

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2013

Open to Public Inspection

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2013 calendar year, or tax year beginning** , 2013, and ending , 20

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> BILL, HILLARY & CHELSEA CLINTON FOUNDATION			<b>D Employer identification number</b> 31-1580204	
	Doing Business As			<b>E Telephone number</b> (501) 748-0471	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 610 PRESIDENT CLINTON AVE. 2ND FLOOR		<b>G Gross receipts \$</b> 150,041,339.		
	City or town, state or province, country, and ZIP or foreign postal code LITTLE ROCK, AR 72201			<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>F Name and address of principal officer:</b> SEE SCHEDULE O 1271 AVENUE OF AMERICAS NEW YORK, NY 10020			<b>H(c) Group exemption number</b> ▶		
<b>I Tax-exempt status:</b> <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					
<b>J Website:</b> ▶ WWW.CLINTONFOUNDATION.ORG					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1997		<b>M State of legal domicile:</b> AR

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>IMPROVE GLOBAL HEALTH &amp; WELLNESS, INCREASE OPPORTUNITY FOR WOMEN/GIRLS, REDUCE CHILDHOOD OBESITY, CREATE ECONOMIC OPP &amp; GROWTH AND HELP COMMUNITIES ADDRESS EFFECTS OF CLIMATE CHANGE.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	13.	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	11.	
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	402.	
	<b>6</b>	Total number of volunteers (estimate if necessary)	400.	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	1,425,459.	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	-201,666.		
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h)	49,937,264.	142,885,956.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,165,721.	2,375,976.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	516,051.	159,457.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,970,315.	2,421,380.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,589,351.	147,842,769.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,091,488.	8,865,052.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,438,574.	29,914,108.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	204,179.	634,720.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,006,421.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,614,417.	45,270,614.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	56,348,658.	84,684,494.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-1,759,307.	63,158,275.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	225,703,274.	277,805,820.
	<b>21</b>	Total liabilities (Part X, line 26)	42,113,239.	30,506,362.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	183,590,035.	247,299,458.	

**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.

<b>Sign Here</b>			
	Signature of officer Andrew M. Kessel	Date 11/16/15	
	Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARCIA K KRAUSE	Preparer's signature 	Date 11/16/2015	Check <input type="checkbox"/> if self-employed	PTIN P00394681
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP			Firm's EIN ▶ 13-4008324	
	Firm's address ▶ 600 13TH STREET, NW, SUITE 1000 WASHINGTON, DC 20005-3005			Phone no. 202-414-1000	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

ATTACHMENT 1

**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 \$ 23,684,000. including grants of \$ ) (Revenue \$ 896,400. )

CLINTON GLOBAL INITIATIVE (SEE SCHEDULE O FOR FURTHER DETAILS)

**4b** (Code: ) (Expenses \$ 12,288,987. including grants of \$ 107,374. ) (Revenue \$ 2,814,980. )

CLINTON PRESIDENTIAL CENTER (SEE SCHEDULE O FOR FURTHER DETAILS)

**4c** (Code: ) (Expenses \$ 8,311,000. including grants of \$ 496,023. ) (Revenue \$ 0 )

CLINTON CLIMATE INITIATIVE (SEE SCHEDULE O FOR FURTHER DETAILS)

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 24,024,824. including grants of \$ 8,261,655. ) (Revenue \$ 1,769,021. )

**4e** Total program service expenses ▶ 68,308,811.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (11), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, physical address, and telephone number of the person who possesses the books and records of the organization: ANDREW KESSEL 610 PRESIDENT CLINTON AVE. LITTLE ROCK, AR 72201 (501)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.  X

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE R LINDSEY-CEO TIL 7/2013 CHAIRMAN OF BOARD	45.00 5.00	X		X				360,672.	0	34,184.
(2) TERENCE MCAULIFFE DIRECTOR - UNTIL NOV 5, 2013	5.00 0	X						0	0	0
(3) CHELSEA V. CLINTON DIRECTOR	25.00 10.00	X						0	0	0
(4) ERIC BRAVERMAN CEO BEGINNING JULY 2013	50.00 0	X		X				261,041.	0	13,300.
(5) WILLIAM JEFFERSON CLINTON DIRECTOR	20.00 5.00	X						0	0	0
(6) HILLARY RODHAM CLINTON DIRECTOR	20.00 5.00	X						0	0	0
(7) FRANK GIUSTRA DIRECTOR	5.00 0	X						0	0	0
(8) ROLANDO GONZALEZ BUNSTER DIRECTOR	5.00 0	X						0	0	0
(9) ERIC GOOSBY DIRECTOR	5.00 0	X						0	0	0
(10) HADEEL IBRAHIM DIRECTOR	5.00 0	X						0	0	0
(11) LISA JACKSON DIRECTOR	5.00 0	X						0	0	0
(12) CHERYL MILLS DIRECTOR	5.00 0	X						0	0	0
(13) CHERYL SABAN DIRECTOR	5.00 0	X						0	0	0
(14) RICHARD VERMA DIRECTOR	5.00 0	X						0	0	0

**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			
( 15) ANDREW KESSEL CFO	50.00 0			X				174,571.	0	33,384.
( 16) STEPHANIE S STREETT EXECUTIVE DIRECTOR	50.00 0			X				138,750.	0	30,999.
( 17) ROBERT S. HARRISON CEO, CGI	45.00 5.00				X			208,138.	0	35,619.
( 18) DENNIS CHENG CDO	50.00 0				X			215,200.	0	21,685.
( 19) MARK GUNTON CEO, CGEP	50.00 0					X		256,565.	0	38,960.
( 20) SCOTT TAITEL COO, CGEP	50.00 0					X		186,571.	0	29,113.
( 21) LAURA GRAHAM SENIOR ADVISOR	50.00 0					X		182,710.	0	1,248.
( 22) VIRGINIA EHRlich CEO, CHMI	50.00 0					X		181,864.	0	19,159.
( 23) FREDERIC POUST DIR. SPONSORS & MRKTING	50.00 0					X		464,229.	0	20,028.
<b>1b Sub-total</b> . . . . .								621,713.	0	47,484.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								2,008,598.	0	230,195.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,630,311.	0	277,679.

**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 **▶** 35

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

**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
ATTACHMENT 3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 34

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	134,955.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	10,746.					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	14,833,387.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	9,969,393.					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	4,497,522.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	113,439,953.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		632,977.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			142,885,956.				
	<b>Program Service Revenue</b>	<b>Business Code</b>						
<b>2a</b> PRESIDENTIAL CENTER			900099	1,029,841.	238,147.	791,694.		
<b>b</b> CLINTON GLOBAL INITIATIVE			900099	896,400.	896,400.			
<b>c</b> CGEP INCOME			900099	449,735.	449,735.			
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .				2,375,976.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			159,457.			159,457.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d Net rental income or (loss)</b> . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
		<b>d Net gain or (loss)</b> . . . . .			0			
	<b>8a</b> Gross income from fundraising events (not including \$ 14,833,387. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		364,151.				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		1,223,181.				
	<b>c Net income or (loss) from fundraising events</b> . . . . .			-859,030.			-859,030.	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>b</b>							
<b>c Net income or (loss) from gaming activities</b> . . . . .			0					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		1,785,139.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>		975,389.				
	<b>c Net income or (loss) from sales of inventory</b> . . . . .			809,750.		633,765.	175,985.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> SPEECH REVENUE		900099	1,784,748.	1,784,748.				
<b>b</b> CDI FARMING		900099	-776,870.	-776,870.				
<b>c</b> OTHER REVENUE		900099	1,462,782.	1,462,782.				
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			2,470,660.					
<b>12 Total revenue.</b> See instructions . . . . .			147,842,769.	4,054,942.	1,425,459.	-523,588.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	5,454,133.	5,454,133.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	3,410,919.	3,410,919.		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,358,372.	346,888.	796,284.	215,200.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	21,798,525.	16,578,543.	3,107,930.	2,112,052.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	971,610.	682,997.	184,106.	104,507.
<b>9</b> Other employee benefits . . . . .	3,762,685.	2,718,333.	757,023.	287,329.
<b>10</b> Payroll taxes . . . . .	2,022,916.	1,542,287.	295,048.	185,581.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	304,105.	283,597.	20,508.	
<b>c</b> Accounting . . . . .	370,756.	133,166.	237,590.	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	634,720.			634,720.
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	7,704,307.	6,141,436.	179,170.	1,383,701.
<b>12</b> Advertising and promotion . . . . .	677,466.	610,504.		66,962.
<b>13</b> Office expenses . . . . .	4,770,917.	4,064,994.	463,032.	242,891.
<b>14</b> Information technology . . . . .	2,066,067.	1,067,763.	536,032.	462,272.
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	4,010,380.	3,063,226.	527,040.	420,114.
<b>17</b> Travel . . . . .	8,448,502.	6,472,418.	288,970.	1,687,114.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	9,224,775.	8,996,173.	24,624.	203,978.
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,724,162.	4,300,956.	423,206.	
<b>23</b> Insurance . . . . .	372,147.	131,127.	241,020.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> LOSS ON PRGRM RELATED INVSTM . . . . .	26,348.	26,348.		
<b>b</b> OTHER EXPENSES . . . . .	2,570,682.	2,283,003.	287,679.	
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	84,684,494.	68,308,811.	8,369,262.	8,006,421.
<b>26 Joint costs.</b> 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) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0	<b>1</b>	55,578,515.	
	<b>2</b> Savings and temporary cash investments	89,498,607.	<b>2</b>	35,479,188.	
	<b>3</b> Pledges and grants receivable, net	8,610,879.	<b>3</b>	56,399,881.	
	<b>4</b> Accounts receivable, net	569,780.	<b>4</b>	1,404,820.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0	
	<b>8</b> Inventories for sale or use	1,473,836.	<b>8</b>	894,990.	
	<b>9</b> Prepaid expenses and deferred charges	90,136.	<b>9</b>	864,072.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 144,975,885.			
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 34,980,204.	109,394,076.	<b>10c</b>	109,995,681.
	<b>11</b> Investments - publicly traded securities	274,991.	<b>11</b>	14,649,160.	
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0	
	<b>13</b> Investments - program-related. See Part IV, line 11	1,363,066.	<b>13</b>	2,174,513.	
	<b>14</b> Intangible assets	0	<b>14</b>	0	
	<b>15</b> Other assets. See Part IV, line 11	14,427,903.	<b>15</b>	365,000.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	225,703,274.	<b>16</b>	277,805,820.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	4,021,194.	<b>17</b>	9,088,298.	
	<b>18</b> Grants payable	0	<b>18</b>	0	
	<b>19</b> Deferred revenue	984,288.	<b>19</b>	12,032,339.	
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	74,985.	<b>23</b>	74,985.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,032,772.	<b>25</b>	9,310,740.	
	<b>26 Total liabilities.</b> Add lines 17 through 25	42,113,239.	<b>26</b>	30,506,362.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	159,044,754.	<b>27</b>	164,678,982.	
	<b>28</b> Temporarily restricted net assets	24,295,281.	<b>28</b>	23,606,628.	
	<b>29</b> Permanently restricted net assets	250,000.	<b>29</b>	59,013,848.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
	<b>33</b> Total net assets or fund balances	183,590,035.	<b>33</b>	247,299,458.	
	<b>34</b> Total liabilities and net assets/fund balances	225,703,274.	<b>34</b>	277,805,820.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	147,842,769.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	84,684,494.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	63,158,275.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	183,590,035.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	61,155.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	489,993.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	247,299,458.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**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.

