economic Development	9,989,643

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		Central America and the Caribbean	Agriculture	50,000	Wire			
		Central America and the Caribbean	Financial Literacy	61,850	wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		Central America and the Caribbean	Literacy	10,000	wire			
		Sub-Saharan Africa	Education	90,156	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Education	40,307	wire			
		Europe (Including Iceland & Greenland)	Climate	6,721	wire			

**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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization  
Bill Hillary & Chelsea Clinton  
FOUNDATION

**Employer identification number**  
31-1580204

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Anne Lewis DBA Anne Lewis Strategies 1140 19th St  Washington, DC 20036	Online Email marketing		No	1,407,961	50,064	1,357,897
2 AB Data PO Box 170062  Milwaukee, WI 532178000	direct Mail Marketing		No	233,938	97,500	136,438
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				1,641,899	147,564	1,494,335

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>WJC 70th Birthday</u> (event type)	<u>DC Event</u> (event type)	<u>6</u> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	9,377,710	1,307,619	1,713,666	12,398,995
<b>2</b>	Less Contributions . . . . .	9,342,010	1,293,969	1,694,648	12,330,627
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	35,700	13,650	19,018	68,368
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	102,007	38,241	3,667	143,915
	<b>7</b> Food and beverages . . . . .	83,117	4,700	0	87,817
	<b>8</b> Entertainment . . . . .	74,396	9,000	310	83,706
	<b>9</b> Other direct expenses . . . . .	292,798	94,758	233,536	621,092
	<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-868,162

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	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
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

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

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

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

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer  Employee  Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
Schedule G, Part I, Line 1	All Methods of solicitation have been checked including those methods used exclusively by Foundation employees. However the professional fundraisers listed on Line 2 are engaged only in the following (a) Mail Solicitations and (B) Internet and Email Solicitations

**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," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public  
Inspection**

Name of the organization  
Bill Hillary & Chelsea 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 4

**3** Enter total number of other organizations listed in the line 1 table . . . . . 4

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS DETAILING THE USE OF GRANT FUNDS THE RELEVANT GROUP INITIATIVE WITHIN THE FOUNDATION REVIEWS THESE REPORTS FOR PROPER USE OF GRANT FUNDS AND CONTINUED FUNDING

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-1580204  
**Name:** Bill Hillary & Chelsea Clinton  
FOUNDATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Alliance for a Healthier Generation 10 G Street 800 Washington, DC 20002	27-2028308	501(C)(3)	2,300,000				Childhood Obesity
Haitian Education & Leadership Program 64 Fulton St New York, NY 10038	02-0602245	501(C)(3)	6,135				Training



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JP Haitian Relief Organization 6022 Wilshire Blvd Los Angeles, CA 90049	27-1703237	501(C)(3)	100,000				Haiti Reconstruction
World Resources Institute 10 G Street 800 Washington, DC 20002	52-1257057	501(C)(3)	67,492				Climate Resiliency

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.

**2015**  
Open to Public Inspection

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

Name of the organization Bill Hillary & Chelsea Clinton FOUNDATION	Employer identification number 31-1580204
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</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 of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	No								
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	Yes								
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No								
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No								
<b>7</b> For persons listed on 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.	<b>7</b>	Yes								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
See Additional Data	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 31-1580204  
**Name:** Bill Hillary & Chelsea Clinton  
FOUNDATION

### Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 1a	FORM 990, SCHEDULE J, PART I, LINE 1A THE CLINTON FOUNDATION HAS A TRAVEL AND BUSINESS EXPENSE POLICY APPLICABLE TO OFFICERS AND KEY EMPLOYEES AS PART OF ITS GLOBAL CODE OF CONDUCT THE POLICY PROVIDES THAT TRAVEL MUST BE BY THE "LOWEST COMMERCIAL COACH CLASS FARE," WITH CERTAIN LIMITED EXCEPTIONS WHEN AIR TRAVEL EXCEEDS 9 HOURS OR IS AN OVERNIGHT TRANSCONTINENTAL FLIGHT, AND THE TRAVELER MUST REPORT TO WORK SOON AFTER ARRIVAL IN THESE LIMITED CIRCUMSTANCES, TRAVEL MAY BE VIA THE LOWEST COMMERCIAL CLASS ABOVE COACH CLASS, WHICH IS TYPICALLY BUSINESS CLASS On a case by case basis, William J Clinton and Chelsea V Clinton may have required travel via first class In addition, on a case by case basis due to security measures, William J Clinton may have required travel via charter

## Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 1b	FORM 990, SCHEDULE J, PART I, LINE 2 On a case by case basis, William J Clinton and Chelsea V Clinton may have required travel via first class In addition, on a case by case basis due to security measures, William J Clinton may have required travel via charter

## Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 4a	Scott Curran received a severance payment The severance payment is reported on Part II, Column B(III)

## Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 7	THE AMOUNTS INCLUDED IN PART II, COLUMN B(II) REPRESENT BONUSES THAT WERE INCLUDED IN THE 2016 W-2



Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Bruce R Lindsey Director	(i)	361,230	0	78	15,900	26,484	403,692	0
	(ii)	0	0	0	0	0	0	0
1 Andrew Kessel CFO	(i)	190,081	0	78	11,590	26,484	228,233	0
	(ii)	0	0	0	0	0	0	0
2 Kevin Thurm COO, EVP	(i)	394,059	0	78	15,900	30,255	440,292	0
	(ii)	0	0	0	0	0	0	0
3 Ricardo Castro General Counsel	(i)	268,140	0	78	14,884	24,898	308,000	0
	(ii)	0	0	0	0	0	0	0
4 Scott Curran Assistant Secretary	(i)	115,600	0	56,626	9,760	17,062	199,048	0
	(ii)	0	0	0	0	0	0	0
5 Stephanie S Streett Executive Director, Secretary	(i)	192,119	3,000	78	12,362	27,195	234,754	0
	(ii)	0	0	0	0	0	0	0
6 Danielle Stolz CDO	(i)	188,020	3,000	78	16,076	10,636	217,810	0
	(ii)	0	0	0	0	0	0	0
7 Maura Pally SVP Programs	(i)	298,746	0	334	15,900	10,317	325,297	0
	(ii)	0	0	0	0	0	0	0
8 Robert S Harrison CEO, CGI	(i)	237,626	3,000	78	12,931	28,729	282,364	0
	(ii)	0	0	0	0	0	0	0
9 Amitabh Desai Foreign Policy Director	(i)	204,490	3,000	333	12,664	26,823	247,310	0
	(ii)	0	0	0	0	0	0	0
10 Carolina Botero CFO, CGEP	(i)	205,669	3,000	78	12,540	24,645	245,932	0
	(ii)	0	0	0	0	0	0	0
11 David Watt Director of Sponsorship, CGI	(i)	264,415	2,500	334	15,418	28,241	310,908	0
	(ii)	0	0	0	0	0	0	0
12 Dymphna Van der Lans CEO, CCI	(i)	241,702	3,000	78	12,431	24,645	281,856	0
	(ii)	0	0	0	0	0	0	0
13 Mark Gunton CEO, CGEP	(i)	284,409	3,000	349	15,900	26,205	329,863	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Bill Hillary & Chelsea Clinton  
FOUNDATION

Employer identification number  
31-1580204

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	23	540,191	FMV
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .	X	1	4,754	FMV
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( computer hardware ) . . . . .	X	1	5,598	FMV
<b>26</b> Other ▶ ( _____ ) . . . . .				
<b>27</b> Other ▶ ( _____ ) . . . . .				
<b>28</b> Other ▶ ( _____ ) . . . . .				

