

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

| | | | | |
|--|--|---|---|--------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization BILL HILLARY & CHELSEA CLINTON FOUNDATION | | D Employer identification number 31-1580204 | |
| | Doing business as | | E Telephone number (501) 748-0471 | |
| | Number and street (or P.O. box if mail is not delivered to street address) 1200 PRESIDENT CLINTON AVE | Room/suite | G Gross receipts \$ 100,356,699 | |
| | City or town, state or province, country, and ZIP or foreign postal code LITTLE ROCK, AR 72201 | | | |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ► | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | |
| J Website: ► WWW.CLINTONFOUNDATION.ORG | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | L Year of formation: 1997 | | M State of legal domicile: AR |

Part I Summary

| | | | |
|--|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. | | |
| | | | |
| | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 329 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 180 | |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 3,155,703 | |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 89,782 | |
| Revenue | | 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 |
| Expenses | 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) ▶ <u>3,494,811</u> | | |
| | 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 |
| Net Assets or Fund Balances | | 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 | | | 2020-11-04 | |
| | ANDREW M KESSEL CFO | | | Date | |
| | Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | | Preparer's signature | | Date 2020-10-27 |
| | Firm's name ▶ COHNREZNICK LLP | | | Check <input type="checkbox"/> if self-employed | PTIN P01273422 |
| | Firm's address ▶ 1301 AVENUE OF THE AMERICAS NEW YORK, NY 10019 | | | Firm's EIN ▶ 22-1478099 Phone no. (212) 297-0400 | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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)

CLINTON PRESIDENTIAL CENTER (SEE SCHEDULE O FOR FURTHER DETAILS)

4b

(Code:) (Expenses \$ 2,744,432 including grants of \$ 0) (Revenue \$ 0)

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

4c

(Code:) (Expenses \$ 2,971,569 including grants of \$ 0) (Revenue \$ 0)

CLINTON DEVELOPMENT INITIATIVE (SEE SCHEDULE O FOR FURTHER DETAILS)

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

| | | Yes | No |
|----|--|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 74 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |

| 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: <u>CO, ES, HA, MI, RW, TZ, IN</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | | | | |
| 5a Did 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? | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | 8 | | |
| 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? | | | | 12a | | |
| 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? | | | | 15 | | No |
| 16 If the organization is subject to the section 4968 excise tax on net investment income? | | | | 16 | | No |
| If "Yes," complete Form 4720, Schedule O. | | | | | | |

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

| | | | | |
|----|--|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a | 10 | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 9 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

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

Section C. Disclosure

| | | |
|----|---|--|
| 17 | List the states with which a copy of this Form 990 is required to be filed | AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, OK, OR, PA, RI, SC, TN, VA, WI, WV, NH, NJ, NM, NY, ND |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | ANDREW KESSEL CFO 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201 (510) 748-0471 |

Part VII

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

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

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

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

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

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 MURGUIA 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 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 | | | |
| Program Service Revenue | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 2,054,591 | | | |
| | h Total. Add lines 1a-1f | | 29,567,030 | | | |
| | | | | | | |
| Program Service Revenue | 2a PRESIDENTIAL CENTER | Business Code | | | | |
| | | 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 |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | 6a | 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 |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | 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 | |
| Other Revenue | 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 | | | | |
| | 10b | 946,034 | | | | |
| b Less: cost of goods sold | | | | | | |
| 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) | | (B) | |
|-----------------------------|---|--|-------------|-------------------|-------------|-------------|------------|
| | | | | Beginning of year | | 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 | 10a | 147,149,474 | | | |
| | b | Less: accumulated depreciation | 10b | 63,410,696 | 87,231,762 | 10c | 83,738,778 |
| | 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 (A)) | 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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 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. | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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)

12127,101,620

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. <input type="checkbox"/> | | | | | | |

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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

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? 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. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. | | |
| 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)? 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. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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). | | |
| 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? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 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? If "Yes," provide detail in Part VI . | | |
| 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 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))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| 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? If "Yes," provide detail in Part VI . | | |
| 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)? If "Yes," answer line 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | | |

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> | | | |
| 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 ☐ 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

| 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. |

Additional Data

[Return to Form](#)

Software ID:

Software Version:

| | | |
|---|---|--|
| <div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div> | <div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Go to www.irs.gov/Form990 for the latest information.</div> | <div>OMB No. 1545-0047</div> <div>2019</div> |
|---|---|--|

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

Organization type (check one):

| | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)() (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
31-1580204