**2013**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

<b>Name of the organization</b> BILL, HILLARY & CHELSEA CLINTON FOUNDATION	<b>Employer identification number</b> 31-1580204
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (87.97%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (82.56%); 16a 33 1/3% support test - 2013 (checked); 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
MISCELLANEOUS	384,201.	77,199.	21,287.	39,646.	1,462,782.	1,985,115.
CAFE REVENUE					295,526.	295,526.
SPEECH REVENUE		1,134,443.	978,464.	1,482,088.	1,784,748.	5,379,743.
FUNDRAISING REVENUE	3,542,000.	730,865.	3,252,600.	121,653.	364,151.	8,011,269.
INVENTORY SALES	1,847,883.	706,998.				2,554,881.
PRESIDENTIAL CENTER REVENUE			1,138,822.	1,000,402.		2,139,224.
PARTNERSHIP REVENUE		-118,740.	-61,343.	-179,533.		-359,616.
CDI FARMING REVENUE					512,414.	512,414.
<b>TOTALS</b>	<u>5,774,084.</u>	<u>2,530,765.</u>	<u>5,329,830.</u>	<u>2,464,256.</u>	<u>4,419,621.</u>	<u>20,518,556.</u>

**Schedule of Contributors**

**2013**

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

<b>Name of the organization</b> BILL, HILLARY & CHELSEA CLINTON FOUNDATION	<b>Employer identification number</b> 31-1580204
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> BILL, HILLARY & CHELSEA CLINTON FOUNDATION	<b>Employer identification number</b> 31-1580204
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 9,969,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> BILL, HILLARY & CHELSEA CLINTON FOUNDATION	<b>Employer identification number</b> 31-1580204
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 3,366,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 3,045,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 3,333,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization <b>BILL, HILLARY &amp; CHELSEA CLINTON FOUNDATION</b>	Employer identification number <b>31-1580204</b>
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** 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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Form section for Conservation Easements. Includes checkboxes for: Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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

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

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, 2a, 2b regarding reporting requirements and amounts for art and historical treasures.

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

Schedule D (Form 990) 2013

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	267,491.	250,000.	250,000.	250,000.	250,000.
b Contributions	58,763,848.	17,491.			
c Net investment earnings, gains, and losses	64,946.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	59,096,285.	267,491.	250,000.	250,000.	250,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  99.9000 %
- c Temporarily restricted endowment  .1000 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Complete if the organization answered "Yes" to 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		943,690.		943,690.
b Buildings		130,150,240.	29,680,414.	100,469,826.
c Leasehold improvements		6,775,324.	3,114,929.	3,660,395.
d Equipment		7,106,631.	2,184,861.	4,921,770.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				109,995,681.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) FUNDS HELD FOR BENEFIT OF REL. ORG.	9,310,740.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,310,740.	

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and totals. Includes sub-columns 2a-2d and 4a-4b.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and totals. Includes sub-columns 2a-2d and 4a-4b.

**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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

THE ENDOWMENT CONSISTS OF FUNDS ESTABLISHED TO SUPPORT THE ONGOING MISSION OF THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION.

FORM 990, SCHEDULE D, PART X, LINE 2

THE CLINTON FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW.

HOWEVER, THE CLINTON FOUNDATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME.

THE CLINTON FOUNDATION FILES TAX RETURNS IN THE US FEDERAL JURISDICTION.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN	1.	2.	PROGRAM SERVICES	CLIMATE & ECONOMIC DEV	3,835,872.
<b>(2)</b> EAST ASIA AND THE PACIFIC	2.	5.	PROGRAM SERVICES	CLIMATE WORK	4,779,595.
<b>(3)</b> EUROPE	1.	3.	PROGRAM SERVICES	CLIMATE WORK	62,119.
<b>(4)</b> NORTH AMERICA			PROGRAM SERVICES	CLIMATE WORK	21,562.
<b>(5)</b> SOUTH AMERICA	3.	11.	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	7,156,877.
<b>(6)</b> SUB-SAHARAN AFRICA	4.	52.	PROGRAM SERVICES	CLIMATE & ECONOMIC DEV	4,979,000.
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .	11.	73.			20,835,025.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	11.	73.			20,835,025.

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

Schedule F (Form 990) 2013

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.

Table with 9 columns: (1) Row number, (a) Name of organization, (b) IRS code section and EIN, (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of non-cash assistance, (h) Description of non-cash assistance, (i) Method of valuation. Rows 1-15 contain data for various grants, including MOTHER/CHILD NUTRITION, EARTHQUAKE RECONSTRUCT., and AGRICULTURAL DEVELOPMENT.

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. . . . . 15.

3 Enter total number of other organizations or entities. . . . .

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

**Part V Supplemental Information**

Complete this part to 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).

---

FORM 990, SCHEDULE F, PART I, LINE 2

THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS  
DETAILING THE USE OF GRANT FUNDS. THE RELEVANT GROUP INITIATIVE WITHIN  
THE FOUNDATION REVIEWS THESE REPORTS FOR PROPER USE OF GRANT FUNDS AND  
CONTINUED FUNDING.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number

31-1580204

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

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 AMERICAN MARKETING AND COMMUNICATIONS CORP	DIRECT MAIL MARKETING		X	222,173.	75,000.	147,173.
2 M + R STRATEGIC SERVICES	EMAIL FUNDRAISING		X	1,763,490.	110,970.	1,652,520.
3 COMMUNITY COUNSELLING SERVICE CO., LLC	FUNDRAISING SERVICES		X	58,763,848.	448,750.	58,315,098.
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				60,749,511.	634,720.	60,114,791.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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.

		(a) Event #1		(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LONDON GALA		RECEP. /DINNERS	12.	
		(event type)		(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	3,259,940.		6,130,844.	5,806,754.	15,197,538.
	<b>2</b> Less: Contributions . . . . .	3,113,189.		6,013,669.	5,706,529.	14,833,387.
	<b>3</b> Gross income (line 1 minus line 2). . . . .	146,751.		117,175.	100,225.	364,151.
Direct Expenses	<b>4</b> Cash prizes . . . . .					
	<b>5</b> Noncash prizes . . . . .					
	<b>6</b> Rent/facility costs . . . . .	96,659.		17,340.	104,492.	218,491.
	<b>7</b> Food and beverages . . . . .	105,863.		73,524.	49,886.	229,273.
	<b>8</b> Entertainment . . . . .	3,071.		8,000.	43,547.	54,618.
	<b>9</b> Other direct expenses . . . . .	184,703.		228,580.	307,516.	720,799.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .					1,223,181.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .					-859,030.