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

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? . . . . . **30a** 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? **31** Yes

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . . **32a** No

**b** If "Yes," describe in Part II

**33** If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
<b>30a</b>		No
<b>31</b>	Yes	
<b>32a</b>		No

**Part II** **Supplemental Information.**

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

Return Reference	Explanation
Part I, Column (b)	colum B represents number of contributors

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

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Bill Hillary & Chelsea Clinton  
FOUNDATION

Employer identification number

31-1580204

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990 Part I Line 1	IMPROVE GLOBAL HEALTH & WELLNESS, INCREASE OPPORTUNITY FOR WOMEN/GIRLS, REDUCE CHILDHOOD OBESITY, CREATE ECONOMIC OPPORTUNITY & GROWTH AND HELP COMMUNITIES ADDRESS EFFECTS OF CLIMATE CHANGE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990 Part III Line 4A	<p>The Clinton Global Initiative's (CGI) mission is to inspire, connect, and empower everyone to forge solutions to the world's most pressing challenges. Through 2016, CGI has convened leaders from the private sector, public sector, and civil society to drive action through its unique model. Rather than directly implementing projects, CGI helps its members turn ideas into action through impactful and measurable Commitments to Action. To support the development of commitments year-round, CGI facilitates conversations, provides opportunities to identify partners, and communicates the results of the work. Since CGI was formed in 2005, members and partners have made more than 3,600 Commitments to Action that have improved the lives of more than 435 million people in more than 180 countries.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990 Part III Line 4B	<p>The William J Clinton Presidential Center is the home of the Little Rock offices of the Clinton Foundation, the Clinton Presidential Library and Museum, the Clinton School of Public Service, the first institution in the nation to offer a Master of Public Service (MPS) degree, and is a managing partner of the Presidential Leadership Scholars program, a national bipartisan executive-style leadership development initiative. Additionally, the Clinton Center is a world-class educational and cultural venue offering a variety of educational programs, special events, exhibitions, and lectures, presenting a unique perspective of the work past, present, and future of the 42nd President of the United States, William Jefferson Clinton. By the end of 2016, the Center had welcomed more than four million visitors, including 327,600 students and teachers who have visited the Clinton Presidential Center free of charge, and as of October 2014, the Center catalyzed \$3.3 billion in economic impact in the downtown areas of Little Rock and North Little Rock.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990 Part III Line 4C	THE CLINTON GIUSTRA ENTERPRISE PARTNERSHIP (CGEP) BUILDS SOCIAL BUSINESSES TO GENERATE SOCIAL IMPACT AND FINANCIAL RETURNS BY ADDRESSING MARKET GAPS IN DEVELOPING COUNTRIES' SUPPLY OR DISTRIBUTION CHAINS. CGEP WORKS WITH SMALLHOLDER FARMERS, FISHERS, WOMEN ENTREPRENEURS, AND YOUTH TO IMPROVE THEIR LIVELIHOODS BY PROVIDING THE TOOLS THEY NEED FROM TRAINING AND FINANCING TO TECHNOLOGY AND INNOVATION AND BRINGING THEM INTO MARKETS WHERE THEY CAN PROSPER. CGEP INCORPORATES INDIVIDUALS INTO ONE OF THREE MARKET-DRIVEN MODELS: SUPPLY CHAIN BUSINESSES, INCLUSIVE DISTRIBUTION BUSINESSES, AND VOCATIONAL TRAINING CENTER BUSINESSES. THROUGH THESE MODELS, CGEP SEEKS TO HELP PEOPLE WORK THEMSELVES OUT OF POVERTY. In 2016, CGEP expanded its work connecting smallholder farmers with high-value markets.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 1	THE BOARD OF DIRECTORS PROVIDES GOVERNANCE AND OVERSIGHT FOR THE FOUNDATION'S AFFAIRS THE FOUNDATION'S BYLAWS ESTABLISH TWO CLASSES OF DIRECTORS CLASS A AND CLASS B ACTIONS BY THE BOARD REQUIRE THE SUPPORT OF A MAJORITY OF DIRECTORS ELIGIBLE TO VOTE, INCLUDING AT LEAST ONE CLASS A DIRECTOR THE CLASS A DIRECTORS CONSIST OF WILLIAM J CLINTON AND CHELSEA V CLINTON THE REMAINING MEMBERS OF THE BOARD OF DIRECTORS ARE CLASS B DIRECTORS THERE IS ALSO AN EXECUTIVE COMMITTEE OF THE BOARD THE EXECUTIVE COMMITTEE CONSISTS OF THE CLASS A DIRECTORS AND AN ADDITIONAL MEMBER OF THE BOARD ELECTED BY THE CLASS A DIRECTORS THE EXECUTIVE COMMITTEE MAY ACT FOR THE BOARD BETWEEN MEETINGS, AND RESERVES THE EXCLUSIVE AUTHORITY TO REVIEW AND APPROVE DECISIONS RELATED TO THE USE OF THE CLINTON NAME AND THE RENAMING OF THE FOUNDATION