Part I

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| RESTRICTED | | \$ RESTRICTED | <input type="checkbox"/> Person |
| | | | <input type="checkbox"/> Payroll |
| | | | <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | <input type="checkbox"/> Person |
| | | | <input type="checkbox"/> Payroll |
| | | | <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | <input type="checkbox"/> Person |
| | | | <input type="checkbox"/> Payroll |
| | | | <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | <input type="checkbox"/> Person |
| | | | <input type="checkbox"/> Payroll |
| | | | <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | <input type="checkbox"/> Person |
| | | | <input type="checkbox"/> Payroll |
| | | | <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | <input type="checkbox"/> Person |
| | | | <input type="checkbox"/> Payroll |
| | | | <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | <input type="checkbox"/> Person |
| | | | <input type="checkbox"/> Payroll |
| | | | <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | <input type="checkbox"/> Person |
| | | | <input type="checkbox"/> Payroll |
| | | | <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |

Name of organization
BILL HILLARY & CHELSEA CLINTON
FOUNDATION

Employer identification number
31-1580204

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| - | <div></div> <div></div> <div></div> | <div></div> \$ | <div></div> |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | <div></div> <div></div> <div></div> | <div></div> \$ | <div></div> |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | <div></div> <div></div> <div></div> | <div></div> \$ | <div></div> |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | <div></div> <div></div> <div></div> | <div></div> \$ | <div></div> |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | <div></div> <div></div> <div></div> | <div></div> \$ | <div></div> |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | <div></div> <div></div> <div></div> | <div></div> \$ | <div></div> |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

| | | | |
|---------------------------|---------------------------------------|-----------------|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | <div></div> | <div></div> | <div></div> |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | <div></div> | <div></div> | <div></div> |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | <div></div> | <div></div> | <div></div> |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | <div></div> | <div></div> | <div></div> |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | <div></div> | <div></div> | <div></div> |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | <div></div> | <div></div> | <div></div> |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | <div></div> | <div></div> | <div></div> |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | <div></div> | <div></div> | <div></div> |
| | | | |
| | | | |

Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

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

Part II

Conservation Easements.

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

| 1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space | | | | | | | | | | | |
|---|---|--|-----------------------------|--|----|--|----|--|----|--|----|
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. | <table><thead><tr><th></th><th>Held at the End of the Year</th></tr></thead><tbody><tr><td>a Total number of conservation easements</td><td>2a</td></tr><tr><td>b Total acreage restricted by conservation easements</td><td>2b</td></tr><tr><td>c Number of conservation easements on a certified historic structure included in (a)</td><td>2c</td></tr><tr><td>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td><td>2d</td></tr></tbody></table> | | Held at the End of the Year | a Total number of conservation easements | 2a | b Total acreage restricted by conservation easements | 2b | c Number of conservation easements on a certified historic structure included in (a) | 2c | d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
| | Held at the End of the Year | | | | | | | | | | |
| a Total number of conservation easements | 2a | | | | | | | | | | |
| b Total acreage restricted by conservation easements | 2b | | | | | | | | | | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | | | | | | | | | | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | | | | | | | | | | |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► | | | | | | | | | | | |
| 4 Number of states where property subject to conservation easement is located ► | | | | | | | | | | | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► | | | | | | | | | | | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ | | | | | | | | | | | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | | | | | | | | | | | |

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

| | |
|---|--|
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. | |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ► \$ (ii) Assets included in Form 990, Part X ► \$ | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ► \$ b Assets included in Form 990, Part X ► \$ | |

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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:

(i) unrelated organizations

(ii) related organizations

b

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |

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 |

Schedule D (Form 990) 2019

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) | | |
| (I) | | |
| 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 |
|---|----------------|--|
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

Part IX

Other Assets.
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 |
|---|----------------|
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| 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.

| (a) Description of liability | (b) Book value |
|---|----------------|
| 1. (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 <input checked="" type="checkbox"/> | |

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 |
|------------------|--|
| PART V, LINE 4: | THE ENDOWMENT CONSISTS OF FUNDS ESTABLISHED TO SUPPORT THE ONGOING MISSION OF THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION. |
| 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. |

Additional Data

[Return to Form](#)

Software ID:

Software Version:

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 |
|--|-------------------------------------|--|--|--|--|
| (1) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 1 | PROGRAM SERVICE | CLIMATE & ECONOMIC DEVELOPMENT | 2,071,125 |
| (2) SOUTH AMERICA | 1 | 2 | PROGRAM SERVICE | ECONOMIC DEVELOPMENT | 2,225,951 |
| (3) SUB-SAHARAN AFRICA | 3 | 37 | PROGRAM SERVICE | CLIMATE & ECONOMIC DEVELOPMENT | 2,929,568 |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 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) |
|----------|---------------------------------|---|-----------------------------------|-----------------------------|---------------------------------|--|---|--|--|
| (1) | | | CENTRAL AMERICA AND THE CARIBBEAN | CLIMATE | 20,000 | | | | FMV |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

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 1

3 Enter total number of other organizations or entities 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1

Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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

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.

