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| Exempt or granization Business Income Tax Return (and proxy tax under section 60349)   2019   |                        | 990-T                     | l F       | EXTER<br>Exempt Organ  | NDED TO NOVE                           | EMBI          | SR 16, 20            | )20<br>1 <b>2</b> T | av Retui            | 'n          | OMB No 1545-0047             |
|--|------------------------|---------------------------|-----------|--|--|---------------|----------------------|---------------------|---------------------|-------------|------------------------------|
| To collection you will be a use the ten you happrovery internal throwous throwous Internal throwous throwous Internal throwous throwous Internal throwous I  | Corm                   | 336-1                     | -         | all the state of t | nd proxy tax und                       | er se         | ction 6033(e         | ))<br>))            | 1012                | ••          |                              |
| Do not self SSI number on this form at all may be made public type or againstate in a 501(c)(s).  Strong under section or address that and or againstation on this form at all may be made public type or againstate in a 501(c)(s).  Strong under section or address that and or againstation of the section of t |                        | •                         | For cal   | •  |  | <b>0.</b>     | · ·                  |                     | 1712                |             | 2019                         |
| A   Cacke be not all address thanged   A   Cacke be not all address      | Оерал                  | rtment of the Treasury    |           | ► Go to www  | .irs.gov/Form990T for in               |               | ons and the latest   | inform              |                     |             |                              |
| ## Authors changed  B Exampt under sector    G0(8)   | Intern                 | al Revenue Service        |           |  |  |               | <del></del>          |                     | ation is a 501(c)(  | <del></del> | 501(c)(3) Organizations Only |
| B   Exempt uniqui section   Frier   FODMDATION   Substitutions   Substituti    | ΑL                     |                           |           |  |  | hanged        | and see instruction  | ns.)                |                     | (Em         | ployees trust, see           |
| Style  |                        |                           | 0-!-4     | - ·  | HELSEA CLINTON                         |               |                      |                     |                     | li lis      |                              |
| 1900      |                        |                           |           |  | and the DO has                         |               |                      | <del>-</del>        |                     | F Unr       |                              |
| 40RA   509(a)   City or town, state or prowner, country, and ZIP or foreign postal code   525990   |                        | _                         |           |  |  | x, see II     | istructions.         |                     |                     | (See        | instructions)                |
| LITTLE ROCK, AR 72201   525900   C Chron veator delinerable   Forgo exemption number (See netrottenos).   E Check organization type   [X] 501(c) corporation   501(c) triust   401(a) triust   Other triust   Check organization type   [X] 501(c) corporation   501(c) triust   401(a) triust   Other triust   Check organization type   [X] 501(c) corporation   501(c) triust   401(a) triust   Other triust   Check organization type   [X] 501(c) corporation   501(c) triust   401(a) triust   Other triust   Check organization type   [X] 501(c) corporation   501(c) triust   401(a) triust   Other triust   Check organization type   [X] 501(c) corporation   501(c) triust   401(a) triust   Other triust   Check organization type   [X] 501(c) corporation   501(c) triust   Check organization tr   | <u> </u>               |                           |           |  |  | r forein      | n nostal code        |                     |                     |             |                              |
| H Enter the number of the organization type ■ ★ SOT(c) corporation   |                        | = - '''                   |           |  | •                                      | liolety       | ii pustai coue       |                     |                     | 5259        | 990                          |
| Solicy Corporation   Solicy Drust   301(a) trust   Other trust   | C Bo                   | ok value of all assets    |           | F Group exemption numb   | per (See instructions.)                | <b></b>       |                      |                     |                     | <u> </u>    |                              |
| trade or business here   |                        | 318,631,                  | 559.      | G Check organization type  | e 🕨 🗓 501(c) corp                      | oratio        | 501(c)               | trust               | 401                 | (a) trust   | Other trust                  |
| describe the first an the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  I'ves, enter the name and identifying number of the parent corporation.  In a Gross receipts or sales.  I a Gross profit. Subtract line 2 from line 1  3 0 cross profit. Subtract line 2 from line 1  3 0 cross profit. Subtract line 2 from line 1  3 0 cross profit. Subtract line 2 from line 1  3 0 cross profit. Subtract line 2 from line 1  4 0 capital goal net income (attach Schedule 0)  I week and income of a section 501(c)(7) (4) or (17) organization (Schedule 6)  I revealed deb-lineanced income (Schedule 1)  I revealed deb-lineanced income (Schedule 2)  I combine lines 3 through 12  Part y object community of the parent community of th | H Er                   | iter the number of the    | organiza  | tion's unrelated trades or b   | usinesses. 🕨                           | 2             | Do                   | escribe             | the only (or first) | unrelate    | d                            |
| During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  | tra                    | de or business here 🕨     | CATE      | RING, MUSEUM SALE  | S                                      |               | If or                | ly one              | , complete Parts I- | V. If mo    | re than one,                 |
| During the tax year, was the corporation a subsidary in an affiliated group or a parent-subsidary controlled group?  | de                     | scribe the first in the b | lank spa  | ce at the end of the previou   | is sentence, complete Pa               | rts I an      | d II, complete a So  | chedule             | e M for each addıtı | onal trac   | le or                        |
| March   Marc   |                        |                           |           | <del></del>  |  |               |                      |                     |                     |             |                              |
| The books are in care of   ANDREW XESSEL, CPD   Telephone number   5,10-748-0473     Bart   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net   |                        |                           |           |  |  | nt-subs       | idiary controlled gi | roup?               | •                   | Ш,          | res X No                     |
| Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net   |                        |                           |           |  | i corporation.                         |               |                      | Tolonh              | one number          | 510-7       | 48-0471                      |
| 1a Gross receipts or sales 3, 075, 036. b Less returns and allowances cooped soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Gross profit. Subtract line 2 from line to 2 803, 204. c Capital gain net income (attach Schedule D) b Met gain (loss) (Form 479/P, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts lincome (loss) from 479/P, Part II, line 17), (attach Form 4797) c Capital loss deduction for trusts lincome (loss) from 479/P, Part II, line 17), (attach statement) f Rent income (Schedule C) luriested debt-financed income (Schedule E) linterest, naruties, reyelless, and retirs from a controlled organization (Schedule G) linterest, naruties, reyelless, and retirs from a controlled organization (Schedule G) linvestment income of a section 501(c)(7), (9), or (17) organization (Schedule G) linterest, naruties, reyelless, and retirs from a controlled organization (Schedule G) linterest, naruties, reyelless, and retirs from a controlled organization (Schedule G) linterest, naruties, reyelless, and retirs from a controlled organization (Schedule G) linterest, naruties, reyelless, and retirs from a controlled organization (Schedule G) linterest (attach schedule) linterest (attach schedule) linterest (attach schedule) (See instructions, attach schedule) linterest (attach schedule) (See instructions for limitations on deductions) linterest (attach schedule) (See instructions for limitations on deductions) linterest (attach schedule) (See instructions for limitations on deductions) linterest (attach schedule) (See instructions for limitations on deductions) linterest (attach schedule) (See instructions) linterest (attach schedule) (See instructions) linterest (attach schedule) (See instructions) linterest (attach schedule) linterest (attach schedule) (See instructions) linterest (attach schedule) linterest (at |                        |                           |           |  | ome                                    | -             |                      |                     |                     |             | Υ'                           |
