

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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 \$ 100,356,699

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.

3 Number of voting members of the governing body (Part VI, line 1a)	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	329
6 Total number of volunteers (estimate if necessary)	180
7a Total unrelated business revenue from Part VIII, column (C), line 12	3,155,703
7b Net unrelated business taxable income from Form 990-T, line 39	89,782

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	24,167,053	29,567,030
9 Program service revenue (Part VIII, line 2g)	1,681,144	1,536,648
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,384,324	10,049,959
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,470,845	1,662,838
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,703,366	42,816,475
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,766,027	1,808,579
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23,864,370	22,771,483
16a Professional fundraising fees (Part IX, column (A), line 11e)	78,000	66,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,494,811		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,801,778	19,028,633
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	47,510,175	43,674,695
19 Revenue less expenses. Subtract line 18 from line 12	-16,806,809	-858,220
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	299,540,673	318,631,559
21 Total liabilities (Part X, line 26)	7,147,618	5,872,951
22 Net assets or fund balances. Subtract line 21 from line 20	292,393,055	312,758,608

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: 2020-11-04
ANDREW M KESSEL CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-10-27
Check if self-employed PTIN: P01273422
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 ADVANCES PRESIDENT CLINTON'S LIFE-LONG COMMITMENT TO PUTTING PEOPLE FIRST BY WORKING WITH PARTNERS ACROSS THE UNITED STATES AND AROUND THE WORLD TO CREATE ECONOMIC OPPORTUNITY, IMPROVE PUBLIC HEALTH, AND INSPIRE CIVIC ENGAGEMENT AND SERVICE.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 12,785,002 including grants of \$ 13,615) (Revenue \$ 1,507,114)
See Additional Data

4b (Code:) (Expenses \$ 2,744,432 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ 2,971,569 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

(Code:) (Expenses \$ 14,933,084 including grants of \$ 1,794,964) (Revenue \$ 21,655)

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. CCI'S APPROACH BRINGS TOGETHER A WIDE RANGE OF PARTNERS TO FACILITATE RENEWABLE ENERGY PROJECTS, ADDRESSING MAJOR SOURCES OF GREENHOUSE GAS EMISSIONS WHILE ALSO SAVING MONEY FOR INDIVIDUALS, COMMUNITIES AND GOVERNMENTS AND HELPING TO GROW ECONOMIES. IN 2019, CCI PARTNERED WITH THE GOVERNMENT AND UTILITY OF TURKS AND CAICOS TO IMPLEMENT PROJECTS BASED ON THE COUNTRY'S NATIONAL ENERGY TRANSITION STRATEGY, AND ANNOUNCED THE IMPLEMENTATION OF THE WORLD'S LARGEST MARINE FLOATING SOLAR PLANT IN THE SEYCHELLES. CITATIONS: <https://www.clintonfoundation.org/press-releases/turks-and-caicos-islands-gain-greater-renewable-energy-integration-under-new> <https://www.clintonfoundation.org/press-releases/floating-solar-energy-project-seyelles-moves-forward> THE CLINTON GLOBAL INITIATIVE'S ("CGI") MISSION IS TO INSPIRE, CONNECT, AND EMPOWER EVERYONE TO FORGE SOLUTIONS TO THE WORLD'S MOST PRESSING CHALLENGES. IN 2019, THE CGI ACTION NETWORK ON POST-DISASTER RECOVERY HELD MEETINGS IN PUERTO RICO AND THE U.S. VIRGIN ISLANDS, ANNOUNCING A TOTAL OF 58 NEW PROJECTS TO PROMOTE RESILIENCY AND RECOVERY IN THE CARIBBEAN. IN ADDITION, THE CLINTON GLOBAL INITIATIVE UNIVERSITY (CGI U) ANNOUNCED THE EXPANSION OF CGI U TO A YEAR-ROUND PROGRAM, SUPPLEMENTING MEETINGS WITH YEAR-ROUND PROGRAMMING, MENTORING, AND COMMITMENT DEVELOPMENT OPPORTUNITIES. CITATIONS: <https://www.clintonfoundation.org/press-releases/president-clinton-secretary-clinton-announce-39-new-hurricane-recovery-projects-cgi> <https://www.clintonfoundation.org/press-releases/president-clinton-secretary-clinton-announce-29-new-projects-resiliency-and-disaster> <https://www.clintonfoundation.org/press-releases/president-bill-clinton-and-chelsea-clinton-announce-first-ever-international-cgi-u-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. CHMI ADDRESSES PRESSING PUBLIC HEALTH CRISES LIKE THE OPIOID EPIDEMIC, BY INCREASING EDUCATION AND AWARENESS TO DECREASE STIGMA AND CURB ADDICTION, WHILE PROVIDING COMMUNITIES WITH THE TOOLS THEY NEED TO COMBAT THE EPIDEMIC AND SAVE LIVES. IN 2019, CHMI'S OPIOID RESPONSE NETWORK LAUNCHED A NATIONWIDE CAMPAIGN AROUND NATIONAL RECOVERY MONTH TO REDUCE STIGMA AROUND SUBSTANCE USE DISORDERS, AND BEGAN ENGAGING FAITH LEADERS IN ATLANTA TO ADDRESS THE OPIOID EPIDEMIC THROUGH COMMUNITIES OF FAITH, WHILE CONTINUING WORK WITH FAITH LEADERS IN LITTLE ROCK, JACKSONVILLE, AND HOUSTON. CITATIONS: <https://www.clintonfoundation.org/press-releases/new-clinton-foundation-releases-new-psas-president-clinton-part-national-recovery> <https://atcnetwork.org/centers/southeast-atcc/news/engaging-community-leaders-collaboration-clinton-foundation-health-too-small-to-fail> THE EARLY CHILDHOOD INITIATIVE OF THE CLINTON FOUNDATION 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, MANY CHILDREN IN THE UNITED STATES START KINDERGARTEN UNPREPARED WITHOUT THE CRITICAL LANGUAGE AND LITERACY SKILLS THEY NEED FOR SUCCESS IN SCHOOL. 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 2019, TOO SMALL TO FAIL CONTINUED TO EXPAND ITS WORK TO REACH PARENTS BY PROMOTING EARLY LITERACY THROUGH BOOKS, EDUCATIONAL RESOURCES, AND DEDICATED LEARNING SPACES IN LAUNDROMATS ACROSS THE COUNTRY, LAUNCHING SEVERAL NEW COMMUNITY CAMPAIGNS, AS WELL AS TWO NEW STATEWIDE CAMPAIGNS, AND SHARING THE RESULTS OF A NEW EVALUATION ON THE EFFECTIVENESS OF OUR LAUNDROMAT INITIATIVE. CITATIONS: <https://www.clintonfoundation.org/press-releases/chelsea-clinton-clinton-foundations-too-small-fail-initiative-and-laundry-literacy> THE ALLIANCE FOR A HEALTHIER GENERATION ("HEALTHIER GENERATION") AN INDEPENDENT ENTITY FOUNDED BY THE CLINTON FOUNDATION AND THE AMERICAN HEART ASSOCIATION, WORKS TO ENSURE EVERY MIND, EVERY BODY AND EVERY YOUNG PERSON IS HEALTHY AND READY TO SUCCEED. IN 2019, HEALTHIER GENERATION CONTINUED ITS SYSTEMS-CHANGE APPROACH TO IMPROVING WHOLE CHILD HEALTH AND INEQUITIES CHILDREN FACE EARLY ON IN LIFE WORKING IN PARTNERSHIP WITH SCHOOLS AND COMMUNITIES, BUSINESSES AND FAMILIES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 14,933,084 including grants of \$ 1,794,964) (Revenue \$ 21,655)