[illegible]

Additional Data

Software ID:

Software Version:

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the 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 | | | |
| 1 AB DATA LTD PO BOX 170062 MILWAUKEE, WI 532178000 | DIRECT MAIL MARKETING | | No | 339,269 | 66,000 | 339,269 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 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

.....

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

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 NY GALA (event type) | (b) Event #2 DC EVENT (event type) | (c)Other events (total number) | (d) Total events (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 |
| | | | | | |
| Direct Expenses | 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)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| Direct Expenses | 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 |
|------------------|-------------|
|------------------|-------------|

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

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) ALLIANCE FOR A HEALTHIER GENERATION 10 G STREET 800 WASHINGTON,DC 20002 | 27-2028308 | 501(C)(3) | 1,250,000 | | | | PUBLIC HEALTH |
| (2) CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE CHICAGO,IL 60602 | 36-3480353 | 501(C)(3) | 25,000 | | | | EARLY CHILDHOOD LEARNING |
| (3) CITY YEAR LITTLE ROCK 610 PRES CLINTON AVENUE SUITE 200 LITTLE ROCK,AR 72201 | 22-2882549 | 501(C)(3) | 10,000 | | | | EDUCATION |
| (4) CONSTRUCTION FOR CHANGE 4800 AIRPORT WAY S STE 1 SEATTLE,WA 98108 | 26-2654958 | 501(C)(3) | 175,000 | | | | CLIMATE |
| (5) EVERYBODY READY INC 7445 ALLEN ROAD SUITE 160 ALLEN PARK,MI 48101 | 38-3610120 | 501(C)(3) | 102,764 | | | | EARLY CHILDHOOD LEARNING |
| (6) ROCKY MOUNTAIN INSTITUTE 1820 FOLSOM STREET BOULDER,CO 80302 | 74-2244146 | 501(C)(3) | 212,500 | | | | CLIMATE |

- 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

Return to Form

Software ID:
Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

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 Questions Regarding Compensation

| | | | | |
|-------------------------------------|---|-------------------------------------|-----|----|
| 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. | | Yes | No |
| <input checked="" type="checkbox"/> | First-class or charter travel | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Travel for companions | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Tax idemnification and gross-up payments | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Discretionary spending account | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Housing allowance or residence for personal use | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Payments for business use of personal residence | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Health or social club dues or initiation fees | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Personal services (e.g., maid, chauffeur, chef) | <input type="checkbox"/> | | |
| 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 | 1b | Yes | |
| 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? | 2 | Yes | |
| 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. | | | |
| <input type="checkbox"/> | Compensation committee | <input type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | Independent compensation consultant | <input checked="" type="checkbox"/> | | |
| <input type="checkbox"/> | Form 990 of other organizations | <input checked="" type="checkbox"/> | | |
| <input type="checkbox"/> | Written employment contract | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | Compensation survey or study | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | Approval by the board or compensation committee | | | |
| 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: | | | |
| a | Receive a severance payment or change-of-control payment? | 4a | | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | No |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 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: | | | |
| a | The organization? | 5a | | No |
| b | Any related organization? | 5b | | No |
| | If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 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: | | | |
| a | The organization? | 6a | | No |
| b | Any related organization? | 6b | | No |
| | If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 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. | 7 | Yes | |
| 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. | 8 | | No |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

Part II

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1BRUCE R LINDSEY DIRECTOR | (i) | 361,158 | 0 | 0 | 16,800 | 27,422 | 405,380 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2AMY SANDGRUND-FISHER GC / ASST. SEC / HR DIR | (i) | 245,568 | 3,000 | 0 | 15,052 | 38,053 | 301,673 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3ANDREW KESSEL CFO | (i) | 196,750 | 3,000 | 0 | 12,098 | 26,466 | 238,314 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4KEVIN THURM CEO | (i) | 393,974 | 3,000 | 0 | 16,800 | 41,786 | 455,560 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5STEPHANIE S STREETT EXEC. DIR, SECRETARY | (i) | 203,910 | 3,000 | 0 | 12,593 | 38,726 | 258,229 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6DAVID L KING CHIEF DEVELOPMENT OFFICER | (i) | 271,400 | 3,000 | 0 | 16,680 | 15,355 | 306,435 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7MAURA PALLY EVP PROGRAMS | (i) | 275,036 | 3,000 | 0 | 16,738 | 12,955 | 307,729 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8BARI LURIE COO, OCV C | (i) | 186,203 | 3,000 | 0 | 11,366 | 34,841 | 235,410 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9CRAIG MINASSIAN CHIEF COMMUNICATIONS OFFICER | (i) | 202,653 | 3,000 | 0 | 12,510 | 38,608 | 256,771 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10GREG MILNE CHIEF IMPACT OFFICER | (i) | 201,267 | 3,000 | 0 | 12,353 | 37,378 | 253,998 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11JAMES JENKIN CEO CGEP | (i) | 233,409 | 3,000 | 0 | 14,280 | 26,171 | 276,860 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12ROBERT JOHNSON COO, CGEP | (i) | 173,297 | 3,000 | 14,567 | 10,600 | 34,394 | 235,858 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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. |

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

►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.