| b Less returns and allowances 2 Cost of goods osid (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 3 Gross profit. Subtract line 2 from line 1c 3 2, 271, 832. 2, 271, 83 |                        |                           |           |  |  |               | (.,,                 |                     | (5) 2               |             | (4)                          |
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| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts lincome (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-inanced income (Schedule E) 8 Interest, annutuse, royalbuse, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total: Combine lines 3 through 12 Part IV - Deductions Not Taken Elsewhere (See instructions of or limitations on deductions) 14 Congensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 5,797. 18 Interest (attach Schedule) (see instructions) 19 Taxes and licenses 335 10 Interest (attach Schedule) (see instructions) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule 4 shoelselving contents 22 Depletion 23 Contributions to deferred compensation places (Schedule I) 24 Employee benefit programs 25 Excess exaptif expenses (Schedule I) 26 Excess exaptif expenses (Schedule I) 27 Other feductions (attach Schedule) 28 Excess exaptif expenses (Schedule I) 29 Other feductions (attach schedule) 29 Excess exaptif expenses (Schedule I) 20 Other feductions (attach schedule) 20 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 29 Original of the part of  | 3                      |                           |           | •  |  | 3             | 2,271,               | 832.                |                     | ,           | 2,271,832.                   |
| c Capital loss deduction for trusts  Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Schedule C)  7 Unrelated debt-financed income (Schedule E)  8 Interest, annuties, royaltes, and rents from a controlled organization (Schedule G)  9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  10 Exploited exempt activity income (Schedule I)  11 Advertising income (Schedule J)  12 Other income (See instructions; attach schedule)  13 Total. Combine lines 3 through 12  14 Unrelated business and wages  16 Spara III (Schedule J)  16 Compensation of officers, directors, and trustees (Schedule K)  17 Salates and wages  18 Interest (attach schedule) (See instructions and trustees (Schedule K)  19 Salates and wages  10 Spara III (Schedule J)  10 Unrelated business and wages  11 Spara III (Schedule J)  12 Unrelated business (Schedule J)  13 2,271,832,  2 | 4 a                    | Capital gain net incom    | e (attac  | h Schedule D)  |  | 4a            |                      |                     |                     |             |                              |
| Second colors   Income (loss) from a partnership or an S corporation (attach statement)  | b                      | Net gain (loss) (Form     | 4797, P   | art II, line 17) (attach Form  | 4797)                                  | 4b            |                      |                     |                     | 1           |                              |
| 6 Rent income (Schedule C) 7 Unrelated debt-innanced income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 Part IV Peductions Not Taken Elisewhere (See instructions for limitations on deductions) 14 Cohippinsation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Repairs and maintenance 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21 Less depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Contributions to deterred compensation plans giden, UT 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess padership costs (Schedule J) 27 Other deductions, Add lines 14 through 27 28 Toff deductions, Add lines 14 through 27 29 Interest compensation form to operating loss arising in tax years beginning on or after January 1, 2018 29 (see instructions) 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 31 Unrelated business taxable income. Subtract line 29 From line 13 32 Interest (attach Schedule) 33 Contributions to describe the part of the pa | C                      | Capital loss deduction    | for trus  | ts   |  | 4c            |                      |                     |                     |             |                              |
| Unrelated debt-Innanced income (Schedule E)   7   8   8   9   Interest, annutries, royalties, and rents from a controlled organization (Schedule G)   9   10   10   10   10   10   10   10   | 5                      | Income (loss) from a      | partners  | hip or an S corporation (at  | tach statement)                        | 5             |                      |                     |                     |             |                              |
| Interest, annuties, royalties, and rents from a controlled organization (Schedule 5)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6)  Exploited exempt activity income (Schedule I)  10  | 6                      | Rent income (Schedul      | e C)      |  |  | 6             |                      |                     | <u> </u>            |             |                              |
| Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Exploited exempt activity income (Schedule J)  Advertising income (Schedule J)  Other income (See instructions; attach schedule)  Total. Combine lines 3 through 12  Part II Deductions Not Taken Elsewhere (See instructions for Immitations on deductions)  Part II Deductions must be directly connected with the unrelated business income)  Combination of officers, directors, and trustees (Schedule K)  Salaries and wages  Repairs and maintenance  Repairs and maintenance  Internal Review Bank - USB  Interest (attach schedule) (see instructions)  12  13  2, 271, 832.  2, 271, 832 | 7                      | Unrelated debt-finance    | ed incon  | ne (Schedule E)  |  | 7             |                      |                     |                     |             |                              |
| 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12  14 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) 15 Congensation of officers, directors, and trustees (Schedule K) 16 Salaries and wages 17 (Beductions must be directly connected with the unrelated business income) 18 Advertising an advertising an advertising the unrelated business income (See instructions for limitations on deductions) 19 Taxes and licenses 10  | 8                      |                           |           |  | , ,                                    |               |                      |                     |                     |             |                              |
| 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12  14 Combine lines 3 through 12  15 Total. Combine lines 3 through 12  16 Combine lines 3 through 12  17 (Deductions Not Taken Elsewhere) (See instructions for limitations on deductions)  18 Combine attino of officers, directors, and trustees (Schedule K) 19 Salaries and wages 10 15 1,793,851. 10 Repairs and maintenance 10 8ad debts 11 17  18 Interest (attach schedule) (see instructions of use and Revenue Securical Lines and Idenses Schedule) (see instructions) 19 Taxes and licenses 19 15,623.  19 15,623.  10 87,328.  11 87,328.  12 20 87,328.  12 20 87,328.  13 2,412,351.  24 43,989.  25 Excess earlier texpenses (Schedule J) 26 Excess ladership costs (Schedule J) 27 Other deductions (attach schedule) 28 2 44 3,989.  29 2 55 2 56 2 56 2 56 57 57 57 57 57 57 57 57 57 57 57 57 57  | 9                      |                           |           |  | ganization (Schedule G)                | 19            |                      |                     |                     |             | <u> </u>                     |
| 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Opeductions Not Taken Elsewhere (See instructions for limitations on deductions)  7 (Deductions must be directly connected with the unrelated business income)  14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions of the see instructions of instructions of the see instructions of |                        |                           |           |  |  | -             |                      |                     |                     |             |                              |