4e Total program service expenses 33,434,087

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 [checked]

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	329			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b If "Yes," enter the name of the foreign country: ▶ CO , ES , HA , MI , RW , TZ , IN See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 10; 1b Enter the number of voting members included in line 1a... 9; 2 Did any officer, director, trustee... Yes; 3 Did the organization delegate control... No; 4 Did the organization make any significant changes... No; 5 Did the organization become aware... No; 6 Did the organization have members... No; 7a Did the organization have members... No; 7b Are any governance decisions... No; 8 Did the organization contemporaneously document... 8a Yes, 8b Yes; 9 Is there any officer, director, trustee... No

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... No; 10b If "Yes," did the organization have written policies...; 11a Has the organization provided a complete copy... Yes; 11b Describe in Schedule O the process...; 12a Did the organization have a written conflict of interest policy... Yes; 12b Were officers, directors, or trustees... Yes; 12c Did the organization regularly and consistently monitor... Yes; 13 Did the organization have a written whistleblower policy... Yes; 14 Did the organization have a written document retention... Yes; 15 Did the process for determining compensation... 15a Yes, 15b Yes; 16a Did the organization invest in, contribute assets... Yes; 16b If "Yes," did the organization follow a written policy... Yes

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023...; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents...; 20 State the name, address, and telephone number of the person who possesses the organization's books and records

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.

See instructions for the order in which to list the persons above.

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	X					361,158	0	44,222	
(2) CHELSEA V CLINTON DIRECTOR	25.00	X					0	0	0	
(3) CHERYL MILLS DIRECTOR	5.00	X					0	0	0	
(4) ERIC GOOSBY DIRECTOR	5.00	X					0	0	0	
(5) FRANK GIUSTRA DIRECTOR	5.00	X					0	0	0	
(6) HADEEL IBRAHIM OUTGOING DIRECTOR	5.00	X					0	0	0	
(7) JANET MURGUJA DIRECTOR	5.00	X					0	0	0	
(8) LISA JACKSON OUTGOING DIRECTOR	5.00	X					0	0	0	
(9) NIMA TAGHAVI DIRECTOR	5.00	X					0	0	0	
(10) ROBERT HARRISON DIRECTOR	5.00	X					0	0	0	
(11) ROLANDO GONZALEZ BUNSTER DIRECTOR	5.00	X					0	0	0	
(12) WILLIAM JEFFERSON CLINTON BOARD CHAIR	20.00	X					0	0	0	
(13) AMY SANDGRUND-FISHER GC / ASST. SEC / HR DIR	50.00			X			248,568	0	53,105	
(14) ANDREW KESSEL CFO	50.00			X			199,750	0	38,564	
(15) KEVIN THURM CEO	50.00			X			396,974	0	58,586	
(16) STEPHANIE S STREETT EXEC. DIR, SECRETARY	50.00			X			206,910	0	51,319	
(17) DAVID L KING CHIEF DEVELOPMENT OFFICER	50.00				X		274,400	0	32,035	