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
**10 a** 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 operate 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 operated in:
 

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

- SCHEDULE G, PART I - NAME AND ADDRESS OF PROFESSIONAL FUNDRAISER
1. AMERICAN MARKETING & COMMUNICATION CORP: 14201 PENNSYLVANIA AVE  
HAGERSTOWN, MD 21742
  2. M + R STRATEGIC SERVICES: 2120 L STREET, NW, SUITE 400  
WASHINGTON, DC 20036
  3. COMMUNITY COUNSELLING SERVICE CO, LLC: PO BOX 824885  
PHILADELPHIA, PA 19182

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALLIANCE FOR A HEALTHIER GENERATION 1200 NW NAITO PARKWAY PORTLAND, OR 97209	27-2028308	501(C)(3)	2,300,000.		N/A	N/A	CHILDHOOD OBESITY
(2) ARCHITECTURE FOR HUMANITY 848 FOLSOM ST SAN FRANCISCO, CA 94107	30-0038297	501(C)(3)	402,448.		N/A	N/A	HAITI RECONSTRUCTION
(3) CITY OF LITTLE ROCK 500 WEST MARKHAM LITTLE ROCK, AR 72201	71-6014465	GOVERNMENT	100,000.		N/A	N/A	PRESIDENTIAL CENTER
(4) HENDRIX COLLEGE 1600 WASHINGTON ST CONWAY, AR 72032	71-0236897	501(C)(3)	175,000.		N/A	N/A	EDUCATION
(5) MISSION OF HOPE HAITI PO BOX 60004 FORT MYERS, FL 33906	13-7207776	501(C)(3)	150,670.		N/A	N/A	HAITI RECONSTRUCTION
(6) NORTH COAST FARMS AND DEVELOPMENT 3071 FIVE OAKS LANE, GREEN COVE SPRINGS, FL	45-2766475	501(C)(3)	47,500.		N/A	N/A	HAITI RECONSTRUCTION
(7) SOLAR ELECTRIC LIGHT FUND 1612 K STREET WASHINGTON, DC 20006	52-1701564	501(C)(3)	116,730.		N/A	N/A	HAITI RECONSTRUCTION
(8) SUSTAINABLE ORGANIC INTEGRATED LIVELIHOODS 3950 GREEN VAL.SCHL.RD,SEBASTOPOL, CA 95472	20-8195963	501(C)(3)	25,000.		N/A	N/A	HAITI RECONSTRUCTION
(9) TECHNO SERVE 1120 19TH STREET WASHINGTON, DC 20036	13-2626135	501(C)(3)	109,852.		N/A	N/A	HAITI RECONSTRUCTION
(10) CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE BOSTON, MA 02127	27-1414646	501(C)(3)	2,000,000.		N/A	N/A	GLOBAL HEALTH
(11) CHICAGO CARES, INC. 2 N RIVERSIDE CHICAGO, IL 60606	36-3777709	501(C)(3)	20,000.		N/A	N/A	COMM. ACTION SUPPORT
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 11.

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

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

Schedule I (Form 990) (2013)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS  
 DETAILING THE USE OF GRANT FUNDS. THE RELEVANT GROUP INITIATIVE WITHIN  
 THE FOUNDATION REVIEWS THESE REPORTS FOR PROPER USE OF GRANT FUNDS AND  
 CONTINUED FUNDING.

**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" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**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 checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		X
<b>2</b>	X	
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2013

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

**Note.** The sum of columns (B)(i)-(iii) 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRUCE R LINDSEY-CEO TIL CHAIRMAN OF BOARD	(i)	360,672.	0	0	15,300.	18,884.	394,856.	0
	(ii)	0	0	0	0	0	0	0
2 ANDREW KESSEL CFO	(i)	171,571.	3,000.	0	10,433.	22,951.	207,955.	0
	(ii)	0	0	0	0	0	0	0
3 STEPHANIE S STREETT EXECUTIVE DIRECTOR	(i)	135,750.	3,000.	0	8,232.	22,767.	169,749.	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT S. HARRISON CEO, CGI	(i)	205,138.	3,000.	0	12,494.	23,125.	243,757.	0
	(ii)	0	0	0	0	0	0	0
5 ERIC BRAVERMAN CEO BEGINNING JULY 2013	(i)	227,082.	0	33,959.	11,538.	1,762.	274,341.	0
	(ii)	0	0	0	0	0	0	0
6 MARK GUNTON CEO, CGEP	(i)	253,565.	3,000.	0	15,575.	23,385.	295,525.	0
	(ii)	0	0	0	0	0	0	0
7 DENNIS CHENG CDO	(i)	212,200.	3,000.	0	12,785.	8,900.	236,885.	0
	(ii)	0	0	0	0	0	0	0
8 SCOTT TAITEL COO, CGEP	(i)	183,571.	3,000.	0	11,038.	18,075.	215,684.	0
	(ii)	0	0	0	0	0	0	0
9 LAURA GRAHAM SENIOR ADVISOR	(i)	180,160.	2,550.	0	0	1,248.	183,958.	0
	(ii)	0	0	0	0	0	0	0
10 VIRGINIA EHRlich CEO, CHMI	(i)	178,864.	3,000.	0	10,379.	8,780.	201,023.	0
	(ii)	0	0	0	0	0	0	0
11 FREDERIC POUST DIR. SPONSORS & MRKTING	(i)	214,230.	249,999.	0	12,404.	7,624.	484,257.	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to 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.

FORM 990, SCHEDULE J, PART I, LINE 1A

THE BOARD RECOGNIZES THAT, DUE TO EXTRAORDINARY SECURITY AND OTHER REQUIREMENTS, WILLIAM J. CLINTON, HILLARY RODHAM CLINTON, AND CHELSEA CLINTON MAY REQUIRE THE NEED TO TRAVEL BY CHARTER OR IN FIRST CLASS, THE DETERMINATION OF WHICH WILL BE MADE ON A CASE-BY-CASE BASIS.

ERIC BRAVERMAN WAS PROVIDED A HOUSING ALLOWANCE FOR SEVERAL MONTHS FROM HIRE DATE. HOUSING ALLOWANCE WAS TREATED AS TAXABLE COMPENSATION ON HIS 2013 FORM W-2.

FORM 990, SCHEDULE J, PART I, LINE 2

THE HOUSING ALLOWANCE INDICATED IS COVERED BY POLICY, TRAVEL INDICATED ABOVE IS NOT IN A SEPARATE WRITTEN POLICY, BUT IS KNOWN TO THE BOARD. IN MOST CASES SUCH TRAVEL IS PAID FOR DIRECTLY BY THE FOUNDATION AND REIMBURSEMENT IS NOT NECESSARY.

**Part III Supplemental Information**

Complete this part to 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.

FORM 990, SCHEDULE J, PART I, LINE 7

THE AMOUNTS INCLUDED ON PART II, B(II) REPRESENT BONUSES THAT WERE INCLUDED IN THE 2013 W-2.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶ \$ _____												

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2013

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FONDO ACCESO SAS	ENTITY-B.LINDSEY DIRECTOR	1,175,250.	PROGRAM-RELATED INVESTMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

FORM 990, SCHEDULE L, PART IV

NO DIRECTORS OF FONDO ACCESO ARE PAID OR RECEIVE ANY SHARE OF PROFITS.

THIS AMOUNT REPRESENTS A CONTRIBUTION MADE THROUGH ACCESO FUND LLC, A

RELATED PARTNERSHIP REPORTED ON SCHEDULE R.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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 . . . . .				
5 Clothing and household goods . . . . .	X		116,567.	MARKET LIST PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	16.	361,014.	CASH REC'D. ON SALE
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	2.	55,396.	MARKET LIST PRICE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1 . . . . .)		1.	100,000.	
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** 1.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

1598JM 2532

V 13-7.15

PAGE 43

**Part II** **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
COMPUTERS DONATED	X	1.	100,000.	FMV
TOTALS		<u>1.</u>	<u>100,000.</u>	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

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

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

31-1580204

FORM 990, PAGE 1, ITEM B - AMENDED RETURN

THE FOUNDATION IS VOLUNTARILY AMENDING ITS 2013 FORM 990.

CHANGES TO PART I (SUMMARY):

PART I, LINES 8 - 11 AND LINE 17 FOR PRIOR YEAR (2012) ARE AMENDED TO REFLECT AN AMENDED 2012 FORM 990. CURRENT YEAR (2013) ARE AMENDED IN RELATION TO CHANGES IN PARTS VIII AND IX, AS OUTLINED BELOW.

CHANGES TO PART V (STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE) AND SCHEDULE O (SUPPLEMENTAL INFORMATION TO FORM 990):

PART V, LINE 4B INSTRUCTS THAT THE NAMES OF FOREIGN COUNTRIES IN WHICH THE FOUNDATION HAS AN INTEREST IN, OR SIGNATURE OR OTHER AUTHORITY OVER, A FINANCIAL ACCOUNT SHOULD BE LISTED ON SCHEDULE O. CHANGES ARE MADE TO THE LIST AS SET OUT IN SCHEDULE O. THE AMENDED FILING IS CONSISTENT WITH THE FOREIGN COUNTRIES REPORTED ON THE FOUNDATION'S REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS.

CHANGE TO PART VI (GOVERNANCE, MANAGEMENT, AND DISCLOSURE):

PART VI, SECTION C, LINE 17 IS UPDATED TO LIST STATES WHERE THE FOUNDATION'S FORM 990 IS REQUIRED TO BE FILED.

A CHANGE IS MADE TO PART VI, SECTION C, LINE 18 RELATING TO THE MANNER IN WHICH THE FOUNDATION'S FORMS 1023, 990, AND 990-T WERE MADE AVAILABLE FOR PUBLIC INSPECTION.

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CHANGE TO PART VII (COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS): PART VII, LINE 1(3) IS UPDATED TO CORRECTLY REFLECT AVERAGE HOURS DEVOTED TO THE FOUNDATION AND RELATED ORGANIZATIONS.

CHANGES TO PART VIII (STATEMENT OF REVENUE) AND RELATED CHANGES TO PART I (SUMMARY), PART III (STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS), PART XI (RECONCILIATION OF NET ASSETS), SCHEDULE A (PUBLIC CHARITY STATUS AND PUBLIC SUPPORT) AND SCHEDULE M (NONCASH CONTRIBUTIONS):

PART VIII, LINE 1D IS UPDATED TO REPORT CONTRIBUTIONS FROM A RELATED ORGANIZATION AND TO REMOVE THE CHANGE IN NET ASSETS FROM A RELATED ENTITY REFLECTED ON PART XI, LINE 9. PART VIII, LINE 1E IS CHANGED TO REFLECT A GRANT THAT IS INCLUDED IN PART VIII, LINE 1F ON THE FORM 990 AS ORIGINALLY FILED. PART VIII, LINE 1F IS INCREASED TO REFLECT A REFUND OF CONTRIBUTIONS RECEIVED IN A PRIOR YEAR. AS PROVIDED IN THE INSTRUCTIONS, THE REFUND IS REPORTED ON PART XI, LINE 9 AND SCHEDULE O. AN ADDITIONAL NON-CASH CONTRIBUTION IS REPORTED, INCREASING THE AMOUNT ON PART VIII, LINE 1G. THIS CONTRIBUTION IS REPORTED ON SCHEDULE M, PART I, LINE 25.

THE FORM 990 AS ORIGINALLY FILED REPORTED PAYMENTS FOR SPEECHES AS OTHER REVENUE ON PART VIII, LINE 11A. IN THE INTERESTS OF CONSISTENCY AND TRANSPARENCY, THESE AMOUNTS ARE NOW SEPARATELY REPORTED ON PART VIII, LINE 11A. A CHANGE IS MADE TO CLARIFY THE PRESENTATION OF OTHER REVENUE ON PART VIII, LINES 11B - 11C.

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THE FORM 990 AS ORIGINALLY FILED REPORTS REVENUE RECEIVED AS A FEE FOR SERVICE ON PART VIII, LINE 1E THAT HAS BEEN MOVED TO PART VIII, LINE 2C.

AS A RESULT OF THESE CHANGES, CORRESPONDING CHANGES ARE MADE TO PART I, LINES 8 AND 9, PART III, LINE 4D, SCHEDULE A, PART II, LINES 1, 5, 10 AND 12 AND SCHEDULE A, PART IV.

CHANGES TO PART IX (STATEMENT OF FUNCTIONAL EXPENSES) AND RELATED CHANGES TO PART I (SUMMARY) AND SCHEDULE G (SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING OR GAMING ACTIVITIES):

THE AMENDED FORM 990 CORRECTS INFORMATION ON PART IX, LINES 11E AND 11G. AS A RESULT, THERE ARE CHANGES TO SCHEDULE G, PART I, LINE 2B AND TO PART I, LINES 16A AND 17.

IN THE INTERESTS OF CONSISTENCY AND TRANSPARENCY, THE DESCRIPTION OF THE EXPENSE ON LINE 24A IS UPDATED.

CHANGES TO PART X (BALANCE SHEET):

PART X, LINES 1 AND 2 ARE UPDATED TO RE-CLASS NON-INTEREST BEARING CASH ACCOUNTS TO LINE 1.

PART X, LINES 27 AND 28 ARE UPDATED TO REFLECT THE UNRESTRICTED AND TEMPORARILY RESTRICTED NET ASSETS AT THE END OF 2013.

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## CHANGES TO SCHEDULE A (PUBLIC CHARITY STATUS AND PUBLIC SUPPORT):

CERTAIN CHANGES IN THE AMENDED 2010 - 2012 FORMS 990 RESULT IN CORRESPONDING CHANGES TO SCHEDULE A, PART II, COLUMNS (A) - (D) (2009 - 2012). IN ADDITION, SCHEDULE A, PART II, LINE 5 IS CHANGED AS A RESULT OF THE UPDATED AMOUNTS FOR 2009 - 2013. LASTLY, THE PERCENTAGES ON SCHEDULE A, PART II, LINES 14 AND 15 ARE UPDATED.

## CHANGES TO SCHEDULE B (SCHEDULE OF CONTRIBUTORS):

THE AMENDED FORM 990 REPORTS UPDATED AMOUNTS OF CONTRIBUTIONS. CONTRIBUTIONS TO THE FOUNDATION ARE PUBLICLY DISCLOSED ON THE FOUNDATION'S WEBSITE.

## CHANGES TO SCHEDULE D (SUPPLEMENTAL FINANCIAL STATEMENTS):

SCHEDULE D, PART VI, LINE 1D, COLUMN (C) IS CHANGED TO AGREE WITH THE BALANCE SHEET.

## ADDITIONAL CHANGES TO SCHEDULE G (SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING OR GAMING ACTIVITIES):

PART I, LINE 3 IS UPDATED TO LIST STATES WHERE THE FOUNDATION IS REGISTERED OR LICENSED TO SOLICIT CONTRIBUTIONS OR HAS BEEN NOTIFIED THAT IT IS EXEMPT FROM REGISTERING OR LICENSING.

THE ADDRESSES OF THE PROFESSIONAL FUNDRAISERS ARE ADDED TO PART IV AS A RESULT OF SPACING LIMITATIONS ON PART I, LINE 2B, COLUMN (I).

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CHANGES TO SCHEDULE F (STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES)

AND SCHEDULE R (RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS)

RELATING TO RELATED ENTITIES:

THIS AMENDED FORM 990 REPORTS ACCESO FUND LLC AND FONDO ACCESO SAS AS RELATED ENTITIES. IN ADDITION, THERE ARE SEVERAL ENTITIES THAT WERE CREATED IN 2013 FOR FUTURE USE AS PROGRAM RELATED INVESTMENTS THAT ARE NOW REPORTED. THESE ARE AS FOLLOWS: ACCESO OFERTA LOCAL - PRODUCTOS DE EL SALVADOR, ACCESO CASHEW ENTERPRISE LIMITED, TUKULA FARMING COMPANY LTD. AND ACCESO OFERTA LOCAL - PRODUCTOS DEL CARIBE. LASTLY A PROGRAM INVESTMENT MADE IS NOW REPORTED AS A PARTNERSHIP, CIUDAD VERDE AMARILO TRIADA FRAILEJON III.

IN ADDITION, THIS AMENDED FORM 990 REPORTS IN SCHEDULE R, PART I TWO RELATED ENTITIES AS DISREGARDED ENTITIES. TWO ADDITIONAL ENTITIES REPORTED AS DISREGARDED ENTITIES, ACACIA DEVELOPMENT CO. AND ACCESO WORLDWIDE FUND, INC., HAVE BEEN DETERMINED TO BE CORPORATIONS. THE ADDRESSES OF THREE ENTITIES ARE UPDATED TO THE ADDRESSES AS OF THE TIME OF FILING OF THIS AMENDED RETURN.

THE FORM 990 INCLUDES ADDITIONAL INFORMATION RELATING TO THESE ENTITIES, WHICH IS SHOWN IN SCHEDULE F, PART IV, LINE 5 AND SCHEDULE R, PARTS I, II, III, IV AND V.

CHANGES TO SCHEDULE J (COMPENSATION INFORMATION):

THE RESPONSE TO SCHEDULE J, PART I, LINE 7 IS UPDATED TO "YES" AND A

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DISCLOSURE IS INCLUDED IN PART III.

CHANGES TO SCHEDULE L (TRANSACTIONS WITH INTERESTED PERSONS):

SCHEDULE L, PART V ADDED A SENTENCE EXPLAINING THAT THE AMOUNT REPORTED IN SCHEDULE L, PART IV IS A CONTRIBUTION OF CAPITAL MADE THROUGH ACCESO FUND LLC.

CHANGES TO HEADING AND SCHEDULE O (SUPPLEMENTAL INFORMATION TO FORM 990):

THE PRINCIPAL OFFICER IN ITEM F IS UPDATED, WITH AN EXPLANATION ADDED IN SCHEDULE O.

THE DISCLOSURE FOR PART VI, SECTION B, LINE 11 IS UPDATED TO ADDRESS THE REVIEW PROCESS OF THE AMENDED FORM 990. THE DISCLOSURE FOR PART VI, SECTION B, LINE 16B IS UPDATED TO REMOVE A SENTENCE.

A DISCLOSURE FOR PART VIII, LINE 11B IS ADDED TO PROVIDE A BREAK-OUT OF REVENUE AND EXPENSES REPORTED ON PART VIII, LINE 11B.

A DISCLOSURE FOR PART XI, LINE 9 IS UPDATED TO CLARIFY THE PROVISION FOR UNCOLLECTIBLE PLEDGES IS FOR A PRIOR YEAR.

FORM 990, PAGE 1, ITEM F

ERIC BRAVERMAN WAS PRINCIPAL OFFICER AT TIME OF FILING THE ORIGINAL 2013 FORM 990. DONNA E. SHALALA IS PRINCIPAL OFFICER AT TIME OF FILING THE AMENDED 2013 FORM 990.

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FORM 990, PART I, LINES 8 THROUGH 22

YEAR OVER YEAR COMPARISONS ARE IMPACTED AS A RESULT OF THE CLINTON GLOBAL INITIATIVE ("CGI") BEING A SEPARATE ENTITY AND HAVING A SEPARATE 2012 FORM 990, WHERE CGI WAS MERGED INTO THE CLINTON FOUNDATION IN 2013. AS SUCH, THE 2012 FINANCIAL STATEMENTS REFLECT THE CLINTON FOUNDATION WITHOUT CGI, AND THE 2013 FINANCIAL STATEMENTS REFLECT THE CLINTON FOUNDATION INCLUDING THE MERGED CGI.