| Total. Combine lines 3 through 12  Part III Peductions Not Taken Elsewhere (See instructions for limitations on deductions)  (Deductions must be directly connected with the unrelated business income)  14 Combination of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  17 Bad debts  18 Interest (attach schedule) (see instructions) du S Bank - USB  19 Taxes and licenses  20 Depreciation (attach Form 4562)  21 Less depreciation claimed on Schedule Alandelsewhere on return  21 Depletion  22 Contributions to deferred compensation plans giden, UT  23 Employee benefit programs  24 43,989.  25 Excess exempte expenses (Schedule I)  26 Excess readership costs (Schedule J)  27 Other deductions (attach Schedule)  28 Contributions Add lines 14 through 27  29 Interest dustiness taxable income before net operating loss deduction. Subtract line 28 from line 13  29 Contributions  20 Contributions  21 SEE STATEMENT 1  22 Contributions  23 Contributions  24 Contributions  25 Contributions  26 Contributions  27 Contributions  28 Contributions  29 Contributions  20 Defection  21 See STATEMENT 1  22 Contributions  23 Contributions  24 Contributions  25 Contributions  26 Contributions  27 Contributions  28 Contributions  29 Contributions  20 See STATEMENT 1  21 Contributions  22 Contributions  23 Contributions  24 Contributions  25 Contributions  26 Contributions  27 Contributions  28 Contributions  29 Contributions  20 See STATEMENT 1  20 Contributions  20 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  29 Contributions  30 Contributi |                        | • ,                       |           | •  |  |               |                      |                     |                     |             |                              |
| Part   Peductions Not Taken Elsewhere (See instructions for limitations on deductions)   Combensation of officers, directors, and trustees (Schedule K)   14   |                        |                           |           | •  |  |               | 2 271                | 022                 |                     |             | 2 221 022                    |
| Combination of officers, directors, and trustees (Schedule K)   14   |                        |                           |           |  | 2/See instructions to                  |               |                      |                     |                     |             | 2,271,832.                   |
| Salaries and wages  Repairs and maintenance  Repairs (Repairs and maintenance  Repairs (Repairs and maintenance  Repairs (Repairs and maintenance  Repairs (Repairs and licenses)  Repairs (Repairs  |                        | (Deductions               | must b    | e directly connected wit   | th the unrelated busing                | ess inc       | come )               | ions )              |                     |             |                              |
| Salaries and wages  Repairs and maintenance  Repairs (Repairs and maintenance  Repairs (Repairs and maintenance  Repairs (Repairs and maintenance  Repairs (Repairs and licenses)  Repairs (Repairs  | 14                     | Compensation of offi      | cers, dir | ectors, and trustees (Scher  | dule K)                                |               |                      |                     | <del></del>         | 14          |                              |
| Had debts Internal Revenue Services Internal Revenue Services Interest (attach schedule) (see instructions) d US Bank - USB Interest (attach schedule) (see instructions) d US Bank - USB Interest (attach schedule) (see instructions) d US Bank - USB Interest (attach schedule) (see instructions) d US Bank - USB Interest (attach schedule) (see instructions) d US Bank - USB Interest (attach schedule) Annual elsewhere on return Interest (attach schedule Annu | 15                     | •                         | ·         |  | ,                                      |               |                      |                     |                     |             | 1,793,851.                   |
| Interest (attach schedule) (see instructions) 335  Taxes and licenses 335  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule Manuelsewhere on return  Depletion  Contributions to deferred compensation plans giden, UT  Employee benefit programs  Excess exempt expenses (Schedule I)  Cother deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Unrelated business taxable income. Subtract line 30 from line 29  In 18  18  19  15, 623.  20  87, 328.  21  22  23  24  43, 989.  25  26  27  465, 763.  28  2, 412, 351.  29  10  10  10  10  10  10  10  10  10  1  | 16                     | Repairs and maintena      | ance      |  | an an an an an an                      |               |                      |                     |                     | 16          | 5,797.                       |
| Taxes and licenses  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule Aland elsewhere on return  Depletion  Contributions to deferred compensation plans giden. UT  Employee benefit programs  Excess exempt expenses (Schedule I)  Cotter deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  Line lated business taxable income. Subtract line 30 from line 29  19 15, 623.  20 87, 328.  21 21b 87, 328.  22 23  23 24 43, 989.  25 Excess exempt expenses (Schedule I)  26 26 27 465, 763.  27 465, 763.  28 2,412,351.  30 0.  30 0.  31 -140,519.   | 17                     | Bad debts                 |           | Internal Revenue   | ************************************** |               |                      |                     |                     | 17          |                              |
| Taxes and licenses  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule Aland elsewhere on return  Depletion  Contributions to deferred compensation plans giden. UT  Employee benefit programs  Excess exempt expenses (Schedule I)  Cotter deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  Line lated business taxable income. Subtract line 30 from line 29  19 15, 623.  20 87, 328.  21 21b 87, 328.  22 23  23 24 43, 989.  25 Excess exempt expenses (Schedule I)  26 26 27 465, 763.  27 465, 763.  28 2,412,351.  30 0.  30 0.  31 -140,519.   | 18                     | Interest (attach sched    | Jule) (se | e in state of the base of the state of the s | UK - OOD                               |               |                      |                     |                     | 18          |                              |
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| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  30 0. 31 1-140,519.  | <b>Z</b> <sup>22</sup> | Depletion                 |           | _  |  |               |                      |                     |                     |             |                              |
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| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  30 0. 31 1-140,519.  | C <sup>24</sup>        | Employee belight pro      | gruins    |  | -<br>                                  |               |                      |                     |                     |             | 43,989.                      |
| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  30 0. 31 1-140,519.  | ≥25<br>≥25             | ,                         |           |  | •                                      |               |                      |                     |                     |             |                              |
| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  30 0. 31 1-140,519.  | ≥20                    | /                         |           |  |  |               | SEE SUN              | ремеч               | IT 1                |             | 465 763                      |
| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  30 0. 31 1-140,519.  | 2/<br>                 |                           |           |  |  |               | SEE SIA              | · PLEW              |                     |             | <del></del>                  |
| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  30 0. 31 1-140,519.  | <u>ح</u> م             | /                         |           |  | Ince daduction Subtract                | lina 20       | from line 12         |                     |                     |             |                              |
| Unrelated business taxable income. Subtract line 30 from line 29   | ₩ .                    | /                         |           |  |  |               |                      |                     |                     | 49          | 110,515.                     |
| Unrelated business taxable income. Subtract line 30 from line 29   | 27/                    |                           | ainiy K   | oo anong in lax years beg  | manny on or ance Janual                | y 1, ZU       |                      | remen               | т 2 7               | 7 1         | 0.                           |
|  | <b>2</b> 1             | •                         | xable ın  | come. Subtract line 30 from  | n line 29                              |               | = ===                |                     | (                   | 1 31        | <del></del>                  |
|  | 92370                  |                           |           |  |  |               |                      |                     | <del></del>         | ₩ <u>.</u>  |                              |