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 EVP PROGRAMS	50.00				X			278,036	0	29,693	
(19) BARI LURIE COO, OCVC	50.00					X		189,203	0	46,207	
(20) CRAIG MINASSIAN CHIEF COMMUNICATIONS OFFICER	50.00					X		205,653	0	51,118	
(21) GREG MILNE CHIEF IMPACT OFFICER	50.00					X		204,267	0	49,731	
(22) JAMES JENKIN CEO CGEP	50.00					X		236,409	0	40,451	
(23) ROBERT JOHNSON COO, CGEP	50.00					X		190,864	0	44,994	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								2,992,192	0	540,025	

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 ▶ 51

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 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
THE MARKHAM GROUP LLC 1000 W 3RD STREET LITTLE ROCK, AR 72201	CONFERENCE MANAGEMENT	378,968
COHNREZNICK LLP 4 BECKER FARM ROAD ROSELAND, NJ 070680954	AUDIT / TAX	281,400
LEXINGTON RESEARCH ASSOCIATES 571 HUDSON STREET APT 1B NEW YORK, NY 10014	PROGRAM EVALUATION	157,240
ISCRUBDATA 36 TAMALPAIS AVE LARKSPUR, CA 94939	DATA	140,000
ENDURANCE STRATEGIC COMMUNICATIONS 1333A NORTH AVENUE 735 NEW ROCHELLE, NY 10804	PROJECT MANAGEMENT	130,000

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 ▶ 6

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 23,260			
	b Membership dues	1b 151,773			
	c Fundraising events	1c 2,309,959			
	d Related organizations	1d			
	e Government grants (contributions)	1e 1,082,767			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 25,999,271			
	g Noncash contributions included in lines 1a - 1f:\$	1g 2,054,591			
	h Total. Add lines 1a-1f		29,567,030		

Program Service Revenue			Business Code			
	2a PRESIDENTIAL CENTER		900099	1,451,794	712,407	739,387
b HEALTH MATTERS		900099	64,538	64,538		
c CLINTON DEV INITIATIVE		900099	16,667	16,667		
d OTHER PROGRAM SERVICE		900099	3,649	3,649		
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			1,536,648			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,059,006		335,457	7,723,549		
	4 Income from investment of tax-exempt bond proceeds								
	5 Royalties			1,279			1,279		
	6a Gross rents	6a	(i) Real	(ii) Personal					
			1,013,262						
			b Less: rental expenses	6b	1,133,732				
			c Rental income or (loss)	6c	-120,470				
	d Net rental income or (loss)				-120,470			-120,470	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other					
			56,913,655	62,524					
			b Less: cost or other basis and sales expenses	7b	54,959,144	26,082			
			c Gain or (loss)	7c	1,954,511	36,442			
	d Net gain or (loss)				1,990,953	36,442	548,414	1,406,097	
	8a Gross income from fundraising events (not including \$ 2,309,959 of contributions reported on line 1c). See Part IV, line 18	8a							
			29,750						
			b Less: direct expenses	8b	475,232				
	c Net income or (loss) from fundraising events				-445,482			-445,482	
	9a Gross income from gaming activities. See Part IV, line 19	9a							
			b Less: direct expenses	9b					
c Net income or (loss) from gaming activities									
10a Gross sales of inventory, less returns and allowances	10a								
		2,763,450							
		b Less: cost of goods sold	10b	946,034					
c Net income or (loss) from sales of inventory				1,817,416	284,971	1,532,445			
Miscellaneous Revenue		Business Code							
11a GAIN ON PROGRAM INVEST		900099	212,042	212,042					
b OTHER REVENUE		900099	198,053	198,053					
c									
d All other revenue									
e Total. Add lines 11a-11d			410,095						
12 Total revenue. See instructions			42,816,475	1,528,769	3,155,703		8,564,973		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,788,579	1,788,579		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	20,000	20,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,182,793	722,489	1,153,869	306,435
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,041,707	11,692,390	1,774,458	1,574,859
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	823,704	635,502	107,212	80,990
9 Other employee benefits	3,237,025	2,591,763	328,850	316,412
10 Payroll taxes	1,486,254	1,171,803	179,018	135,433
11 Fees for services (non-employees):				
a Management				
b Legal	144,849	124,019	20,284	546
c Accounting	563,482	272,783	290,699	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	66,000			66,000
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,842,014	1,465,562	286,602	89,850
12 Advertising and promotion	352,648	323,899	3,529	25,220
13 Office expenses	875,035	394,892	383,806	96,337
14 Information technology	1,115,565	504,183	492,321	119,061
15 Royalties				
16 Occupancy	3,093,860	2,273,407	693,575	126,878
17 Travel	2,077,415	1,429,191	412,015	236,209
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,467,845	1,325,392	91,865	50,588
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,127,492	4,102,762		24,730
23 Insurance	501,967	186,812	315,155	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT PROGRAM	1,654,196	1,654,196		
b EXHIBITS AND FIXTURES	318,606	318,606		
c OTHER HR COST	215,166	110,879	90,714	13,573
d				
e All other expenses	678,493	324,978	121,825	231,690
25 Total functional expenses. Add lines 1 through 24e	43,674,695	33,434,087	6,745,797	3,494,811
26 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
Assets	1 Cash—non-interest-bearing	4,783,783	1	4,618,062
	2 Savings and temporary cash investments	6,545,211	2	6,593,881
	3 Pledges and grants receivable, net	27,260,379	3	26,220,311
	4 Accounts receivable, net	1,146,543	4	1,062,748
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	287,099	7	279,386
	8 Inventories for sale or use	176,714	8	163,851
	9 Prepaid expenses and deferred charges	655,531	9	372,971
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	147,149,474		
	b Less: accumulated depreciation	63,410,696		
	11 Investments—publicly traded securities	47,527,840	11	48,094,017
	12 Investments—other securities. See Part IV, line 11	121,881,445	12	145,588,549
	13 Investments—program-related. See Part IV, line 11	2,044,366	13	1,899,005
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	299,540,673	16	318,631,559	
Liabilities	17 Accounts payable and accrued expenses	5,321,458	17	4,173,231
	18 Grants payable		18	
	19 Deferred revenue	1,826,160	19	1,699,720
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	7,147,618	26	5,872,951
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	90,993,047	27	86,327,338
	28 Net assets with donor restrictions	201,400,008	28	226,431,270
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	292,393,055	32	312,758,608	
33 Total liabilities and net assets/fund balances	299,540,673	33	318,631,559	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,816,475
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,674,695
3	Revenue less expenses. Subtract line 2 from line 1	3	-858,220
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	292,393,055
5	Net unrealized gains (losses) on investments	5	21,221,578
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,500
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,305
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	312,758,608