FORM 990, PART III, LINE 2

TOO SMALL TO FAIL AIMS TO HELP PARENTS AND BUSINESSES TAKE MEANINGFUL ACTIONS TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN AGES ZERO TO FIVE, SO THAT MORE OF AMERICA'S CHILDREN ARE PREPARED TO SUCCEED IN THE 21ST CENTURY. WE ARE WORKING TO PROMOTE NEW RESEARCH ON THE SCIENCE OF CHILDREN'S BRAIN DEVELOPMENT, EARLY LEARNING AND EARLY HEALTH, AND WE WILL HELP PARENTS, BUSINESSES AND COMMUNITIES IDENTIFY SPECIFIC ACTIONS, CONSISTENT WITH THE NEW RESEARCH, THAT THEY CAN TAKE TO IMPROVE THE LIVES OF YOUNG CHILDREN.

NO CEILINGS: THE FULL PARTICIPATION PROJECT IS AN EFFORT LED BY HILLARY RODHAM CLINTON AT THE CLINTON FOUNDATION TO BRING TOGETHER PARTNER ORGANIZATIONS TO EVALUATE AND SHARE THE PROGRESS WOMEN AND GIRLS HAVE MADE IN THE 20 YEARS SINCE THE UN FOURTH WORLD CONFERENCE ON WOMEN IN BEIJING. THIS NEW EFFORT WILL HELP CHART THE PATH FORWARD TO ACCELERATE FULL PARTICIPATION FOR WOMEN AND GIRLS IN THE 21ST CENTURY. THE FULL PARTICIPATION OF WOMEN AND GIRLS IS CRITICAL TO GLOBAL PROGRESS, DEVELOPMENT, AND SECURITY.

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FORM 990, PART III, LINES 4A-4D

NATURE OF OPERATIONS:

BUILDING ON A LIFETIME OF PUBLIC SERVICE, PRESIDENT BILL CLINTON ESTABLISHED THE WILLIAM J. CLINTON FOUNDATION TO TRANSFORM LIVES AND COMMUNITIES FROM WHAT THEY ARE TODAY TO WHAT THEY CAN BE TOMORROW BY BUILDING PARTNERSHIPS BETWEEN BUSINESSES, NGOS, GOVERNMENTS, AND INDIVIDUALS EVERYWHERE. IN 2013, TO RECOGNIZE THE CONTRIBUTIONS OF SECRETARY CLINTON AND CHELSEA CLINTON TO THE FOUNDATION AND TO ACKNOWLEDGE THEIR ROLE IN SHAPING THE FOUNDATION'S FUTURE, THE FOUNDATION WAS RENAMED THE BILL, HILLARY, & CHELSEA CLINTON FOUNDATION (CLINTON FOUNDATION). TODAY, THE CLINTON FOUNDATION WORKS TO IMPROVE GLOBAL HEALTH AND WELLNESS, INCREASE OPPORTUNITY FOR WOMEN AND GIRLS, REDUCE CHILDHOOD OBESITY, CREATIVE ECONOMIC OPPORTUNITY AND GROWTH, AND HELP COMMUNITIES ADDRESS THE EFFECTS OF CLIMATE CHANGE.

TO ACCOMPLISH ITS GOALS, THE CLINTON FOUNDATION HAS ESTABLISHED SEPARATE INITIATIVES, EACH WITH A DISTINCT MISSION BUT ALL REFLECTING THE CLINTONS' VISION: TO CREATE PARTNERSHIPS OF GREAT PURPOSE TO DELIVER SUSTAINABLE SOLUTIONS THAT LAST AND TRANSFORMS COMMUNITIES FROM WHAT THEY ARE TO WHAT THEY CAN BE. THE INITIATIVES ARE AS FOLLOWS:

- THE ALLIANCE FOR A HEALTHIER GENERATION (ALLIANCE), FOUNDED BY THE CLINTON FOUNDATION AND THE AMERICAN HEART ASSOCIATION, IS LEADING THE CHARGE AGAINST THE CHILDHOOD OBESITY EPIDEMIC IN THE UNITED STATES BY ENGAGING DIRECTLY WITH INDUSTRY LEADERS, EDUCATORS, PARENTS, DOCTORS, AND KIDS THEMSELVES. THE GOAL OF THE ALLIANCE IS TO REDUCE THE PREVALENCE OF

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CHILDHOOD OBESITY AND EMPOWER KIDS NATIONWIDE TO MAKE HEALTHY LIFESTYLE CHOICES. IN 2013, THE ALLIANCE RECRUITED MORE THAN 5,000 ADDITIONAL SCHOOLS FOR THE HEALTHY SCHOOLS PROGRAM, WHICH AS OF 2013, INCREASED THE NUMBER OF SCHOOLS SERVED TO MORE THAN 20,000 AND INDIVIDUAL CHILDREN REACHED TO 12.2 MILLION.

- THE CLINTON CLIMATE INITIATIVE (CCI) IMPLEMENTS PROGRAMS TO REDUCE CARBON EMISSIONS, INCREASE ENERGY EFFICIENCY, DEPLOY RENEWABLE ENERGY, AND PROVE THAT WHAT IS GOOD FOR THE ENVIRONMENT IS ALSO GOOD FOR THE ECONOMY. BY WORKING WITH CITIES, FOREST-DEPENDENT COMMUNITIES, AND ISLAND NATIONS, THE CLINTON CLIMATE INITIATIVE DEVELOPS AND IMPLEMENTS CLEANER PUBLIC TRANSPORTATION, WASTE MANAGEMENT SYSTEMS, BUILDING RETROFIT PROGRAMS, AND FOREST PRESERVATION PROJECTS. IN 2013, WITH SUPPORT FROM NORWAY, CCI'S FORESTRY TEAM LAUNCHED A NEW \$12.5 MILLION PROGRAM WITH THE KENYAN GOVERNMENT TO DELIVER RELIABLE GREENHOUSE GAS DATA FOR THE ENTIRE LAND SECTOR. ADDITIONALLY, IN 2013, CCI'S ISLANDS PROGRAM SIGNED MEMORANDUMS OF UNDERSTANDING WITH 22 ISLAND NATIONS TO DEVELOP CLEAN ENERGY PROJECTS. IN THE UNITED STATES, CCI LAUNCHED AN EFFORT TO REPLICATE ITS HOME ENERGY AFFORDABILITY LOAN (HEAL) PROGRAM IN ARKANSAS ON A NATIONAL SCALE.

- THE CLINTON DEVELOPMENT INITIATIVE (CDI) PROVIDES SMALLHOLDER FARMERS IN RWANDA, MALAWI, AND TANZANIA WITH THE TOOLS THEY NEED TO INCREASE THEIR HARVESTS, GENERATE STABLE INCOMES, SUPPORT THEIR FAMILIES, AND IMPROVE THEIR COMMUNITIES. AT THE INVITATION OF GOVERNMENTS, THE CLINTON

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DEVELOPMENT INITIATIVE WORKS IN CLOSE COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS, SOCIAL INVESTORS, AND FARMERS TO HELP SMALLHOLDERS ENTER THE MARKET, ENSURING THAT COMMUNITIES CAN SUSTAIN THEMSELVES. IN RWANDA, THE CLINTON FOUNDATION WORKS IN PARTNERSHIP WITH THE HUNTER FOUNDATION. IN 2013, CDI ESTABLISHED THE ANCHOR FARM PROJECT IN TANZANIA TO INCREASE INCOMES FOR 120,000 FARMERS OVER THE NEXT FIVE YEARS AND INCREASE PRODUCTION AND DISTRIBUTION TO SMALLHOLDER FARMERS OF IMPROVED MAIZE, SOYA, AND SUNFLOWER SEED BY 2,800 TONS. IN THE 2012/2013 SEASON, 42 PERCENT OF FARMERS DIRECTLY TRAINED BY CDI WERE WOMEN, FULFILLING CDI'S FARMER CLUB GUIDELINES THAT EACH CLUB OF TEN TO TWENTY MEMBERS BE COMPRISED OF AT LEAST 40 PERCENT WOMEN.

- IN HAITI, THE CLINTON FOUNDATION FOCUSES ON CREATING SUSTAINABLE ECONOMIC GROWTH IN THE FOUR PRIORITY SECTORS OF ENERGY, TOURISM, AGRICULTURE, AND APPAREL/MANUFACTURING. THE FOUNDATION WORKS IN HAITI TO DEVELOP FULL-CYCLE INVESTING, BRINGING TOGETHER PRODUCERS, INVESTORS, AND MARKETS IN A WAY THAT IS SOCIALLY, ENVIRONMENTALLY, AND ECONOMICALLY IMPACTFUL. IN 2013, THE CLINTON FOUNDATION FACILITATED \$30 MILLION IN FOREIGN DIRECT INVESTMENT AND VISITS OF MORE THAN 50 INTERNATIONAL INVESTORS, WHILE SUPPORTING THE GROWTH OF 40 ENTREPRENEURIAL BUSINESSES ACROSS HAITI. THE CLINTON FOUNDATION ALSO HELPED WITH THE PLANTING OF MORE THAN 350,000 TREES AND PLANTS THROUGHOUT THE COUNTRY, BUILT, REPAIRED, OR IMPROVED SCHOOLS FOR 3,400 STUDENTS, AND WORKED WITH PARTNERS TO INSTALL OVER 225 KW OF SOLAR POWER AT SCHOOLS, MEDICAL FACILITIES, AND SMALL BUSINESSES.