| -            |            | 14) BILL, HILLARY & CHELSEA CLINTON FOUNDATION   | 31-15802  | 04       | Page 2  |
|--------------|------------|--|---|----------|---|
| Par          | rt Uf.     | Total Unrelated Business Taxable Income  |   |          |   |
| 32           | Total      | of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   | 32  | 100      | ,869.   |
| 33           |            | ounts paid for disallowed fringes  | 33  |          |   |
| 34           |            | ritable contributions (see instructions for limitation rules) STMT 4 STMT 5  | 34  | 10       | ,087.   |
| 35           |            | I unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33   | 35  |          | 782.  |
|              |            |  |   |          | ,,,,,,  |
| 36           |            | uction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)   | \  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \          |          |   |
| 37           |            | of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  | λ 87  |          | ,782.   |
| 38           | Spec       | cific deduction (Generally \$1,000, but see line 38 instructions for exceptions)   | / 38  | 1        | <u>,000.</u>                                  |
| 39           | Unre       | lated business taxable income. Subtract line 38 from line 37. If line 38, is greater than line 37,   | 111   |          |   |
|              | enter      | r the smaller of zero or line 37   | .   89  | 89       | ,782.   |
| Par          | t 🕅        | Tax Computation  | 1   |          |   |
| 40           | Orga       | inizations Taxable as Corporations. Multiply line 39 by 21% (0.21)   | l do l  | 18       | ,854.   |
| 41           |            | ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:   | 1   |          | <u>,                                     </u> |
| 71           |            | . , , ,  |   |          |   |
| 40           | D          | <u> </u>   | 41  |          |   |
| 42           |            | y tax. See instructions  | 42  |          |   |
| 43           |            | native minimum tax (trusts only)   | 43  |          |   |
| 44           | Tax        | on Noncompliant Facility Income. See instructions  | 44  |          |   |
| 45           | Total      | I. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  | 45  | 18       | 854.  |
| <b>├</b> Par | t y        | Tax and Payments   |   |          |   |
| 46 a         | Forei      | ign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a  | T   |          |   |
| b            |            | r credits (see instructions)   | 7   |          |   |
| c            | 0          | eral business credit. Attach Form 3800   | 1 I   |          |   |
|              |            |  | <b>┤                                    </b>    |          |   |
| d            |            |  | ا د. ا  |          |   |
|              |            | I credits. Add lines 46a through 46d   | 46e   |          |   |
| 47           |            | ract line 46e from line 45   | 47  | 18       | 854.  |
| 48           | Other      | r taxes. Check if from: 🔲 Form 4255 🔲 Form 861 💭 Form 8697 🔲 Form 8866 🦳 Other (attach schedulg)   | 48  |          |   |
| 49           | Total      | I tax. Add lines 47 and 48 (see instructions)  | 49  | 18       | 854.  |
| 50           | 2019       | net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3  | 50  |          | 0.  |
| 51 a         |            | nents: A 2018 overpayment credited to 2019   |   |          |   |
|              | -          | estimated tax payments 51,720.   | 1   |          |   |
|              |            | F,   | - <del> </del>                                  |          |   |
| C            |            | deposited with Form 8868 5 61,280.   | 4   |          |   |
| d            | Forei      | gn organizations; Tax paid or withheld at source (see instructions)  | 4 [   |          |   |
| е            | : Backı    | up withholding (see instructions) 5 je   | ]   |          |   |
| f            | Credi      | it for small employer health insurance premiums (attach Form 8941)   | 1   |          |   |
| q            | Other      | r credits, adjustments, and payments: Form 2439  | ]   |          |   |
| •            |            | Form 4136 Other Total 5 ig   |   |          |   |
| 52           |            | payments. Add lines 51a through 51g  | 1 &   | 113      | 000.  |
|              |            |  |   |          | 287.  |
| 53           |            | actor tax pointry (soo instructions). Once it i of in 2220 is attached   | 35  |          | 207.  |
| 54           |            | due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  | 54  |          |   |
| 55           |            | paymont. If the or io larger than the total of mice to, oo, and oo, of the amount overpaid   | 55  | 93,      | 859.  |
| _56_         | Enter      | the amount of line 55 you want: Credited to 2020 estimated tax   | 56  |          | 0.  |
| ` Par        | t VI       | Statements Regarding Certain Activities and Other Information (see instructions)   | •   |          |   |
| 57           | At an      | y time during the 2019 calendar year, did the organization have an interest in or a signature or other authority   | -   | Yes      | No  |
|              | -          | a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file   |   |          |   |
|              |            | N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country   |   |          | ŀ   |
|              |            | SEE STATEMENT 3  |   | x        | 1   |
|              | here       |  |   | <u> </u> | <del></del>                                   |
| 58           |            | ig the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  |   |          | х   |
|              |            | s," see instructions for other forms the organization may have to file.  |   |          | •   |
| 59           | Enter      | the amount of tax-exempt interest received or accrued during the tax year 🕨 💲  |   |          | L   |
| _            |            | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete, Declaration of preparer (other than temperary) is based on all information of which preparer has any knowledge | dge and belief, it is tru                       | 10,      |   |
| Sign         |            |  |   |          |   |
| Here         | •          | N (A 41A / 11A   \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | ay the IRS discuss the<br>e preparer shown belo |          | vith  |
|              |            |  | structions)? X Y                                |          | No I  |
|              |            |  |   | U 0      | 110   |
|              |            | Print/Type preparer's name Preparer's signature Date Check i   | f PTIN  |          |   |
| Paic         | Ė          | self- employed   | 1   |          |   |
|              | -<br>parer | LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY, CPA 10/27/20   | P0127342  | 2        |   |
| -            | •          | S I DOUNTERSTON TIP  | 22-1478   | 099      |   |
| use          | Only       | 1301 AVENUE OF THE AMERICAS  |   |          |   |
|              |            |  | 12_207_0400                                     |          |   |
|              |            |  | 12-297-0400                                     | ~~=      |   |
| 923711       | 01-27-2    | 0  | Form 9  | YU-T     | (2019)  |