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 31-1580204

Name: BILL HILLARY & CHELSEA CLINTON
FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

CLINTON PRESIDENTIAL CENTER (SEE SCHEDULE O FOR FURTHER DETAILS)

Form 990, Part III, Line 4b:

CLINTON GIUSTRA ENTERPRISE PARTNERSHIP (SEE SCHEDULE O FOR FURTHER DETAILS)

Form 990, Part III, Line 4c:

CLINTON DEVELOPMENT INITIATIVE (SEE SCHEDULE O FOR FURTHER DETAILS)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
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		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	108,915,463	62,901,979	26,566,825	24,167,053	29,567,030	252,118,350
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
4 Total. Add lines 1 through 3	108,915,463	62,901,979	26,566,825	24,167,053	29,567,030	252,118,350
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						17,019,401
6 Public support. Subtract line 5 from line 4.						235,098,949

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	108,915,463	62,901,979	26,566,825	24,167,053	29,567,030	252,118,350
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,027,331	5,649,855	5,886,908	7,993,453	8,738,090	32,295,637
9 Net income from unrelated business activities, whether or not the business is regularly carried on	2,043,949	2,024,689	2,576,483	2,808,883	3,155,702	12,609,706
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	1,320,233	671,270	1,335,840	1,079,302	724,816	5,131,461
11 Total support. Add lines 7 through 10						302,155,154
12 Gross receipts from related activities, etc. (see instructions)					12	7,101,620

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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	77.810 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	85.330 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	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)? <i>If "Yes," explain in Part VI 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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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
1	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>		
2	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
1	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
1	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?		
2	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>		
3	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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	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>	Yes	No
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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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	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 (explain in Part VI). **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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2015 AMOUNT: \$ 199,253. 2016 AMOUNT: \$ 104,122. 2017 AMOUNT: \$ 245,032. 2018 AMOUNT: \$ 357,423. 2019 AMOUNT: \$ 198,053. CAFE REVENUE - 2015 AMOUNT: \$ 254,361. 2016 AMOUNT: \$ 498,780. 2017 AMOUNT: \$ 241,061. 2018 AMOUNT: \$ 273,411. 2019 AMOUNT: \$ 284,971. SPEECH REVENUE - 2015 AMOUNT: \$ 357,500. 2017 AMOUNT: \$ 297,976. 2018 AMOUNT: \$ 369,899. FUNDRAISING REVENUE - 2015 AMOUNT: \$ 132,850. 2016 AMOUNT: \$ 68,368. 2017 AMOUNT: \$ 89,063. 2018 AMOUNT: \$ 78,569. 2019 AMOUNT: \$ 29,750. CDI FARMING REVENUE - 2015 AMOUNT: \$ 376,269. 2017 AMOUNT: \$ 462,708. GAIN ON PROGRAM INVESTMENT - 2019 AMOUNT: \$ 212,042.