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- THE CLINTON GIUSTRA ENTERPRISE PARTNERSHIP (ENTERPRISE PARTNERSHIP) CREATES NEW ENTERPRISES THAT CAPITALIZE ON MARKET OPPORTUNITIES TO GENERATE SOCIAL IMPACT AND FINANCIAL RETURNS BY ADDRESSING EXISTING MARKET GAPS IN DEVELOPING COUNTRY SUPPLY AND DISTRIBUTION CHAINS. THE ENTERPRISE PARTNERSHIP HAS BEEN REFINING ITS APPROACH FOR SEVERAL YEARS AND WORKS TO ENHANCE THE ECONOMIC AND SOCIAL BENEFITS OF MARGINALIZED COMMUNITIES BY INCORPORATING THESE INDIVIDUALS INTO ONE OF THREE "MARKET-DRIVEN" MODELS - DISTRIBUTION ENTERPRISES, SUPPLY CHAIN ENTERPRISES, AND TRAINING CENTER ENTERPRISES. THROUGH THESE MODELS, THE ENTERPRISE PARTNERSHIP SEEKS TO HELP PEOPLE WORK THEMSELVES OUT OF POVERTY. IN 2013, THE ENTERPRISE PARTNERSHIP OPENED THE FIRST SUPPLY CHAIN AND TRAINING CENTER ENTERPRISES IN CARTAGENA, COLOMBIA, AND LAUNCHED A FEMALE ENTREPRENEUR DISTRIBUTION VENTURE, CHAKIPI, IN SOUTHERN PERU, TO SUPPORT LIFE-CHANGING INCOME OPPORTUNITIES FOR 3,000 WOMEN.

- THE CLINTON GLOBAL INITIATIVE'S (CGI) MISSION IS TO INSPIRE, CONNECT, AND EMPOWER EVERYONE TO FORGE SOLUTIONS TO THE WORLD'S MOST PRESSING CHALLENGES. CGI CONVENES LEADERS FROM THE PRIVATE SECTOR, PUBLIC SECTOR, AND CIVIL SOCIETY TO DRIVE ACTION THROUGH ITS UNIQUE MODEL. RATHER THAN DIRECTLY IMPLEMENTING PROJECTS, CGI HELPS ITS MEMBERS TURN IDEAS INTO ACTION BY MAKING IMPACTFUL AND MEASURABLE COMMITMENTS TO ACTION WITHIN NINE TRACKS, EACH REPRESENTING A TOPICAL GLOBAL CHALLENGE OR STRATEGIC APPROACH. TO SUPPORT THE DEVELOPMENT OF COMMITMENTS YEAR-ROUND, CGI FACILITATES CONVERSATIONS, PROVIDES OPPORTUNITIES TO IDENTIFY PARTNERS,

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AND COMMUNICATES THE RESULTS OF THE WORK. CGI'S MAJOR MEETINGS INCLUDE THE CGI ANNUAL MEETING, CGI UNIVERSITY, CGI AMERICA, AND CGI INTERNATIONAL. CGI MEMBERS MADE MORE THAN 300 COMMITMENTS IN 2013, VALUED AT OVER \$12.9 BILLION THAT, WHEN FULLY FUNDED AND IMPLEMENTED, WILL IMPACT THE LIVES OF MORE THAN 22.2 MILLION PEOPLE.

- THE CLINTON HEALTH ACCESS INITIATIVE WORKS TO ADDRESS THE HIV/AIDS CRISIS IN THE DEVELOPING WORLD AND STRENGTHEN HEALTH SYSTEMS THERE. TAKING ITS LEAD FROM GOVERNMENTS AND WORKING WITH PARTNERS, THE CLINTON HEALTH ACCESS INITIATIVE HAS IMPROVED MARKETS FOR MEDICINES AND DIAGNOSTICS, LOWERED THE COSTS OF TREATMENT, AND EXPANDED ACCESS TO LIFE-SAVING TECHNOLOGIES, CREATING A SUSTAINABLE MODEL THAT CAN BE OWNED AND MAINTAINED BY GOVERNMENTS. THE CLINTON HEALTH ACCESS INITIATIVE (CHAI) HAS SINCE EXPANDED THIS MODEL TO INCREASE ACCESS TO HIGH-QUALITY TREATMENT FOR MALARIA, ACCELERATE THE ROLLOUT OF NEW VACCINES, AND LOWER INFANT MORTALITY. IN JANUARY 2010, CHAI BECAME A SEPARATE NONPROFIT ORGANIZATION. AS OF 2013, 6.8 MILLION PEOPLE IN MORE THAN 70 COUNTRIES HAD ACCESS TO CHAI-NEGOTIATED PRICES FOR HIV/AIDS MEDICINES. ADDITIONALLY, IN 2013, TOGETHER WITH UNITAID, CHAI HELPED TO REDUCE THE PRICE OF PEDIATRIC ARV REGIMENS BY OVER 80 PERCENT, AND CATALYZED THE SCALE UP OF TREATMENT TO 647,000 CHILDREN.

- BY BUILDING STRATEGIC PARTNERSHIPS, WORKING ACROSS SECTORS, AND LEVERAGING TECHNOLOGY AND DIGITAL INNOVATION, THE CLINTON HEALTH MATTERS INITIATIVE (CHMI) WORKS TO REDUCE THE PREVALENCE OF PREVENTABLE HEALTH

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OUTCOMES, CLOSE HEALTH INEQUITY AND DISPARITY GAPS, AND REDUCE HEALTH CARE COSTS BY IMPROVING ACCESS TO KEY CONTRIBUTORS TO HEALTH FOR ALL PEOPLE. IN 2013, CHMI GENERATED MORE THAN 50 FORMALIZED STRATEGIC PARTNERSHIPS WITH NATIONAL AND LOCAL ENTITIES, WHICH COLLECTIVELY REFLECTED AN INVESTMENT OF MORE THAN \$100 MILLION IN HEALTH AND WELLNESS THAT WILL POSITIVELY IMPACT MORE THAN 25 MILLION PEOPLE ACROSS THE UNITED STATES. ALSO, IN 2013, CHMI HOSTED FOUR CODEATHONS, WHICH CHALLENGED DEVELOPERS AND DESIGNERS TO CREATE MOBILE OR ONLINE APPLICATIONS FOCUSED ON THE SOCIAL DETERMINANTS OF HEALTH, SUCH AS SLEEP OR STRESS.

FORM 990, PART III, LINES 4A-4D CONTINUED

- THE WILLIAM J. CLINTON PRESIDENTIAL CENTER (CENTER) IS THE HOME OF THE LITTLE ROCK OFFICES OF THE CLINTON FOUNDATION, THE CLINTON LIBRARY AND MUSEUM, AND THE CLINTON SCHOOL OF PUBLIC SERVICE, THE FIRST INSTITUTION IN THE NATION TO OFFER A MASTER'S OF PUBLIC SERVICE (MPS) DEGREE. THE CENTER HOSTS A VARIETY OF EDUCATIONAL PROGRAMS, WORLD-CLASS LECTURES, AND UNIQUE EXHIBITS EACH YEAR, AND IS A PLACE WHERE PEOPLE COME TO LEARN ABOUT THE HISTORY OF THEIR COUNTRY AND THE WORLD, AND BE INSPIRED TO ENGAGE IN PUBLIC SERVICE. SINCE ITS GRAND OPENING IN 2004, THE CENTER HAS WELCOMED THREE MILLION VISITORS FROM AROUND THE WORLD. IN 2013, THE CENTER HOSTED A SYMPOSIUM ON INTELLIGENCE AND PRESIDENTIAL POLICYMAKING DURING THE BOSNIAN WAR AND DEVELOPED AN EXHIBIT EXPLORING PRESIDENT CLINTON'S ROLE IN THE NORTHERN IRELAND PEACE PROCESS FOR THE CLINTON CENTRE IN ENNISKILLEN, NORTHERN IRELAND.

- TOO SMALL TO FAIL, A JOINT INITIATIVE OF THE CLINTON FOUNDATION AND

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NEXT GENERATION WHICH WAS LAUNCHED IN 2013, AIMS TO HELP PARENTS AND BUSINESSES TAKE MEANINGFUL ACTIONS TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN AGES ZERO TO FIVE, SO THAT MORE OF AMERICA'S CHILDREN ARE PREPARED TO SUCCEED IN THE 21ST CENTURY. TOO SMALL TO FAIL WORKS TO PROMOTE NEW RESEARCH ON THE SCIENCE OF CHILDREN'S BRAIN DEVELOPMENT, EARLY LEARNING AND EARLY HEALTH, AND HELPS PARENTS, BUSINESSES, AND COMMUNITIES IDENTIFY SPECIFIC ACTIONS, CONSISTENT WITH THE NEW RESEARCH, THAT THEY CAN TAKE TO IMPROVE THE LIVES OF YOUNG CHILDREN. IN 2013, TOO SMALL TO FAIL RELEASED A STRATEGIC ROADMAP DELINEATING A TWO-PRONGED APPROACH: A PUBLIC AWARENESS CAMPAIGN, AND A CALL TO ACTION FOR THE PRIVATE SECTOR TO MAKE COMMITMENTS AND BREAK DOWN ECONOMIC BARRIERS TO VOCABULARY DEVELOPMENT. ADDITIONALLY, UNIVISION PARTNERED WITH TOO SMALL TO FAIL TO LAUNCH A MULTI-PLATFORM CAMPAIGN TO NARROW THE WORD GAP AMONG YOUNG HISPANIC CHILDREN.