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	WILLIAM JEFFERSON CLINTON AND CHELSEA V CLINTON HAVE A FAMILY RELATIONSHIP Form 990 V, Line 2A The number of employees includes employees of the Clinton Global Initiative EIN 27-1551550 which was merged into the Bill, Hillary & Chelsea Clinton Foundation in 2013

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	A COPY OF THE ORGANIZATION'S FORM 990 IS CIRCULATED TO THE BOARD, AMONG THE VARIOUS OFFICERS AND AMONG THE VARIOUS INITIATIVE HEADS FOR REVIEW PRIOR TO FILING

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO DISCLOSE 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 15b	The top management official was unpaid during 2016, therefore, there was no review of compensation and question on Part VI, 15a is answered no THE ORGANIZATION PARTICIPATES IN AN ANNUAL COMPENSATION STUDY THAT REVIEWS THREE SURVEYS TO DETERMINE THE REASONABLENESS OF STAFF COMPENSATION INCLUDING TOP MANAGEMENT THE ORGANIZATION ALSO UTILIZES AN INDEPENDENT COMPENSATION CONSULTANT SALARIES ARE APPROVED ANNUALLY BY THE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT AVAILABLE ON ITS WEBSITE ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, line 9	Provision for uncollectible pledge -7,634,797 Voided checks previous year 3,246 Prior year revenue adjustment -160,300 Contribution refund prior year -43,000

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 XII line 2c	The Organization has a committee responsible for the oversight of the audit as well as the selection of the independent accountant

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Bill Hillary & Chelsea 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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WILLIAM J CLINTON FDN (KENYA) CHAR TRUST ARGWINGS KOHEK ROAD nairobi KE	Cf programs	KE	484,658	0	Bill Hillary & Chelsea Clinton Foundation
(2) Clinton Foundation Hong Kong 16/F Tak Shing House Theater L hong kong HK	cf programs	HK	0	0	Bill Hillary & Chelsea Clinton Foundation

**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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WILLIAM J CLINTON FOUNDATION UK ACRE house 11-15 london UK	Fundraising	UK			Bill Hillary & Chelsea Clinton Foundation	Yes	
(2) CLINTON HEALTH ACCESS INITIATIVE 383 dorchester Ave  Boston, MA 02127 27-1414646	Health	AR	501(c)(3)	Line 7	Bill Hillary & Chelsea Clinton Foundation	Yes	
(3) CLINTON FOUNDATION INSALINGSSTIFTELSE Birger Jarlsgatan 55 Stockholm 11145 SW	Fundraising	SW			Bill Hillary & Chelsea Clinton Foundation	Yes	



**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?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> Acceso Fund LLC 1271 Ave of Americas New York, NY 10020 27-2075171	investment	DE	N/A	Related	-1,767,927	2,466,243		No		Yes		50 000 %
<b>(2)</b> ACCESO OFERTA LOCAL-PRODUCTors de el sa CALLE EL MIRADOR Y 93 AVENIDA ES	Fruit & Beg Supply	ES	Acceso Fund LLC	related	-417,463	415,460		No		Yes		50 000 %
<b>(3)</b> HAITI DEVELOPMENT FUND LLC 1271 Ave of Americas New York, NY 10020 45-3819678	Investment	DE	N/A	Related	-9,119	117,934		No		Yes		50 000 %