| Schedule A - Cost of Goods  | s Sold. Enter      | method of invent  | ory v                                      | aluation N/A  |  |  |                       |   |       |
|---|--------------------|---|--|---|--|--|-----------------------|---|-------|
| 1 Inventory at beginning of year  | 1                  | 0.  | 6  | Inventory at end of year  | ar   |  | 6                     |   | 0.    |
| 2 Purchases   | 2                  | 803,204.  |  | Cost of goods sold. S   |  | line 6   | ٣                     | · · · · ·   |       |
| 3 Cost of labor   | 3                  |   |  | from line 5. Enter here   |  |  |                       |   |       |
| 4a Additional section 263A costs  |                    |   |  | line 2  |  | ,  | 7                     | 803   | 204.  |
| (attach schedule)   | 4a                 |   | 8  | Do the rules of section   | 263A (   | with respect to  |                       | Yes   | No    |
| b Other costs (attach schedule)   | 4b                 |   |  | property produced or a  | ,  |  |                       |   |       |
| 5 Total. Add lines 1 through 4b   | 5                  | 803,204.  |  | the organization?   |  |  |                       |   | x     |
| Schedule C - Rent Income (<br>(see instructions)  | (From Real F       | Property and  | Per  | sonal Property L  | .ease  | d With Real Prop   | erty                  |   |       |
| 1. Description of property  |                    |   |  |   |  |  |                       |   |       |
| (1)   |                    |   |  |   |  |  |                       |   |       |
| (2)   |                    |   |  |   |  |  |                       |   |       |
| (3)   |                    |   |  |   |  |  |                       |   |       |
| (4)   |                    |   |  |   |  |  |                       |   |       |
|   | 2. Rent receive    | d or accrued  |  | <u>-</u>  |  |  |                       |   |       |
| (a) From personal property (if the per-<br>rent for personal property is more<br>10% but not more than 50%) | centage of<br>than | ` of rent for pea                                       | rsonal                                     | onal property (if the percenta<br>property exceeds 50% or if<br>ed on profit or income) | ge   | 3(a) Deductions directly columns 2(a) a  | y connec<br>nd 2(b) ( | ted with the income in<br>attach schedule)                          |       |
| (1)   |                    |   |  |   |  |  |                       |   |       |
| (2)   |                    |   |  |   |  |  |                       |   |       |
| (3)   |                    |   |  |   |  |  |                       |   |       |
| (4)   |                    |   |  |   |  |  |                       |   |       |
| Total   | 0.                 | Total   |  |   | 0.   |  |                       |   |       |
| (c) Total income. Add totals of columns there and on page 1, Part I, line 6, column                         |                    | er <b>&gt;</b>  |  |   | 0.   | (b) Total deductions.<br>Enter here and on page 1,<br>Part I, line 6, column (B) | <b>•</b>              |   | 0.    |
| Schedule E - Unrelated Deb  | t-Financed I       | ncome (see in   | nstruc                                     | ctions)   |  | · · · · ·  |                       |   |       |
|   | - , <del></del>    |   |  | . Gross income from   |  | 3. Deductions directly conto debt-finance  |                       |   |       |
| 1. Description of debt-fin  | anced property     |   | or allocable to debt-<br>financed property |   | (8) Straight line depreciation (attach schedule) |  |                       | ( <b>b</b> ) Other deductions<br>(attach schedule)                  |       |
| (1)   |                    |   |  |   |  |  | 1                     |   |       |
| (2)   | <del></del>        |   |  |   |  |  | +-                    |   | —     |
| (3)   |                    |   |  | ·   |  |  | +                     |   |       |
| (4)   |                    |   |  |   |  |  | _                     |   |       |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)           | debt-financ        | djusted basis<br>ocable to<br>sed property<br>schedule) | 6.   | Column 4 divided<br>by column 5   |  | 7. Gross income reportable (column 2 x column 6)                                 | (                     | 8. Allocable deductio<br>column 6 x total of colu<br>3(a) and 3(b)) |       |
| (1)   |                    |   |  | %   |  |  |                       |   |       |
| (2)   |                    |   |  | %   |  |  |                       |   |       |
| (3)   |                    |   |  | %   |  |  |                       |   |       |
| (4)   | · <u>-</u>         |   |  | %   |  |  | T -                   |   |       |
|   |                    | •   |  |   |  | ater here and on page 1,<br>art I, line 7, column (A)                            |                       | inter here and on page<br>Part I, line 7, column (B                 |       |
| Totals  |                    |   |  | <b>▶</b> [  |  | 0  |                       |   | 0.    |
| Total dividends-received deductions inc   | cluded in column 8 | 3   |  |   |  |  | • 🔲                   |   | 0.    |
| <del></del>   |                    |   |  |   |  |  |                       | Form <b>990-T</b> (   | 2019) |