- LAUNCHED IN 2013, NO CEILINGS: THE FULL PARTICIPATION PROJECT IS AN EFFORT LED BY SECRETARY CLINTON AND CHELSEA CLINTON AT THE CLINTON FOUNDATION TO BRING TOGETHER PARTNER ORGANIZATIONS TO EVALUATE AND SHARE THE PROGRESS WOMEN AND GIRLS HAVE MADE IN THE 20 YEARS SINCE THE UN FOURTH WORLD CONFERENCE ON WOMEN IN BEIJING. THIS EFFORT WILL HELP CHART THE PATH FORWARD TO ACCELERATE FULL PARTICIPATION FOR WOMEN AND GIRLS IN THE 21ST CENTURY. THE FULL PARTICIPATION OF WOMEN AND GIRLS IS CRITICAL TO GLOBAL PROGRESS, DEVELOPMENT, AND SECURITY.

IN 2013, THE ALLIANCE FOR A HEALTHIER GENERATION AND THE CLINTON HEALTH

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ACCESS INITIATIVE OPERATED AS SEPARATE LEGAL ENTITIES. AFTER OPERATING AS A SEPARATE ENTITY FROM 2009 THROUGH 2012, THE CLINTON GLOBAL INITIATIVE RE-JOINED AS A PROGRAM WITHIN THE CLINTON FOUNDATION IN 2013. THE OTHER INITIATIVES LISTED ABOVE ARE OPERATED AS SEPARATE PROGRAMS WITHIN FOUNDATION. THE OTHER INITIATIVES LISTED ABOVE ARE OPERATED AS SEPARATE PROGRAMS WITHIN THE FOUNDATION.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

- AUSTRALIA
- COLOMBIA
- INDIA
- INDONESIA
- KENYA
- MALAWI
- PERU
- RWANDA
- TANZANIA
- UKRAINE
- VIETNAM

FORM 990, PART VI, SECTION A, LINE 1A

THE FOUNDATION'S BUSINESS AND AFFAIRS ARE MANAGED BY ITS BOARD OF DIRECTORS. THE BOARD'S EXECUTIVE COMMITTEE MAY ACT FOR THE BOARD BETWEEN MEETINGS. REGULAR MINUTES OF THE EXECUTIVE COMMITTEE'S PROCEEDINGS ARE KEPT AND REPORTED TO THE BOARD. THE EXECUTIVE COMMITTEE RESERVES THE LIMITED POWER TO REVIEW AND APPROVE DECISIONS RELATED TO THE USE OF THE

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CLINTON NAME AND THE RENAMING OF THE FOUNDATION.

THE FOUNDATION'S BYLAWS ESTABLISH TWO CLASSES OF DIRECTORS. CLASS A CONSISTS OF THE EXECUTIVE COMMITTEE. ALL OTHER DIRECTORS ARE CLASS B DIRECTORS. ACTIONS BY THE BOARD REQUIRE THE SUPPORT OF A MAJORITY OF DIRECTORS ELIGIBLE TO VOTE, INCLUDING A MAJORITY OF CLASS A DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2

WILLIAM JEFFERSON CLINTON, HILLARY RODHAM CLINTON, AND CHELSEA V. CLINTON HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4

THE FOUNDATION REVISED ITS BYLAWS. THE AMENDED AND RESTATED BYLAWS AND THE ACCOMPANYING BOARD GOVERNANCE DOCUMENT EXPAND THE NUMBER OF DIRECTORS; ESTABLISH STAGGERED TERMS FOR AND CLASSES OF DIRECTORS; PROVIDE FOR EXECUTIVE AND AUDIT COMMITTEES; INCORPORATE THE CONFLICT OF INTEREST POLICY; CLARIFY THE CIRCUMSTANCES UNDER WHICH DIRECTORS MAY BE COMPENSATED; AND ESTABLISH LIMITATIONS ON INDEMNIFICATION OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11

A COPY OF THE FORM 990 WAS CIRCULATED TO THE BOARD, AMONG THE VARIOUS OFFICERS AND AMONG THE VARIOUS INITIATIVE HEADS FOR REVIEW PRIOR TO FILING. A COPY OF THE AMENDED FORM 990 WAS 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 REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE

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

CONFLICT OF INTEREST POLICY BY REQUIRING DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO DISCLOSE ANY POTENTIAL CONFLICTS ANNUALLY. THE ANNUAL DISCLOSURES ARE REVIEWED BY COUNSEL AND IF ANY POTENTIAL CONFLICT EXISTS, IT WOULD BE EXAMINED AND APPROPRIATE ACTION WOULD BE TAKEN.

FORM 990, PART VI, SECTION B, LINE 15

THE ORGANIZATION PARTICIPATES IN AN ANNUAL COMPENSATION STUDY THAT REVIEWS THREE SURVEYS TO DETERMINE THE REASONABLENESS OF ALL STAFF COMPENSATION INCLUDING TOP MANAGEMENT. THE ORGANIZATION ALSO UTILIZES AN INDEPENDENT COMPENSATION CONSULTANT AND TOP MANAGEMENT'S SALARIES ARE REVIEWED BY THE BOARD ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 16B

THE CLINTON FOUNDATION IS ENGAGED IN TWO PARTNERSHIPS WITH THE INTENT OF HELPING LIFT PEOPLE OUT OF POVERTY BY ORGANIZING THEM INTO SOCIAL ENTERPRISES. ANY ACTION OF THESE PARTNERSHIPS REQUIRES CONCURRENCE OF THE FOUNDATION, TO ENSURE THAT ACTIVITIES ALIGN WITH THE FOUNDATION'S CHARITABLE PURPOSES AND WITH THE SOCIAL MISSION.

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 VIII, LINE 11(B)

CDI FARMING IS A PROGRAM RELATED ACTIVITY. THE REVENUE FROM THIS ACTIVITY

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

IS \$512,414 AND THE EXPENSES FROM THIS ACTIVITY ARE \$1,289,284.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

PROVISION FOR PRIOR YEAR UNCOLLECTIBLE PLEDGES	(\$ 225,000)
TRANSFER FROM CLINTON GLOBAL INITIATIVE (MERGER)	\$2,383,668
REFUND OF PRIOR YEAR CONTRIBUTION REVENUE	(\$1,668,675)
	-----
TOTAL	\$ 489,993

FORM 990, PART XII, LINE 2C

THE CLINTON FOUNDATION HAS ESTABLISHED AN AUDIT COMMITTEE WITH RESPONSIBILITY TO OVERSEE THE ANNUAL AUDIT OF ITS FINANCIAL STATEMENT AND SELECTION OF AN INDEPENDENT AUDITOR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE CLINTON FOUNDATION CONVENES BUSINESSES, GOVERNMENTS, NGOS AND INDIVIDUALS TO IMPROVE GLOBAL HEALTH AND WELLNESS, INCREASE OPPORTUNITY FOR WOMEN AND GIRLS, REDUCE CHILDHOOD OBESITY, CREATE ECONOMIC OPPORTUNITY AND GROWTH, AND HELP COMMUNITIES ADDRESS THE EFFECTS OF CLIMATE CHANGE.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CT,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

Name of the organization <b>BILL, HILLARY &amp; CHELSEA CLINTON FOUNDATION</b>	Employer identification number <b>31-1580204</b>
<u>ATTACHMENT 2 (CONT'D)</u>	
<u>FORM 990, PART VI, LINE 17 - STATES</u>	

MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR, PA,

RI, SC, TN, VA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FIVE CURRENTS LLC 1200 AVIATION BLVD REDONDO BEACH, CA 90254	CONF. PRODUCTION	1,040,474.
MATTER UNLIMITED LLC 175 VARICK STREET NEW YORK, NY 10013	WEB DESIGN & PROD.	626,059.
LANKEY & LIMEY LTD 85 JAMES TERRACE YONKERS, NY 10704	CONF. PRODUCTION	576,621.
STAGE CALL, LLC 311 W. 43RD ST NEW YORK, NY 10036	CONF. PRODUCTION	532,206.
COMMUNITY COUNSELLING SERVICE CO PO BOX 824885 PHILADELPHIA, PA 19182	ENDOWMENT PLAN DEV.	448,750.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.**      ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Employer identification number