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 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. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes Yes/No checkboxes for reporting requirements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure). Includes a table for 'Held at the End of the Year' with rows 2a-d. Includes questions about monitoring policies and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenue and assets.

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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
1a Beginning of year balance	197,210,749	207,073,179	187,191,420	183,711,819	150,791,965
b Contributions	2,729,072	2,401,102	3,016,835	4,507,787	32,921,313
c Net investment earnings, gains, and losses	31,050,475	-9,124,700	20,381,388	5,019,534	-1,459
d Grants or scholarships					
e Other expenditures for facilities and programs	14,000,000	3,138,832	3,516,464	6,047,720	
f Administrative expenses					
g End of year balance	216,990,296	197,210,749	207,073,179	187,191,420	183,711,819

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 86.000 %
 - c** Temporarily restricted endowment ▶ 14.000 %
- 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 |
| (i) unrelated organizations | | |
| (ii) related organizations | | |
| 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
1a Land				
b Buildings		128,536,900	48,713,519	79,823,381
c Leasehold improvements		4,981,963	2,641,520	2,340,443
d Equipment		13,630,611	12,055,657	1,574,954
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				83,738,778

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	20,752,990	F
(B) SELECT EQUITY	40,364,632	F
(C) INTERMEDIATE FUND	28,425,201	F
(D) STRATEGIC FIXED INCOME	13,973,923	F
(E) PRIVATE EQUITY	22,501,478	F
(F) DIVERSIFIED STRATEGY FUNDS	19,570,325	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	145,588,549	

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)		
Total. (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)	
Total. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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.

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

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.

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

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 V, LINE 4:	THE ENDOWMENT CONSISTS OF FUNDS ESTABLISHED TO SUPPORT THE ONGOING MISSION OF THE 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, 2019, 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.

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	4	40			7,226,644
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	4	40			7,226,644

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CLIMATE	20,000				FMV

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

3 Enter total number of other organizations or entities ▶ _____ 1

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; don't file with Form 990)* 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; don't file with Form 990).* 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.

990 Schedule F, Supplemental 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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	1	PROGRAM SERVICE	CLIMATE & ECONOMIC DEVELOPMENT	2,071,125
SOUTH AMERICA	1	2	PROGRAM SERVICE	ECONOMIC DEVELOPMENT	2,225,951

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
SUB-SAHARAN AFRICA	3	37	PROGRAM SERVICE	CLIMATE & ECONOMIC DEVELOPMENT	2,929,568

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 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			
AB DATA LTD PO BOX 170062 MILWAUKEE, WI 532178000	DIRECT MAIL MARKETING		No	339,269	66,000	339,269
Total				339,269	66,000	339,269

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) Total events
	<u>NY GALA</u> (event type)	<u>DC EVENT</u> (event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	1,720,477	619,232		2,339,709
2 Less: Contributions	1,698,477	611,482		2,309,959
3 Gross income (line 1 minus line 2)	22,000	7,750		29,750
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	50,000	33,289		83,289
7 Food and beverages	33,672	32,787		66,459
8 Entertainment				
9 Other direct expenses	148,298	177,186		325,484
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				475,232
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-445,482

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))
	1 Gross revenue			
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. 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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law 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 provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 GENERALLY REQUESTS A FINAL REPORT FROM GRANT RECIPIENTS DETAILING THE USE OF GRANT FUNDS. IN SOME CIRCUMSTANCES, ORGANIZATIONS THAT ARE 501C3, OR EQUIVALENT HAVE THE ABILITY TO DEMONSTRATE PROPER USE OF THE FUNDS IN A WAY THAT DOESN'T REQUIRE A REPORT. THE ORGANIZATION ALSO MAKES UNRESTRICTED CONTRIBUTIONS TO QUALIFIED 501(C)(3) ORGANIZATION FOR WHICH IT DOES NOT REQUIRE A REPORT.

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.

(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
ALLIANCE FOR A HEALTHIER GENERATION 10 G STREET 800 WASHINGTON, DC 20002	27-2028308	501(C)(3)	1,250,000				PUBLIC HEALTH
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE CHICAGO, IL 60602	36-3480353	501(C)(3)	25,000				EARLY CHILDHOOD LEARNING

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

(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
CITY YEAR LITTLE ROCK 610 PRES CLINTON AVENUE SUITE 200 LITTLE ROCK, AR 72201	22-2882549	501(C)(3)	10,000				EDUCATION
CONSTRUCTION FOR CHANGE 4800 AIRPORT WAY S STE 1 SEATTLE, WA 98108	26-2654958	501(C)(3)	175,000				CLIMATE

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

(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
EVERYBODY READY INC 7445 ALLEN ROAD SUITE 160 ALLEN PARK, MI 48101	38-3610120	501(C)(3)	102,764				EARLY CHILDHOOD LEARNING
ROCKY MOUNTAIN INSTITUTE 1820 FOLSOM STREET BOULDER, CO 80302	74-2244146	501(C)(3)	212,500				CLIMATE

Schedule J
(Form 990)

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

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 Questions Regarding Compensation

	Yes	No
<p>1a 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> <p> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes	
<p>2 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 on Line 1a?</p>	2 Yes	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b No
	4c No	
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No	5b No
<p>6 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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No	6b No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 Yes	
<p>8 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.</p>	8 No	
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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
PART I, LINE 1A	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 I, LINE 1B	THE CLINTON FOUNDATION HAS A TRAVEL EXPENSE REIMBURSEMENT POLICY APPLICABLE TO OFFICERS AND KEY EMPLOYEES. THE POLICY PROVIDES THAT TRAVEL SHOULD OCCUR AT REGULAR ECONOMY FARES, WITH CERTAIN LIMITED EXCEPTIONS WHEN AIR TRAVEL EXCEEDS 12 HOURS. IN THESE LIMITED CIRCUMSTANCES, TRAVEL MAY BE VIA THE LOWEST COMMERCIAL CLASS ABOVE ECONOMY, WHICH IS TYPICALLY BUSINESS CLASS.
PART I, LINE 7	THE AMOUNTS INCLUDED IN PART II, COLUMN B(II) REPRESENT BONUSES THAT WERE INCLUDED IN THE 2019 W-2.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		112,000	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	21	1,772,332	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	3,507	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>CGI CONF</u>)	X	2	166,752	ACTUAL COST
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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):	COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