| Schedule F - Interest,                | Annuitie                                    | s, Royal                          | ties, an                         | d Rents  | From Co   | ntrolle                                | d Organiza  | tions                             | (see in:   | struction          | is)   |
|---------------------------------------|---|-----------------------------------|----------------------------------|--|---|--|---|-----------------------------------|--|--------------------|---|
|                                       |   |                                   | - <del>-</del>                   | Exempt   | Controlled O  | rganızatı                              | ons   |                                   |  |                    |   |
| Name of controlled organize           | tion  |                                   | nployer<br>ication<br>nber       |  | related income<br>e instructions)   |  | tal of specified<br>ments made  | includ                            | t of column 4<br>ed in the cont<br>ation's gross | rolling            | 6. Deductions directly connected with income in column 5                                  |
| (1)                                   |   |                                   |                                  |  |   |  |   | _                                 |  |                    |   |
| (2)                                   |   |                                   |                                  |  | -,,,  |  |   |                                   |  |                    |   |
| (3)                                   |   |                                   |                                  |  |   |  |   |                                   | -  |                    |   |
| (4)                                   |   |                                   |                                  |  |   |  |   |                                   |  |                    |   |
| Nonexempt Controlled Organi           | ızatıons                                    |                                   |                                  |  |   |  |   |                                   |  |                    |   |
| 7. Taxable Income                     |   | nrelated incon<br>see instruction |                                  | 9. Total   | of specified payr<br>made   | nents                                  | 10. Part of colur<br>in the controlli<br>gross                            | nn 9 thai<br>ng organ<br>s income | ization's  |                    | ductions directly connected in income in column 10  |
| (1)                                   | 1   | <u>.</u>                          |                                  | 1  |   |  |   |                                   |  |                    |   |
| (2)                                   |   |                                   |                                  |  |   |  |   |                                   |  |                    | -   |
| (3)                                   |   |                                   | ·                                |  |   |  |   |                                   |  |                    |   |
| (4)                                   |   |                                   |                                  |  |   |  |   |                                   |  |                    |   |
| Tatala                                |   |                                   |                                  |  |   |  | Add colum<br>Enter here and<br>line 8, c                                  |                                   | 1, Part I,<br>N)                                 | Enter h            | d columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)                    |
| Totals Schedule G - Investme          | nt Incon                                    | no of a f                         | Section                          | 501/01/2   | 7) (0) 0= (4  | 71 0                                   | anization   |                                   | 0.   |                    | 0.  |
|                                       | ructions)                                   | ne or a s                         | section                          | 501(C)(/   | 7), (9), or (   | /) Org                                 | janization  |                                   |  |                    |   |
| · · · · · ·                           | cription of incor                           | me                                |                                  |  | 2. Amount of  | ncome                                  | 3. Deduction directly connect (attach schedu                              | cted                              | 4. Set-  | esides<br>chedule) | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                               |
| (1)                                   |   |                                   | •                                |  |   |  | · · ·   |                                   |  |                    | (======================================   |
| (2)                                   |   |                                   |                                  |  |   |  |   |                                   |  |                    |   |
| (3)                                   |   |                                   |                                  |  |   |  |   |                                   |  |                    |   |
| (4)                                   |   |                                   |                                  |  |   | Ì                                      |   |                                   |  |                    |   |
| Totals                                | Evanant                                     | A 1: - : 1: - :                   | I                                | DAIn an  | Part I, line 9, col   | umn (A)                                | - In a suss   |                                   |  | . ·                | Enter here and on page 1,<br>Part I line 9, column (B)                                    |
| Schedule I - Exploited<br>(see instru | -   | Activity                          | Income                           | e, Other   | inan Adv  | ertisin                                | g income  |                                   |  |                    |   |
| Description of exploited activity     | 2. G<br>unrelated l<br>income<br>trade or b | business<br>from                  | directly c<br>with pro<br>of unr | penses<br>connected<br>oduction<br>related<br>s income | 4. Net incom<br>from unrelated<br>business (col<br>minus column<br>gain, compute<br>through | trade or<br>umn 2<br>3) If a<br>cols 5 | 5. Gross incol<br>from activity the<br>is not unrelated<br>business incor | nat<br>ed                         | <b>6.</b> Exp<br>attribute<br>colun              | able to            | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)           |
| (1)                                   |   |                                   |                                  |  |   | Ī                                      |   |                                   |  |                    |   |
| (2)                                   |   |                                   |                                  |  |   |  |   |                                   |  |                    |   |
| (3)                                   |   |                                   |                                  |  |   |  |   |                                   |  |                    |   |
| (4)                                   | Enter here<br>page 1,<br>line 10, c         | Part I,<br>col (A)                | Enter her<br>page 1<br>line 10,  | , Part I,<br>col (B)                                   |   |  |   |                                   | •  | •                  | Enter here and<br>on page 1,<br>Part II, line 25  |
| Totals Schedule J - Advertisir        | l Incor                                     | 0.                                |                                  | 0.   |   |  |   |                                   |  |                    | 0.  |
| Part I Income From I                  | Deriodice                                   | ale Pana                          | istruction                       | a Cons   | olidated i  | Racio                                  | <del></del>   |                                   |  |                    | <u> </u>  |
| Part I income From I                  | Periodica                                   | ais nept                          | ortea or                         | i a Cons   | solidated i   | Dasis                                  |   |                                   | _  |                    |   |
| 1. Name of periodical                 |   | 2. Gross<br>advertising<br>income |                                  | 3. Direct artising costs                               | 4. Adverts<br>or (loss) (co<br>col 3) If a ga<br>cols 5 thr                                 | l 2 minus<br>n, compute                | 5. Circulati<br>income  | on                                | 6. Reade<br>costs                                |                    | 7. Excess readership<br>costs (column 6 minus<br>column 5, but not more<br>than column 4) |
| (1)                                   |   |                                   |                                  |  | _   |  |   |                                   |  |                    |   |
| (2)                                   |   |                                   | $\bot$                           |  | ┧,  |  |   |                                   |  |                    |   |
| (3)                                   |   |                                   | _                                |  | _   | •                                      |   |                                   |  |                    |   |
| (4)                                   |   |                                   |                                  |  |   |  |   |                                   |  |                    |   |
| Totals (carry to Part II, line (5))   | <b>•</b>                                    |                                   | 0.                               | 0  |   | _                                      |   |                                   | _  |                    | 0.<br>Form <b>990-T</b> (2019   |