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WILLIAM J CLINTON FDN (KENYA) CHAR TRUST ARGWINGS KOHEK ROAD NAIROBI, KE	CF PROGRAMS	KE	171,613.	0	BHCC FDN
(2) CLINTON FOUNDATION HONG KONG 16/F, TAK SHING HOUSE THEATER HONG KONG, HK	CF PROGRAMS	HK	0	0	BHCC FDN
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WILLIAM J CLINTON FOUNDATION UK ACRE HOUSE 11-15 LONDON, UK, UK	FUNDRAISING	UK			BHCC FDN	X	
(2) CLINTON GLOBAL INITIATIVE 27-1551550 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	INITIATIVE	AR	501(C)(3)	11B	BHCC FDN	X	
(3) CLINTON HEALTH ACCESS INITIATIVE 27-1414646 383 DORCHESTER AVE BOSTON, MA 02127	HEALTH	AR	501(C)(3)	7	BHCC FDN	X	
(4) CLINTON FOUNDATION INSALINGSSTIFTELSE TORNGREN MAGNELL VAST TRADGARD STOCKHOLM, SW	FUNDRAISING	SW			BHCC FDN	X	
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HAITI DEVELOPMENT FUND LLC 45-3819678, 1271 AVE OF AMERICAS	INVESTMENT	DE	N/A	RELATED	-27,083.	300,154.		X		0	X	50.0000
(2) ACCESO FUND LLC 27-2075171 1271 AVENUE OF AMERICAS	INVESTMENT	DE	N/A	RELATED	-667,967.	2,003,919.		X		0	X	50.0000
(3) ACCESO OFERTA LOCAL-PRODUCTOS CALLE EL MIRAADOR Y 93 AVENIDA	FRUIT & VEG SPPLY	ES	ACCESO WORLDWID	RELATED	0	0		X		0	X	99.9900
(4) CIUDAD VERDE AMARILO TRIADA FR CALLE 67 NO. 7- 37 PISO 3	INVESTMENT	CO	BHCC FDN	RELATED	71,318.	902,061.		X		0	X	77.2100
(5) -----												
(6) -----												
(7) -----												

**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. 1271 AVENUE OF AMERICAS NEW YORK, NY 10020	INVESTMENT	DE	BHCC FDN	C CORP	0	0	100.0000	X	
(2) ACCESO WORLDWIDE FUND INC. 46-4160920 1271 AVENUE OF AMERICAS NEW YORK, NY 10020	INVESTMENT	DE	BHCC FDN	C CORP	0	0	100.0000	X	
(3) FONDO ACCESO S.A.S. CALLE 93A NO. 14-17 OF. 709 BOGOTA, CO	INVESTMENT	CO	ACCESO FUND LLC	C CORP	22,322.	1,361,172.	50.0000		X
(4) ACCESO CASHEW ENTERPRISE LIMITED OFFICE NO 201, KOHINOOR PARADISE, AROGYA, MAHARASHTRA IN	CASHEW PROCESSING	IN	ACCESO WORLDWID	C CORP	0	0	100.0000	X	
(5) TUKULA FARMING COMPANY LTD REALTY HOUSE, CHURCHILL ROAD, PO BOX 5133, LIMBE, MI	FARMING	MI	ACACIA DEVL P CO	C CORP	0	0	100.0000	X	
(6) ACCESO OFERTA LOCAL-PRODUCTOS DEL CARIBE DIAGONAL 31 NO. 100 - 115 CARTEGENA, COLOMBIA, CO	FISH & SEAFOOD SU	CO	FONDO ACCESO SA	C CORP	-104,598.	795,579.	50.0000		X
(7) -----									

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

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

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

**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) CLINTON GLOBAL INITIATIVE	S	2,383,668.	FMV
(2) CLINTON HEALTH ACCESS INITIATIVE	D, S	3,558,496.	FMV
(3) CLINTON HEALTH ACCESS INITIATIVE	B	2,000,000.	FMV
(4) CLINTON FOUNDATION INSALINGSSTIFTELSE	C	9,969,393.	FMV
(5) CLINTON HEALTH ACCESS INITIATIVE	P	1,191,864.	FMV
(6) ACCESO FUND LLC	B	1,175,000.	FMV

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.

Table with 3 columns: Question (1a-1s), Yes, No. Rows include: 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, b Gift, grant, or capital contribution to related organization(s), c Gift, grant, or capital contribution from related organization(s), d Loans or loan guarantees to or for related organization(s), e Loans or loan guarantees by related organization(s), f Dividends from related organization(s), g Sale of assets to related organization(s), h Purchase of assets from related organization(s), i Exchange of assets with related organization(s), j Lease of facilities, equipment, or other assets to related organization(s), k Lease of facilities, equipment, or other assets from related organization(s), l Performance of services or membership or fundraising solicitations for related organization(s), m Performance of services or membership or fundraising solicitations by related organization(s), n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s), o Sharing of paid employees with related organization(s), p Reimbursement paid to related organization(s) for expenses, q Reimbursement paid by related organization(s) for expenses, r Other transfer of cash or property to related organization(s), s Other transfer of cash or property from related organization(s).

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.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Row 1: CIUDAD VERDE AMARILO TRIADA FRAILEJON III, S, 528,632.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2013 or other tax year beginning, 2013, and ending, 20

2013

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity: CATERING AND MUSEUM SALES. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No. J The books are in care of: ANDREW KESSEL Telephone number: (501) 748-0471

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales (2,281,306), 1c Less returns and allowances, 2 Cost of goods sold (855,847), 3 Gross profit (1,425,459), 4a-4c Capital gain/loss, 5-12 Other income, 13 Total (1,425,459).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14-28 Deductions (ATTACHMENT 1), 29 Total deductions (1,627,125), 30-34 Unrelated business taxable income (-201,666).

AMENDED RETURN

Bill, Hillary & Chelsea Clinton Foundation  
EIN: 31-1580204  
Tax Year Ended: December 31, 2013  
Tax Form: Form 990-T (Amended)

*Attachment to 2013 amended Form 990-T*

This amended Form 990-T, *Exempt Organization Business Income Tax Return*, is being filed to transmit to the Internal Revenue Service a Form 8865, *Return of U.S. Persons With Respect to Certain Foreign Partnerships*.

The Foundation is revising Part V, *Statements Regarding Certain Activities and Other Information*, in the Form 990-T as originally filed to bring the return into conformity with the schedule of foreign financial accounts prepared for the 2013 FinCen Form 114, *Report of Foreign Bank and Financial Accounts*, filed by the Foundation in June 2014.

Accordingly, no items of income or deduction are being changed as a result of the filing of this Form 990-T. There is no change to the Foundation's tax liability as reported on the original Form 990-T filed for 2013.

**AMENDED RETURN**

Form **8868**

(Rev. January 2014)

Department of the Treasury  
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization Return**

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  BILL, HILLARY & CHELSEA CLINTON FOUNDATION	Employer identification number (EIN) or  31-1580204
	Number, street, and room or suite no. If a P.O. box, see instructions.  1200 PRESIDENT CLINTON AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  LITTLE ROCK, AR 72201	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ANDREW KESSEL

Telephone No. ▶ 501 748-0471 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/17, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2013 or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2014)

JSA

3F8054 2.000

AMENDED RETURN

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Form 990-T (2013)

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [ ] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ [ ] (2) \$ [ ] (3) \$ [ ]
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ [ ]
(2) Additional 3% tax (not more than \$100,000) \$ [ ]
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 (see instructions) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43
44 a Payments: A 2012 overpayment credited to 2013 44a
b 2013 estimated tax payments 44b
c Tax deposited with Form 8868. 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax [ ] Refunded [ ] 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here SEE ATTACHED
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation FIFO

1 Inventory at beginning of year 1
2 Purchases 2 855,847.
3 Cost of labor 3
4a Additional section 263A costs (attach schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5 855,847.
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7 855,847.
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here [Signature] 11/16/15 CFO
Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes [ ] No

Paid Preparer Use Only
Print/Type preparer's name: MARCIA K KRAUSE
Preparer's signature: [Signature] Date: 11/16/2015
Check [ ] if self-employed PTIN: P00394681
Firm's name: PRICEWATERHOUSECOOPERS LLP Firm's EIN: 13-4008324
Firm's address: 600 13TH STREET, NW, SUITE 1000 Phone no.: 202-414-1000
WASHINGTON, DC 20005-3005

AMENDED RETURN

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for property description (1-4)

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions

Totals Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10

Totals

**AMENDED RETURN**

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
<b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . ▶			

AMENDED RETURN

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

EQUIPMENT RENTAL	3,154.
CONSULTING & PROFESSIONAL FEES	13,339.
OFFICE EXPENSES	33,345.
BANK CHARGES	20.
INVENTORY SHRINKAGE	35,563.
TECHNOLOGY EXPENSES	8,651.
TRAVEL EXPENSES	3,578.
PAYROLL EXPENSES	2,559.
CREDIT CARD FEES	14,968.
MARKETING	22,761.
VOLUNTEER SUPPLIES	193.
MISC. EXPENSES	132,922.
SECURITY EXPENSES	57,250.
 PART II - LINE 28 - OTHER DEDUCTIONS	 <u>328,303.</u>

AMENDED RETURN

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

FEDERAL FOOTNOTES

FORM 990-T RENTAL CATERING BUSINESS NET OPERATING LOSS (NON-SRLY)

CARRYOVER GENERATED YE 12/31/2011	\$34,437
CARRYOVER GENERATED YE 12/31/2012	\$180,700
CARRYOVER GENERATED YE 12/31/2013	\$201,666
TOTAL UTILIZATION	NONE
CARRIED FORWARD TO 12/31/2014	\$416,803

FEDERAL FOOTNOTES

FORM 990-T, PART V, LINE 1 INTEREST IN OR A SIGNATURE OR OTHER  
AUTHORITY OVER A FINANCIAL ACCOUNT IN A FOREIGN COUNTRY. AUSTRALIA,  
COLOMBIA, INDIA, INDONESIA, KENYA, MALAWI, PERU, RWANDA, TANZANIA,  
UKRAINE, VIETNAM.