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	<p>THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION ("CLINTON FOUNDATION") CONTINUES PRESIDENT CLINTON'S LEGACY OF PUTTING PEOPLE FIRST. TO ACHIEVE THIS, THE CLINTON FOUNDATION WORKS WITH STRATEGIC PARTNERS TO DEVELOP AND IMPLEMENT PROGRAMS THAT CREATE ECONOMIC OPPORTUNITY, IMPROVE PUBLIC HEALTH, AND INSPIRE CIVIC ENGAGEMENT AND SERVICE. WE CREATE ECONOMIC OPPORTUNITY BY ASSISTING FARMERS IN AFRICA TO INCREASE THEIR YIELDS AND INCOMES; COMBATING THE EFFECTS OF CLIMATE CHANGE THROUGH RENEWABLE ENERGY EFFORTS IN ISLAND NATIONS; AND MOBILIZING RELIEF EFFORTS IN THE WAKE OF NATURAL DISASTERS IN THE CARIBBEAN. WE WORK TO IMPROVE PUBLIC HEALTH BY CONFRONTING CHALLENGES SUCH AS THE OPIOID EPIDEMIC AND CHILDHOOD OBESITY; AND SUPPORTING PARENTS AND CAREGIVERS WITH TOOLS TO TALK, READ, AND SING WITH THEIR YOUNG CHILDREN FROM BIRTH TO PROMOTE EARLY BRAIN AND LANGUAGE DEVELOPMENT. WE INSPIRE CIVIC ENGAGEMENT AND SERVICE THROUGH PROGRAMS THAT HELP COLLEGE STUDENTS IMPROVE THE LIVES OF OTHERS AND CHANGE THE WORLD; SUPPORT NETWORKS THAT FOSTER WOMEN'S LEADERSHIP IN THE RENEWABLE ENERGY SECTOR; AND A PARTNERSHIP AMONG THE PRESIDENTIAL LIBRARIES OF PRESIDENT CLINTON, PRESIDENT GEORGE W. BUSH, GEORGE H.W. BUSH, AND LYNDON B. JOHNSON TO CULTIVATE PROMISING LEADERS FROM THE BUSINESS, ACADEMIC, PUBLIC SERVICE, NONPROFIT, AND MILITARY SECTORS AS THEY SEEK TO CREATE POSITIVE CHANGE ON THE ISSUES CONFRONTING THEIR COMMUNITIES. THE FOUNDATION ALSO OPERATES THE CLINTON PRESIDENTIAL CENTER IN LITTLE ROCK, WHICH PROVIDES YEAR-ROUND CULTURAL AND EDUCATIONAL OPPORTUNITIES AND IS HOME TO THE CLINTON PRESIDENTIAL LIBRARY AND MUSEUM, ONE OF THE LARGEST ARCHIVAL COLLECTIONS IN AMERICAN PRESIDENTIAL HISTORY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4A	<p>THE WILLIAM J. CLINTON PRESIDENTIAL CENTER AND PARK ("CLINTON CENTER") IS THE HOME OF THE LITTLE ROCK OFFICES OF THE CLINTON FOUNDATION; IS THE SITE OF OPERATIONS FOR THE CLINTON PRESIDENTIAL LIBRARY AND MUSEUM AND THE CLINTON SCHOOL OF PUBLIC SERVICE (A BRANCH OF THE UNIVERSITY OF ARKANSAS SYSTEM, NOT A PROGRAM OF THE FOUNDATION); AND IS A MANAGING PARTNER OF THE PRESIDENTIAL LEADERSHIP SCHOLARS PROGRAM, A NATIONAL BIPARTISAN EXECUTIVE-STYLE LEADERSHIP DEVELOPMENT INITIATIVE. THE CLINTON CENTER PROVIDES YEAR-ROUND EDUCATIONAL AND CULTURAL OPPORTUNITIES TO VISITORS OF ALL AGES THAT REFLECT PRESIDENT CLINTON'S LIFETIME COMMITMENT TO ADVANCING OPPORTUNITY FOR EVERYBODY, INSTILLING RESPONSIBILITY THROUGHOUT OUR SOCIETY, AND CULTIVATING A SENSE OF COMMUNITY WITHIN OUR GREAT NATION. IN 2019, THE PRESIDENTIAL CENTER AND PRESIDENT CLINTON HOSTED A KUMPURIS LECTURE WITH SUPREME COURT JUSTICE RUTH BADER GINSBURG; CONVENED LEADERS FROM BUSINESS, GOVERNMENT, AND PHILANTHROPY FOR A DOMESTIC ECONOMIC POLICY CONFERENCE THAT EXAMINED WAYS TO UNLOCK ECONOMIC OPPORTUNITY IN RURAL AND URBAN AREAS; AND GRADUATED THE FIFTH CLASS OF PRESIDENTIAL LEADERSHIP SCHOLARS. CITATIONS: HTTPS://WWW.CLINTONFOUNDATION.ORG/GET-INVOLVED/TAKE-ACTION/ATTEND-AN-EVENT/KUMPURIS-LECTURE-HONORABLE-RUTH-BADER-GINSBURG HTTPS://WWW.CLINTONFOUNDATION.ORG/PRESS-RELEASES/DOMESTIC-POLICY-CONFERENCE-PRESIDENT-BILL-CLINTON-AND-SECRETARY-HILLARY-RODHAM HTTPS://WWW.PRESIDENTIALLEADERSHIPSCOLARS.ORG/2019-CLASS-OF-PRESIDENTIAL-LEADERSHIP-SCHOLARS-ANNOUNCED/</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4B	THE CLINTON GIUSTRA ENTERPRISE PARTNERSHIP ("CGEP") BUILT SOCIAL AGRIBUSINESSES THAT WORK TO IMPROVE THE LIVELIHOODS OF FARMERS AND FISHERS BY BOOSTING AGRICULTURAL PRODUCTIVITY, CREATING JOB OPPORTUNITIES, AND CEMENTING LONG-TERM MARKET LINKAGES SO THEY CAN LIFT THEMSELVES OUT OF POVERTY. CGEP'S SUCCESSFUL PILOT PROGRAMS HAVE BEEN INCORPORATED TO FORM FOR-PROFIT ENTERPRISE ENTITIES IN WHICH THE CLINTON FOUNDATION TYPICALLY HELD A SIGNIFICANT OWNERSHIP POSITION. IN 2019, CGEP ANNOUNCED A PARTNERSHIP WITH ACUMEN TO EXPAND ITS WORK IN COLOMBIA WHICH EMPOWERS SMALLHOLDER FARMERS IN THE ANDEAN AND CARIBBEAN REGIONS BY SOURCING FRUITS AND VEGETABLES AND SELLING TO NATIONAL RETAILERS AND FOOD SERVICE COMPANIES. IN 2020, CGEP SPUN OFF INTO AN INDEPENDENT CHARITABLE ORGANIZATION, ACCESO. CITATIONS: HTTPS://LAVCA.ORG/2019/06/12/ACUMEN-INVESTS-US876K-IN-ACCESO-COLOMBIA/ HTTPS://WWW.ANDEGLOBAL.ORG/BLOGPOST/920159/339998/THE-CLINTON-GIUSTRA-ENTERPRISE-PARTNERSHIP-IS-NOW-ACCESO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4C	THE CLINTON DEVELOPMENT INITIATIVE ("CDI") CREATED THE COMMUNITY AGRIBUSINESS ("CAB") APPROACH WHICH GROUPS FARMERS TOGETHER TO COLLECTIVELY INCREASE THE QUANTITY, QUALITY, AND CONSISTENCY OF THEIR PRODUCTION WHILE ALSO IMPROVING THEIR ACCESS TO RESOURCES TO ADDRESS CHALLENGES FARMERS FACE. THROUGH CAB IN MALAWI, TANZANIA, AND RWANDA, CDI PERFORMS OUTREACH TO FARMING COMMUNITIES TO INCREASE ACCESS AND HELP THEM PARTICIPATE EQUITABLY IN LOCAL MARKETS. IN 2019, CDI LAUNCHED A NEW PARTNERSHIP WITH THE INTERNATIONAL MAIZE AND WHEAT IMPROVEMENT CENTRE TO IMPROVE FARMERS' ACCESS TO CLIMATE-RESILIENT MAIZE VARIETIES, AND EXPANDED ITS PARTNERSHIP WITH AFRICA IMPROVED FOODS TO SOURCE SOYBEANS FROM FARMERS IN MALAWI. CITATIONS: HTTPS://WWW.CIMMYT.ORG/NEWS/CIMMYT-AND-CLINTON-FOUNDATION-LAUNCH-PARTNERSHIP-TO-IMPROVE-ACCESS-TO-CLIMATE-RESILIENT-MAIZE-SEED-IN-EASTERN-AND-SOUTHERN-AFRICA/ HTTPS://WWW.CLINTONFOUNDATION.ORG/PRESS-RELEASES/CLINTON-FOUNDATION-EXPANDS-PARTNERSHIP-AFRICA-IMPROVED-FOODS-AIF-REDUCE-HUNGER-AND

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

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 OFFICES 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	WE PERFORM AN INTERNAL ANALYSIS BASED ON MARKET DATA DERIVED FROM ERI, PRM AND HUMENTUM COMPENSATION SURVEYS AS A BASELINE. WE THEN ASK QUATT TO PERFORM A SEPARATE, INDEPENDENT ANALYSIS OF THE NON-PROFIT MARKET. THE MERCER ANALYSIS IS THE CONTROLLING ONE WHEN IT COMES TO CALIBRATING THE COMPENSATION. THIS COMPENSATION IS THEN SIGNED OFF ON BY THE BOARD OF DIRECTORS BEFORE IMPLEMENTATION.

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CONTRIBUTION REFUND PRIOR YEAR -1,305.

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

2019

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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) 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

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	
(1) ACCESO FUND LLC 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201 27-2075171	INVESTMENT	DE	N/A	RELATED	-156,524	1,359,754		No		Yes		50.000 %
(2) ACCESO OFERTA LOCAL-PRODUCTORS DE EL SA CALLE EL MIRADOR Y 93 AVENIDA ES	FRUIT & VEG. SUPPLY	ES	N/A	RELATED	-125,494	867,106		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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ACCESO FUND LLC	B	242,000	FMV
(2)ACCESO OFERTO LOCAL - PRODUCTOS DE EL SALVADOR	P	45,200	FMV
(3)ACCESO PEANUT ENTERPRISE CORPORATION	P	615,602	FMV
(4)AOL COLOMBIA SAS	P	10,468	FMV
(5)ACCESO WORLDWIDE FUND INC	R	548,000	FMV

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
ACACIA DEVELOPMENT CO 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201 81-1675271	INVESTMENT	DE	BILL HILLARY & CHELSEA CLINTON FOUNDATION	C	-6,100	114	100.000 %	Yes	
ACCESO CASHEW ENTERPRISE LIMITED OFFICE NO 201 KOHINOOR PARADISE ARO MAHARASHTRA IN	CASHEW PROCESSING	IN	ACCESO WORLDWIDE FUND	C	-12,353	6,176	99.990 %	Yes	
ACCESO OFERTA LOCAL COLOMBIA SAS NO 14-17 OF 707 BOGOTA CO	SUPPLY OF FOOD STUFFS	CO	FONDO ACCESO	C	-235,170	444,457	50.000 %		No
ACCESO PEANUT ENTERPRISE CORPORATION SA 11 RUE OGE PETION-VILLE RUE DORZIN PROLONGEE MIRABELAIS HA	PEANUT SUPPLY CHAIN	HA	ACCESO FUND LLC	C	12,460	388,461	50.000 %		No
ACCESO WORLDWIDE FUND INC 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201 46-4160920	INVESTMENT	DE	BILL HILLARY & CHELSEA CLINTON FOUNDATION	C	-15,403	41,378	100.000 %	Yes	
CHAKIPI ACCESO SA PERU CALLE CASCANUECES MZ M2 LOTE LIMA PE	DISTRIBUTION OF GOODS	PE	ACCESO FUND LLC	C			50.000 %		No
CHAKIPI COL SAS BRR MAMONAL DG 31 100 179 CENTRO IN CARTAGENA CO	DISTRIBUTION OF GOODS	CO	FONDO ACCESO	C			50.000 %		No
FONDO ACCESO SAS CALLE 93A NO 14-17 OF 707 BOGOTA CO	INVESTMENT	CO	ACCESO FUND LLC	C	63,310	766,897	50.000 %		No
GWIZA DEVELOPMENT COMPANY LTD KACYIRU GASABO UMUJYI WA KIGALI RW	FARMING	RW	ACACIA DEVELOPMENT CO	C	241		100.000 %	Yes	
RUAHA DEVELOPMENT COMPANY LIMITED IMMMA HSE PLOT NO357UN RD PO BX 7 UPANGA DAR TZ	FARMING	TZ	ACACIA DEVELOPMENT CO	C			100.000 %	Yes	
TUKULA FARMING COMPANY LTD PO BOX 5133 REALY HOUSE CHURCH HILL RD LIMBE MI	FARMING	MI	ACACIA DEVELOPMENT CO	C			100.000 %	Yes	