**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.

See Additional Data Table

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

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

**Return Reference****Explanation**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-1580204  
**Name:** Bill Hillary & Chelsea Clinton  
 FOUNDATION

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ACACIA DEVELOPMENT CO 1271 AVENUE OF AMERICAS New york, NY 10020 81-1675271	INVESTMENT	DE	Bill Hillary & Chelsea Clinton Foundation	C		250,100	100 000 %	Yes	
(1) ACCESO CASHEW ENTERPRISE LIMITED OFFICE NO 201 KOHINOOR PARADISE ARO Maharashtra IN	Cashew Processing	IN	Acceso Worldwide fund	C	45,848		99 990 %	Yes	
(2) Acceso Oferta Local Colombia SAS (formerly Acceso Boyaca SAS) CALLE 93A NO 14-17 OF 707 Bogota CO	Supply of Food Stuff	CO	Fondo Acceso	C			50 000 %	Yes	
(3) Acceso Oferta Local Productos del Caribe Ternera 1 Bodega 49 Cartagena CO	Supply of Food Stuff	CO	Fondo Acceso SAS	C	-62,150	830,920	50 000 %	Yes	
(4) ACCESO PEANUT ENTERPRISE CORPORATION 11 RUE OGE PETION-VILLE Rue Dorzin Prolongee MIRABELAIS HA	Peanut Supply Chain	HA	Acceso Fund LLC	C	-2,953	13,199	50 000 %	Yes	
(5) ACCESO WORLDWIDE FUND INC 1271 AVENUE OF AMERICAS New york, NY 10020 46-4160920	INVESTMENT	DE	Bill Hillary & Chelsea Clinton Foundation	C	144,689	662,462	100 000 %	Yes	
(6) CHAKIPI ACCESO SA Peru CALLE CASCANUECES MZ M2 LOTE LIMA PE	distribution of Goods	PE	Acceso Fund LLC	C	-232,909	170,118	50 000 %	Yes	
(7) Chakipi Colombia SAS BRR Mamonal DG 31 100 179 Centro In Cartagena CO	distribution of Goods	CO	Fondo Acceso	C	-232,909	170,118	50 000 %	Yes	
(8) FONDO ACCESO SAS CALLE 93A NO 14-17 OF 707 Bogota CO	INVESTMENT	CO	Acceso Fund LLC	C	-8,991	782,783	50 000 %	Yes	
(9) MOYO DEVELOPMENT COMPANY 1271 AVENUE OF AMERICAS New york, NY 10020	INVESTMENT	DE	Acacia Dev Corp	C		586,210	40 000 %	Yes	
(10) MOYO NUTS AND SEEDS LIMITED PO BOX 5133 Realy house CHURCH HILL RD LIMBE MI	Nut Processing	MI	Moyo Dev Company	C			40 000 %	Yes	
(11) RUAHA DEVELOPMENT COMPANY LIMITED IMMMA HSE PLOT NO357UN RD PO BX 7 UPANGA DAR ES	Farming	TZ	Acacia Dev Corp	C			100 000 %	Yes	
(12) TUKULA FARMING COMPANY LTD PO BOX 5133 Realy house CHURCH HILL RD LIMBE MI	Farming	MI	Acacia Dev Corp	C			100 000 %	Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> Acacia Development Co	B	251,600	FMV
<b>(1)</b> ACCESO FUND LLC	B	1,216,608	FMV
<b>(2)</b> ACCESO PEANUT ENTERPRISE CORPORATION	P	339,299	FMV
<b>(3)</b> ACCESSO WORLDWIDE FUND INC	B	644,104	FMV
<b>(4)</b> ACCESSO WORLDWIDE FUND INC	C	532,058	FMV
<b>(5)</b> CLINTON FOUNDATION INSALINGSSTIFTELSE	C	4,984,270	FMV
<b>(6)</b> Moyo Nuts and Seeds	R	819,273	FMV
<b>(7)</b> Moyo Nuts and Seeds	D	819,273	FMV