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of period           | dical | 2. Gross<br>advertising<br>income                        | 3. Direct advertising costs                              | 4. Advertising gain or (loss) (cot 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|-------|--|--|---|-----------------------|---------------------|--|
| (1)                         |       |  |  |   |                       |                     |  |
| (2)                         |       |  |  |   |                       |                     |  |
| (3)                         |       |  |  |   |                       |                     |  |
| (4)                         |       |  |  |   |                       |                     |  |
| Totals from Part I          | •     | 0.   | 0.   |   |                       | •                   | 0.   |
|                             |       | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) | . ,   | •                     | ,                   | Enter here and<br>on page 1,<br>Part II, line 26                                 |
| Totals, Part II (lines 1-5) | ▶     | 0.   | 0.   |   | · re                  |                     | 0.   |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name   | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1)   |          | %                                      |   |
| (2)   |          | %                                      |   |
| (3)   |          | %                                      |   |
| (4)   |          | %                                      |   |
| Total. Enter here and on page 1, Part II, line 14 |          |  | 0.  |

Form 990-T (2019)

| FORM 990-T                                    |                        | OTHER                  | DEDUCTIO  | ONS              | STATEMENT 1                    |
|---|------------------------|------------------------|-----------|------------------|--------------------------------|
| DESCRIPTION                                   |                        |                        |           |                  | AMOUNT                         |
| BANK & MISCELL                                | ANEOUS                 |                        |           |                  | 20                             |
| BANQUET EXPENS                                | ES                     |                        |           |                  | 118,30                         |
| CREDIT CARD                                   |                        |                        |           |                  | 32,49                          |
| EQUIPMENT RENT                                |                        |                        |           |                  | 6,39                           |
| FACILITY EXPEN                                |                        |                        |           |                  | 68,92                          |
| MARKETING AND OTHER EXPENSES                  |                        |                        |           |                  | 44,66<br>179.73                |
| TELEPHONE                                     |                        |                        |           |                  | 8,18                           |
|   |                        |                        |           |                  | 6,12                           |
| TRAVEL  |                        |                        |           |                  |                                |
|   | LIST                   |                        |           |                  | 72                             |
| MENU AND WINE                                 | LIST<br>990-T, PAGE 1, | LINE 27                |           | ٠,               | ·                              |
| TRAVEL MENU AND WINE TOTAL TO FORM FORM 990-T | 990-T, PAGE 1,         | LINE 27                | LOSS DE   |                  |                                |
| MENU AND WINE TOTAL TO FORM FORM 990-T        | 990-T, PAGE 1,         |                        | S<br>USLY |                  | 465,76                         |
| MENU AND WINE TOTAL TO FORM FORM 990-T        | 990-T, PAGE 1,         | OPERATING LOSS PREVIOU | S<br>USLY | EDUCTION<br>LOSS | 465,76  STATEMENT 2  AVAILABLE |

| FORM 990-T | NAME OF FOREIGN COUNTRY IN WHICH    | STATEMENT 3 |
|------------|-------------------------------------|-------------|
|            |                                     |             |
|            | ORGANIZATION HAS FINANCIAL INTEREST |             |
|            |                                     |             |

NAME OF COUNTRY

COLOMBIA
EL SALVADOR
HAITI
INDIA
MALAWI
RWANDA
TANZANIA

| FORM 990-T                     | CONTRIBUTIONS                | STATEMENT 4 |  |
|--------------------------------|------------------------------|-------------|--|
| DESCRIPTION/KIND OF PROPERTY   | METHOD USED TO DETERMINE FMV | AMOUNT      |  |
| 50% CASH ONLY                  | N/A                          | 1,808,579.  |  |
| TOTAL TO FORM 990-T, PAGE 2, L | INE 34                       | 1,808,579.  |  |

| FORM 990-T              | CONTRIBUTIONS SUMMARY   | STATEMENT 5 |
|-------------------------|---|-------------|
|                         | CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT                |             |
| FOR TAX FOR TAX FOR TAX | OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018 |             |
| TOTAL CARE              | RYOVER RENT YEAR 10% CONTRIBUTIONS 1,808,579  |             |
|                         | TRIBUTIONS AVAILABLE 1,808,579 ICOME LIMITATION AS ADJUSTED 10,087                    |             |
| EXCESS 100              | TRIBUTIONS 1,798,492 OF CONTRIBUTIONS 0 ESS CONTRIBUTIONS 1,798,492                   | <del></del> |
|                         | CONTRIBUTIONS DEDUCTION   | <br>10,087  |
| TOTAL CONT              | RIBUTION DEDUCTION  | 10,087      |

## SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

| -1 | OME | 3 No | 1545-0047 |   |
|----|-----|------|-----------|---|
| ⊢  |     |      |           | _ |

ENTITY

Employer identification number

2019

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_, and ending

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

FOUNDATION

Unrelated Business Activity Code (see instructions) 

525990

BILL, HILLARY & CHELSEA CLINTON

31-1580204

| Part I Unrelated Trade or Business Income |   |                | (A) Income | (B) Expenses | (C) Net  |
|---|---|----------------|------------|--------------|----------|
| 1 a                                       | Gross receipts or sales   |                |            |              |          |
| b   | Less returns and allowances c Balan                             | ce ▶ <u>1c</u> |            |              | 4        |
| 2   | Cost of goods sold (Schedule A, line 7)                         | 2              |            | · · ·        |          |
| 3   | Gross profit Subtract line 2 from line 1c                       | 3              |            |              |          |
| 4 a                                       | Capital gain net income (attach Schedule D)                     | 4a             | 548,414.   |              | 548,414. |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797 | ) 4b           |            |              |          |
| С   | Capital loss deduction for trusts                               | 4c             |            |              |          |
| 5   | Income (loss) from a partnership or an S corporation (attach    |                |            |              |          |
|   | statement)  | _5             | 335,457.   |              | 335,457. |
| 6   | Rent income (Schedule C)  | 6              |            |              |          |
| 7   | Unrelated debt-financed income (Schedule E)                     | 7              |            |              |          |
| 8   | Interest, annuities, royalties, and rents from a controlled     |                |            |              |          |
|   | organization (Schedule F)                                       | 8              |            |              |          |
| 9   | Investment income of a section 501(c)(7), (9), or (17)          | 1 1            |            |              |          |
|   | organization (Schedule G)                                       | 9              |            |              |          |
| 10  | Exploited exempt activity income (Schedule I)                   | 10             |            |              |          |
| 11  | Advertising income (Schedule J)                                 | 11             |            |              |          |
| 12  | Other income (See instructions, attach schedule)                | 12             |            |              |          |
| 13  | Total. Combine lines 3 through 12                               | 13             | 883,871.   |              | 883,871. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

| 14 | Compensation of officers, directors, and trustees (Schedule K)                                       | 14  |          |
|----|--|-----|----------|
| 15 | Salaries and wages   | 15  | 31,407.  |
| 16 | Repairs and maintenance  | 16  |          |
| 17 | Bad debts  | 17  |          |
| 18 | Interest (attach schedule) (see instructions)  | 18  |          |
| 19 | Taxes and licenses   | 19  |          |
| 20 | Depreciation (attach Form 4562)  |     |          |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return                                      | 21b |          |
| 22 | Depletion  | 22  |          |
| 23 | Contributions to deferred compensation plans   | 23  |          |
| 24 | Employee benefit programs  | 24  |          |
| 25 | Excess exempt expenses (Schedule I)  | 25  |          |
| 26 | Excess readership costs (Schedule J)   | 26  |          |
| 27 | Other deductions (attach schedule)   | 27  | 751,595. |
| 28 | Total deductions. Add lines 14 through 27  | 28  | 783,002. |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29  | 100,869. |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see     |     |          |
|    | instructions)  | 30  | 0.       |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29                                     | 31  | 100,869. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019