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 ► (CGI CONF) | 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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

Yes

No

30a

No

31

Yes

32a

No

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

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. |

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Department of the Treasury
Name of the organization
BILL HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number
31-1580204

| Return Reference | Explanation |
|---|--|
| FORM 990 PART I LINE 1 | 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. |
| FORM 990 PART III LINE 4A | 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-EVE NT/KUMPURIS-LECTURE-HONORABLE-RUTH-BADER-GINSBURG HTTPS://WWW.CLINTONFOUNDATION.ORG/PRESS-RELEASES/DOMESTIC-POLICY-CONFERE NCE-PRESIDENT-BILL-CLINTON-AND-SECRETARY-HILLARY-RODHAM HTTPS://WWW.PRESIDENTIALLEADERSHIPSCHOLARS.ORG/2019-CLASS-OF-PRESIDENTIA L-LEADERSHIP-SCHOLARS-ANNOUNCED/ |
| 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-EN TERPRISE-PARTNERSHIP-IS-NOW-ACCESO |
| 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-PARTNER SHIP-TO-IMPROVE-ACCESS-TO-CLIMATE-RESILIENT-MAIZE-SEED-IN-EASTERN-AND-SO UTHERN-AFRICA/ HTTPS://WWW.CLINTONFOUNDATION.ORG/PRESS-RELEASES/CLINTON-FOUNDATION-EXPA NDS-PARTNERSHIP-AFRICA-IMPROVED-FOODS-AIF-REDUCE-HUNGER-AND |
| 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. |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 2 | WILLIAM JEFFERSON CLINTON AND CHELSEA V. CLINTON HAVE A FAMILY RELATIONSHIP. |
| FORM 990, PART VI, SECTION B, LINE 11B | A COPY OF THE ORGANIZATION'S FORM 990 IS CIRCULATED TO THE BOARD, AMONG THE VARIOUS OFFICERS AND AMONG THE VARIOUS INITIATIVE HEADS FOR REVIEW PRIOR TO FILING. |
| 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. |
| 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. |
| 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. |
| FORM 990, PART XI, LINE 9: | CONTRIBUTION REFUND PRIOR YEAR -1,305. |
| 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. |

Additional Data

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Software ID:

Software Version:

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► 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.

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

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 |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

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) Disproprtionate 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|---|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1)ACACIA DEVELOPMENT CO 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201 81-1675271 | INVESTMENT | DE | BILL HILLARY & CHELSEA CLINTON FOUNDATION | C | -6,100 | 114 | 100.000 % | Yes | |
| (2)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 | |
| (3)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 |
| (4)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 |
| (5)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 | |
| (6)CHAKIPI ACCESO SA PERU CALLE CASCANUECES MZ M2 LOTE LIMA PE | DISTRIBUTION OF GOODS | PE | ACCESO FUND LLC | C | | | 50.000 % | | No |
| (7)CHAKIPI COL SAS BRR MAMONAL DG 31 100 179 CENTRO IN CARTAGENA CO | DISTRIBUTION OF GOODS | CO | FONDO ACCESO | C | | | 50.000 % | | No |
| (8)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 |
| (9)GWIZA DEVELOPMENT COMPANY LTD KACYIRU GASABO UMUJYI WA KIGALI RW | FARMING | RW | ACACIA DEVELOPMENT CO | C | 241 | | 100.000 % | Yes | |
| (10)RUAHA DEVELOPMENT COMPANY LIMITED IMMMA HSE PLOT NO357UN RD PO BX 7 UPANGA DAR TZ | FARMING | TZ | ACACIA DEVELOPMENT CO | C | | | 100.000 % | Yes | |
| (11)TUKULA FARMING COMPANY LTD PO BOX 5133 REALY HOUSE CHURCH HILL RD LIMBE MI | FARMING | MI | ACACIA DEVELOPMENT CO | C | | | 100.000 % | Yes | |

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?

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 |
| | | | |

Schedule R (Form 990) 2019

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

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

[illegible]

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule R (Form 990) 2019

Additional Data

[Return to Form](#)

Software ID:
Software Version: