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DLN: 93493320104906

Form **990**

Department of the Treasury

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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

ntern	al Rever	nue Servi	ice								
			alendar year, or tax year beginni C Name of organization	ng 01-01-2015 , and ending 12-31-2	2015	1	D. Francis				
	eck if ap idress cl	pplicable	BILL HILLARY & CHELSEA CLINTON	FOUNDATION			-	-	ntification number		
	ame cha	_	% ANDREW KESSEL				31-1	580204	4		
In	ıtıal retu	urn	Doing business as			L					
Fı eturn.	nal [/] termina	ated		mail is not delivered to street address) Room,	/suite	_	E Teleph	one num	ber		
	nended i		610 PRESIDENT CLINTON AVE 2ND	FL			(501	748-0	471		
ПАр	plication	n pending	City or town, state or province, cou LITTLE ROCK, AR 72201	untry, and ZIP or foreign postal code			G Gross	rocounts (\$ 124,781,877		
			F Name and address of princ	unal officer	Τ				. , ,		
			Donna E Shalala	ipai officei	"	(a) Is this	s a group dinates?		for Yes 🗸		
			1271 AVENUE OF AMERICA NEW YORK, NY 10020	a S		Νo			103 \		
_[Ta	x-exem	pt status		(insert no) 4947(a)(1) or 527	⊢ н	(b) Are al includ		ınates	□Yes □ No		
		.						n a list	(see instructions)		
, w	ebsite	:: > vv v	WW CLINTONFOUNDATION OI		Н	l(c) Group	exemp	tion nur	mber ▶		
€ For	m of org	ganızatıor	n 🗸 Corporation 🗌 Trust 🦳 Assoc	ıatıon		L Year of for	mation 19	997 M	State of legal domicile AF		
Do.	rt I	S	2 M2 2 MV								
Fα			nmary escribe the organization's missio	n or most significant activities							
	I		_	SS,INCREASE OPPORTUNITY FOR N	WO M E	N/GIRLS,	REDUCE	CHIL	DHOOD		
111	<u>0 E</u>	BESITY	COREATE ECONOMIC OPP & C	GROWTH AND HELP COMMUNITIES	ADDI	RESS EFFE	CTSOF	CLIMA	ATE CHANGE		
Ě	-										
Ξ	_										
Governance	2 0	heck th	his box ▶ □ if the organization o	discontinued its operations or dispose	ed of m	ore than 2	5% of it	s net as	sets		
3	- 0	, incert ci	ms box F The organization of	inscontinued its operations of dispose		iore than 2	3 70 01 10	5 1100 40	, 5 C C 5		
ಶ	3 N	lumber	of voting members of the govern	ning body (Part VI, line 1a)				3	10		
Activities &	4 N	lumber	of independent voting members	of the governing body (Part VI, line 1	b) .			4	9		
5	5 T	otal nu	mber of individuals employed in	calendar year 2015 (Part V, line 2a)				5	528		
AC	6 T	otal nu	mber of volunteers (estimate if i	necessary)				6	400		
	7 a ⊤	otal un	related business revenue from F	Part VIII, column (C), line 12				7a	2,043,949		
	b Ne	et unrel	ated business taxable income fr	om Form 990-T, line 34				7b	-115,325		
						Prior	Year		Current Year		
	8	Contr	ributions and grants (Part VIII,	line 1h)	. [1	72,579	,474	108,915,463		
₫	9	Progr	am service revenue (Part VIII,	line 2g)	. [2,897	,690	2,628,406		
Ravenua	10			in (A), lines 3, 4, and 7d)	. [99,	109	2,894,924		
æ	11	Other	r revenue (Part VIII, column (A)), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,228	,339	1,643,715		
	12	Total 12)	revenue—add lines 8 through 1	1 (must equal Part VIII, column (A),	line	1	77,804	,612	116,082,508		
	13	Grant	s and similar amounts paid (Par	t IX, column (A), lines 1-3)			3,744,706				
	14	Benef	fits paid to or for members (Part	IX, column (A), line 4)	. [0	(
ιń	15			vee benefits (Part IX, column (A), line	s		34,838	.106	38,037,346		
Expenses	160	5-10 Profe	,	<pre></pre> <pre><</pre>	-		850	803	569,871		
p e	16a		- '		. -	. 850,803 569					
ă	ь 17		undraising expenses (Part IX, column (D), line 25) ▶ 3,449,600 , lines 11a-11d, 11f-24e)	- ⊢	50,431,851 56,525,4					
	18			ust equal Part IX, column (A), line 25							
	19		,	e 18 from line 12	′ ⊢		86,523		98,877,350		
Net Assets or Fund Balances			'			Seginning of			End of Year		
alan	20	Total	assets (Part X, line 16)			3	54,190	.170	359,923,364		
A AS	21						21,718	-	13,314,443		
ŠĒ	22			t line 21 from line 20	.		32,471		346,608,921		
Pai	t II	Sigr	nature Block								
ny k	nowled	lge and		kamined this return, including accomp mplete Declaration of preparer (other		officer) is b	oased on				
٠.		Sian	nature of officer			20: Dat	l6-11-15 te				
Sigr Her											
	-		PREW KESSEL CFO e or print name and title								
		y	Print/Type preparer's name	Preparer's signature	Date		. – .	PTIN			
		MARCIA K KRAUSE MARCIA K KRAUSE					k l ıf	P00394	1681		
Paid	Ŀ		MARCIA K KRAUSE	MARCIA K KRAUSE			employed	1 0033			
Paid Pre	d pare	H	MARCIA K KRAUSE Firm's name ▶ PricewaterhouseCoop			self-		10033			

WASHINGTON, DC 200053005

Form 990 (2015)

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

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

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25b

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28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

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Nο

Nο

Νo

Νo

Nο

Nο

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		N /			_
		Check if Schedule O contains a response or note to any line in this	Part	v		Yes	. ✓ No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	233			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c		e organization comply with backup withholding rules for reportable payments to ig (gambling) winnings to prize winners?	o vend	dors and reportable	1 c	Yes	
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	528			
b	, If at le	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	loym	ent tax returns?	2b	Yes	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the	year ⁷	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b	Yes	
4a	over, a	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?	count	, or other financial	4a	Yes	
b	If "Ye: See in (FBAR	s," enter the name of the foreign country AS,CO,ES,HA,IN,KE,MI,Plastructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	E,RV cand	V , TZ Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a		No
b	If"Ye	s," did the organization include with every solicitation an express statement the			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribution ses provided to the payor?		d partly for goods and	7a	Yes	
		s," did the organization notify the donor of the value of the goods or services ${\sf pi}$			7b	Yes	
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?		which it was required to	7 c		No
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7 f		Νo
g	If the requir	organization received a contribution of qualified intellectual property, did the o ed?	rganız • •	zation file Form 8899 as	7 g		
h	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd •	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sınes:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson ⁷	9b		
10		on 501(c)(7) organizations. Enter		•			
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	Income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13 c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

orm 99	0 (2015)						Ρā
Part V	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O.	,		s 8a, 8b,	or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>				
Secti	on A. Governing Body and Management						
						Yes	ı
1a En	iter the number of voting members of the governing body at the end of the tax ar	1a		10			
	there are material differences in voting rights among members of the governing						

	year								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	sıness • •	relationsh	ip with any	2	Yes			
3	Did the organization delegate control over management duties customarily performs supervision of officers, directors or trustees, or key employees to a management co		3		No				
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 9	90 was	4	Yes			
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .									
6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?	ver to	elect or ap	ooint one or	7a		No		
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			tockholders,	7b		No		
8	Did the organization contemporaneously document the meetings held or written active by the following	ions ui	ndertaken (during the					
а	a The governing body?								
b	Each committee with authority to act on behalf of the governing body?				8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule		annot be re	eached at the	9		No		
Se	ction B. Policies (This Section B requests information about policies not	requi	red by th	e Internal R	even	ue Cod	e.)		
						Yes	No		
0a	Did the organization have local chapters, branches, or affiliates?				10 a		No		
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organizati				10b				
1a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	ts gov	erning bod	y before filing	11 a	Yes			
b	Describe in Schedule O the process, if any, used by the organization to review this f	Form 9	90						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Yes			
b	Were officers, directors, or trustees, and key employees required to disclose annual	llv inte	rests that	could aive					

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

Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed▶

AL,AK,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA, MI,MN,MS,NH,NJ,NM,NY,NC,ND,OK,OR,PA, RI,SC,TN,VA,WV,WI

16b

organization's exempt status with respect to such arrangements?

- 1.9 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
- State the name, address, and telephone number of the person who possesses the organization's books and records
 ►ANDREW KESSEL 610 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201 (501) 748-0471

Νo

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one I both	oox, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

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

	Name and Title	Average hours per week (list any hours	more t	:han o on is	one l both	oox, an	heck unless officer stee)	5	(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
See		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
See	Addıtıonal Data Table										
1b	Sub-Total						>				
c d	Total from continuation she Total (add lines 1b and 1c)	•					. 🏲		3,526,800	0	427,447

•	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee

	ındıvıdual		4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unreservices rendered to the organization? If "Yes," complete Schedule I for such per	_	5		No	
S	Section B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractor compensation from the organization. Report compensation for the calendar year			ax year		
	(A) Name and business address	(B) Description of services		(C) Compensation		
300	eWaterhouseCoopers LLP, MADISON AVENUE V YORK, NY 10017	Audit & Tax Services		1	,690,000	
120	E CURRENTS LLC, 10 AVIATION BLVD DONDO BEACH, CA 90254	CONF PRODUCTION		1	,117,687	
453	Mullion Group PTY Ltd, LEDGERS CREEK ROAD LLION, 0 2582	Climate Pgrm Srvcs		1	,027,612	
537	A International Inc, N Edgewood Ave odale, IL 60191	Media Production			437,262	
214	I FRY LLC DBA FATHOM, CAMBRIDGE STREET STON, MA 02114	DATA ANALYSIS			418,750	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Yes

No

orm 99	•	15)						Page 9
Part V	1111	Statement o						_
		Check If Schedi	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
u &	1 a	Federated cam	paigns 1a	48,786				
ant un	ь	Membership du	es 1b	12,238				
Gi	с	Fundraising eve	ents 1c	9,133,540				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	zations 1d	4,223,996				
	e	Government grants	s (contributions) 1e	8,935,170				
	f	All other contribution	ons, gifts, grants, and 1f	86,561,733				
uti her	'	sımılar amounts no						
	g	Noncash contributi 1a-1f \$	ons included in lines	1,950,175				
Con and	h	Total. Add lines	s 1a-1f		108,915,463			
				Business Code				
inue	2a	PRESIDENTIAL CEN	NTER	900099	1,446,781	456,534	990,247	
Rev	ь	CLINTON GLOBAL I	NITIATIVE	900099	1,058,000	1,058,000		
Ce	С	CLINTON DEVELOP	MENT INITIATIVE	900099	123,588	123,588		
Xer v	d	OTHER PROGRAM	SERVICE	900099	37	37		
am (e							
Program Service Revenue	f	All other progra	am service revenue					
4	g	Total. Add lines	s 2a-2f	•	2,628,406			
	3		ome (including dividend ar amounts)		3,017,232		46,772	2,970,460
	4		stment of tax-exempt bond	F	0			
	5	Royalties		▶	7			7
	6a	Gross rents	(I) Real 1,056,864	(II) Personal				
	ь	Less rental	953,898					
	c	expenses Rental income	102,966	0				
	d	or (loss) Net rental inco	me or (loss)		102,966			102,966
		Weet remaining	(ı) Securities	(II) O ther				·
	7a	Gross amount from sales of assets other than inventory	5,616,970	107,778				
	ь	Less cost or other basis and sales expenses	5,847,056					
	С	Gain or (loss)	-230,086	107,778				
	d		ss)		-122,308		20,279	-142,587
Other Revenue	Od	Gross income f events (not inc \$ 9,133 of contributions See Part IV, Iir	luding ,540 s reported on line 1c) ne 18					
hei H	ь	Lace direction	penses b	132,850				
ŏ	c		(loss) from fundraising (766,142 events ►	-633,292			-633,292
			rom gaming activities	,				
	b c		penses b (loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo		2,373,285				
	b	Less cost of g		1,132,273				
		5	(loss) from sales of inve		1,241,012		986,651	254,361
		Miscellaneous	s Revenue	Business Code				
	11a	SPEECH REVE	NUE	900099	357,500	357,500		
	b	CDI FARMING		900099	376,269	376,269		
	С	OTHER REVEN		900099	199,253	199,253		
	d	All other reven	ue					

933,022

116,082,508

2,571,181

Total. Add lines 11a-11d

Total revenue. See Instructions

12

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)

	√				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2.061.602	2.061.602		
		3,061,682	3,061,682		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15				
	and 16	683,024	683,024		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,458,381	473,230	1,749,385	235,766
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	26,896,425	20,752,249	4,918,540	1,225,636
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,405,502	1,103,407	236,062	66,033
9	Other employee benefits	4,690,807	3,665,364	830,460	194,983
LO	Payroll taxes	4,050,007	3,003,301	030,100	131,303
		2,586,231	1,964,371	508,776	113,084
L1	Fees for services (non-employees)				
а	Management	0			
b	Legal	233,413	139,434	91,613	2,366
c	Accounting	1,774,665	140,838	1,633,827	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	569,871			569,871
f	Investment management fees	1,729,337		1,729,337	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,819,784	7,252,326	1,403,884	163,574
L2	Advertising and promotion	413,684	345,574	35,550	32,560
L3	Office expenses	1,504,595	681,822	702,532	120,241
L4	Information technology	1,986,915	763,707	1,203,373	19,835
L5	Royalties	0			
L6	Occupancy	4,638,514	3,339,013	1,084,494	215,007
L7	Travel	6,986,482	5,395,355	543,781	1,047,346
L8	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,587	1,587		
L9	Conferences, conventions, and meetings	11,808,733	10,955,750	86,951	766,032
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,077,503	5,288,341	493,558	295,604
23	Insurance	454,637	150,482	304,155	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	TRAINING & DEVELOPMENT	378,381	160,411	208,374	9,596
b	EXHIBITS & FIXTURES	518,122	518,122		
c	LOSS ON PRGRM RELATED INVSTMTS	2,486,437	2,486,437		
d	DIRECT PROGRAM	5,310,283	5,273,577	21,711	14,995
е	All other expenses	1,402,355	627,801	417,417	357,137
25	Total functional expenses. Add lines 1 through 24e	98,877,350	75,223,904	18,203,780	5,449,666
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

(B)

End of year

28,329,841

18,737,426

81,981,740

1,724,402

2,173,224

104,357,939

36,815,371

82,351,196

2,733,171

67,072

359,923,364

7,012,261

6,302,182

0

0

0

0

13,314,443

147,675,145

15.319.058

183,614,718

346,608,921

359,923,364 Form 990 (2015)

651,982

(A)

Beginning of year

40,198,007

85.583.746

110.883.866

1,097,893

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19 0

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23 0

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0

0

0

786,545

1,032,291

107,536,752

4,611,524

2,371,695

87.851

354, 190, 170

6.996.643

14,722,178

21,718,821

156,156,627

25,621,317

150,693,405

332,471,349

354, 190, 170

0

150 926 906

46,568,967

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	Check if Schedu

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Fund Balances

Net Assets or

Form 990 (2015)

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Cash-non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation

Accounts receivable, net . .

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

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

et Assets	

Revenue less expenses Subtract line 2 from line 1 . . .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

Net unrealized gains (losses) on investments . . .

1

116,082,508

-1,306,013

Page 12

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) . . . 2

98,877,350 17,205,158

3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4

332,471,349 -1,761,573

10 346,608,921 Yes

No 2a Νo 2b Yes 2c Yes

Nο

Form 990 (2015)

3a

3b

Software ID: Software Version:

EIN: 31-1580204

Name: BILL HILLARY & CHELSEA CLINTON FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours	per more than one box, unless list person is both an officer urs and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BRUCE R LINDSEY CHAIRMAN OF BOARD	45 0 5 0	×						361,676	0	32,74€
CHELSEA V CLINTON VICE CHAIR OF BOARD	25 0	×						0	0	C
ERIC BRAVERMAN DIRECTOR UNTIL 1/19/2015	50 0	×		х				356,877	0	2,833
WILLIAM JEFFERSON CLINTON DIRECTOR	20 0 5 0	×						0	0	C
FRANK GIUSTRA DIRECTOR	5 0	×						0	0	O
ROLANDO GONZALEZ BUNSTER DIRECTOR	5 0	×						0	0	C
ERIC GOOSBY DIRECTOR	5 0	×						0	0	C
HADEEL IBRAHIM DIRECTOR	5 0	×						0	0	C
LISA JACKSON DIRECTOR	5 0	×						0	0	d
CHERYL MILLS DIRECTOR	5 0 0 0	×						0	0	C

30,346

15

6,734

38,352

Form 990, Part VII - Compensation Compensated Employees, and Inde					rus	stee	s, K	(ey Employee	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unles	sition nore thess	(C) n (do than ersoi icer	not one on is and		,	organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	
CHERYL SABAN	5 0	х						0	0	С
DIRECTOR	0 0	<u> </u>	ഥ'	L'	L'	<u> </u>	<u></u>			
HILLARY RODHAM CLINTON Director Until April 12, 2015	20 0	x						0	0	C
ANDREW KESSEL	50 0			х				190,315	0	36,817
STEPHANIE S STREETT EXECUTIVE DIRECTOR, SECRETARY	50 0			×				176,300	0	35,513
MAURA PALLY ACTING CEO 1/9-5/31, SVP PRGMS	50 0			x				297,895	0	9,422
SCOTT CURRAN	50 0			x				164,101	0	34,573

0 0 50 0

0 0 50 0

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151,197

73,838

223,065

ASSISTANT SECRETARY & GEN COUN

ASSISTANT SEC & ASSOC GEN COUN

President & CEO from 6/1/2015

COO AND EVP FROM 10/13/2015

ALEXIS BLANE

Donna Shalala

KEVIN THURM

CEO, CGI

ROBERT S HARRISON

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

Compensated Employees, and Independent Contractors							, '			
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore t	than erso icer	o not n one on is l		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee		MISC)	MISC)	organization and related organizations
Danielle Stilz CDO FROM FEBRUARY 14, 2015					x			219,687	0	16,079
MARK GUNTON CEO, CGEP	0 0 50 0					х		281,198	0	41,869
AMITABH DESAI FOREIGN POLICY DIRECTOR	50 0					×		201,062	0	37,417
David Watt Director of Sponsorhip, CGI	50 0					x		249,748	0	39,840
Craig Minassian	50 0					х	H	201,004	0	35,838

Χ

238,837

140,000

25,417

3,636

0.0 50 0

0 0

Chief Communications Officer

CDO UNTIL FEBRUARY 13, 2015

Dymphna Van der Lans

CEO, CCI

DENNIS CHENG

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

Open to Public Inspection

DLN: 93493320104906 OMB No 1545-004

Employer identification number

31-1580204

Department of the Treasury Internal Revenue Service

990EZ)

Part I

1

2

3

SCHEDULE A

Name of the organization

BILL HILLARY & CHELSEA CLINTON FOUNDATION

hospital's name, city, and state

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

(Form 990 or

www.irs.gov/form990.

170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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.)

S	ection A. Public Support	zacion falls to q	daniy dilder tile	tests listed be	iow, piease con	ipiete Fait III.	
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
ì	Gifts, grants, contributions, and membership fees received (Do	65,232,759	49,937,264	142,885,956	172,579,474	108,915,463	539,550,916
2	not include any unusual grants) Tax revenues levied for the organization's benefit and either						0
3	paid to or expended on its behalf The value of services or						
3	facilities furnished by a governmental unit to the						0
4	organization without charge Total. Add lines 1 through 3	65,232,759	49,937,264	142,885,956	172,579,474	108,915,463	539,550,916
5	The portion of total contributions by each person (other than a	03,232,733	15,557,201	112,003,330	172,513,111	100,513,103	333,330,510
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,						32,026,628
_	column (f) Public support. Subtract line 5						
6	from line 4						507,524,288
S	ection B. Total Support	•		•			
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) ⊤otal
•	fiscal year beginning in)		49,937,264				539,550,916
7 8	A mounts from line 4 Gross income from interest,	65,232,759	49,937,264	142,885,956	172,579,474	108,915,463	539,550,916
•	dividends, payments received on securities loans, rents, royalties and income from	68,423	60,308	159,457	388,177	4,110,980	4,787,345
9	similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	5,329,830	2,464,256	4,419,621	5,107,819	2,007,248	19,328,774
11	Total support. Add lines 7						563,667,035
12	through 10 Gross receipts from related activ	ll rities, etc (see ins	tructions)			12	6,860,129
13	First five years.If the Form 990 i	•	•	d, third, fourth, or	fifth tax vear as a		<u> </u>
	check this box and stop here . ection C. Computation of P	<u> </u>	<u> </u>		·	<u></u> -	
14	Public support percentage for 20	15 (line 6, column	ı (f) dıvıded by lın	e 11, column (f))		14	90 040 %
15	Public support percentage for 20	14 Schedule A, Pa	art II, line 14			15	90 891 %
16a	33 1/3% support test—2015. If th	ne organization did	not check the bo	x on line 13, and	line 14 is 33 1/3%	or more, check	this box
b	and stop here. The organization of 33 1/3% support test—2014. If the	•	, , , ,		, and line 15 is 33	3 1/3% or more, c	► ✓ heck this
17a	box and stop here. The organizat 10%-facts-and-circumstances te is 10% or more, and if the organi in Part VI how the organization m	st—2015. If the org zation meets the f	janization did not acts-and-circum:	check a box on lii stances test, chec	ck this box and st	op here. Explain	▶
b	organization 10%-facts-and-circumstances te 15 is 10% or more, and if the org Explain in Part VI how the organi	janization meets t	he "facts-and-cır	cumstances" test	, check this box a	nd stop here.	► [
18	supported organization Private foundation. If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, 17a,	or 17b, check this	s box and see	▶
	instructions						▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
_	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
•	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
h	Amounts included on lines 2 and						
U	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		I
(or f	iscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization
	check this box and stop here						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	2015 (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶□
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	Private foundation. If the organizati			•			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Assall of the eventuality of eventual eventual eventual to be discussed by some or the eventual eventu		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4-	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?	1		
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	70		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5 C		
_	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

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

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

а	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

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SCHEDULE D (Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493320104906

Open to Public **Inspection**

Inten	nal Revenue Service	`			Ziio pection
	me of the organization L HILLARY & CHELSEA CLINTON FOUNDATION		E	mploy	er identification number
					30204
Pa	Organizations Maintaining Donor Complete if the organization answere			s or	Accounts.
	Complete in the organization anomal	(a) Donor advised funds		(b) Fu	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	2		dvise	d Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, o	or for any ot	her p	Yes No
Pa	rt III Conservation Easements. Comple	ete if the organization answered "	Yes" on Fo	orm 9	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th				
	Preservation of land for public use (e g , recreducation)		on of an his	torica	ally important land area
	Protection of natural habitat				nistoric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribut	ion in the fo	orm of	f a conservation
					Held at the End of the Year
а	Total number of conservation easements		26	-	
b	Total acreage restricted by conservation easeme		21		
c d	Number of conservation easements on a certified Number of conservation easements included in (, ,	. 20	+	
u	historic structure listed in the National Register	by acquired after 6/17/00, and not on a	20	d	
3	Number of conservation easements modified, trait tax year ▶	nsferred, released, extinguished, or ter	rmınated by	the o	organization during the
4	,	orvation casement is located			
5	Number of states where property subject to cons Does the organization have a written policy regar violations, and enforcement of the conservation 6	ding the periodic monitoring, inspectio		of	
_	Staff and volunteer hours devoted to monitoring,		enforcing c	onsei	Yes No
6	year	mapeeting, nanding of violations, and	emoreing e	011361	vacion cusements during the
7	A mount of expenses incurred in monitoring, insper	ecting, handling of violations, and enfor	rcing conse	rvatio	on easements during the year
8	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements	s of section	170(h)(4) Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's fir			
Pai	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical Treasu		Othe	r Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in it assets held for public exhibition, educ	s revenue s	searc	th in furtherance of public
ь	If the organization elected, as permitted under SI	FAS 116 (ASC 958), to report in its re	venue state	ement	t and balance sheet

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ __

EGH	(continued)	Conections of A	iri, nisto	icai	rreasures, or c	Julier Sillillar A	55615
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other rec	ords,chec	an y o	f the following that	are a significant us	e of its
а	Public exhibition		d [– Loa	an or exchange prog	jrams -	
b	Scholarly research		e [– Otl	ner		
c	Preservation for future generations						
4	Provide a description of the organization		olaın how th	ey furti	her the organization	n's exempt purpose	ın
5	During the year, did the organization sol	icit or receive donatio	ons of art, h	storica	al treasures or othe	rsımılar	
	assets to be sold to raise funds rather th	nan to be maintained a					No No
Pa	rt IV Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form 990	ı, Part	: IV, line 9, or re	ported an amoun	t on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inter	mediary for	contril	outions or other ass	ets not Yes	s
b	If "Yes," explain the arrangement in P	art XIII and complete	e the follow	ng tab	le	Ame	ount
c	Beginning balance				1 c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2 a	Did the organization include an amount of	on Form 990, Part X, I	ine 21, for	escrow	or custodial accou	int liability? Yes	i
b	If "Yes," explain the arrangement in Par						🗆
Pa	rt V Endowment Funds. Comple						/->F
	Beginning of year balance	(a)Current year 150,791,965	(b) Pnor ye	96,285	b (c) Two years back 267,491	250,000	(e)Four years back 250,000
b	Contributions	32,921,313		79,557	58,763,848	17,491	<u>, , , , , , , , , , , , , , , , , , , </u>
С	Net investment earnings, gains, and losses	-1,459		16,123	64,946		
d	Grants or scholarships						
e	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance	183,711,819	150,7	91,965	59,096,285	267,491	250,000
2	Provide the estimated percentage of the	current year end bala	ance (line 1	g, colu	mn (a)) held as		
а	Board designated or quasi-endowment >	•					
b	Permanent endowment ► 99 950 %						
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	0 050 % should equal 100%					
За	Are there endowment funds not in the poorganization by	•	nization that	are he	eld and administere	d for the	Yes No
	(i) unrelated organizations (ii) related organizations					3a 3a	
ь 4	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses	zatıons lısted as requ			۲۶	3	b
Pa	rt VI Land, Buildings, and Equip						
	Complete if the organization	answered 'Yes' to I					
	Description of property		Cost or	(a) other ba stment)		Accumulated (c)depreciation	(d)Book value
1 a	Land				943,69	90	943,690
b	Buildings				120 550 0	17 26 276 422	04 103 400
,	Leasehold improvements				130,559,9°		<u> </u>
	Equipment		·		11,477,6		<u> </u>
	Other		•		11,,6.	1,517,504	2,333,231

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

104,357,939

Part VII Investments—Other Securities. C	Complete if the org	anızatıon answered 'Yes	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or catego	ry	(b) Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests (3)Other			
(A) HEDGED EQUITY		12,040,574	F
(B) SELECT EQUITY		33,708,474	F
(C) INTERMEDIATE FUND		13,853,031	F
(D) STRATEGIC FIXED INCOME		10,129,407	F
(E) PRIVATE EQUITY		631,904	F
(F) DIVERSIFIED STRATEGY FUNDS		11,987,806	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	82,351,196	
Part VIII Investments—Program Related. Complete if the organization answerd (a) Description of investment	ed 'Yes' on Form 9	90, Part IV, line 11c. _{Sec}	e Form 990, Part X, line 13. (c) Method of valuation Cost or end-of-year market value
	scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or	•	ed 'Yes' on Form 990, P	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book valu		
1. (a) Beserption of mapiney	(B) Book Valle		
Federal Income taxes		0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	0	
2. Liability for uncertain tax positions In Part XIII, provorganization's liability for uncertain tax positions under XIII √			

Schedule D (Form 990) 2015

1

2

2e

3	Subtract line $2e$ from line 1 .		3	
4	Amounts included on Form 990	, Part VIII, line 12, but not on line 1		
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12)	5	
Part		penses per Audited Financial Statements With Expense: zation answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per	audited financial statements	1	
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25		
а	Donated services and use of fa	cilities 2a		
b	Prior year adjustments	2b		
c	Otherlosses			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	Amounts included on Form 990	, Part IX, line 25, but not on line 1:		
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	 	4c	
5	Total expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, line 18)	5	
Pari	XIII Supplemental Info	rmation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2l ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		e any additional
	Return Reference	Explanation		
FO RM LINE		THE ENDOWMENT CONSISTS OF FUNDS ESTABLISHED TO SUPPOR OF THE BILL, HILLARY & CHELSEA CLINTON FOUNDATION	TTHE	ONGOING MISSIC

2a

2b

2c

2d

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

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants

Other (Describe in Part XIII)

Add lines 2a through 2d

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information		
Return Reference	Explanation	

efile GRAPHIC print - DO	O NOT PROCESS	As Filed Da	ta -	DLN	93493320104906		
SCHEDULE F (Form 990)	OMB No 1545-0047						
Denartment of the Treasury	990, ww.irs.gov/form990.	2015 Open to Public Inspection					
Name of the organization BILL HILLARY & CHELSEA CLI	INTON FOUNDATION	I		Employer identification number 31-1580204			
	nation on Activiti organization answei		ne United States. orm 990, Part IV, line	14b.			
 For grantmakers. Doe and other assistance, to used to award the grantmakers. Description of the assistance outside the Activities per Region (The 	the grantees' eligibil hts or assistance? cribe in Part V the or United States	ity for the grar ganization's p	nts or assistance, and	the selection criteria	√ Yes No No		
(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 program service, describe specific type of service(s) in region			
(1) See Add'l Data		region	region				
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continuation s to Part I	heets 9	269			27,222,235		
c Totals (add lines 3a and 3 For Paperwork Reduction Act Noti	· · · · · · · · · · · · · · · · · · ·			No 50082W Sch e	27,222,235 dule F (Form 990) 2015		

	Part II	Grants and Other Assistance to Organizations or Entities Outside the United State
--	---------	---

Complete if the organization answered "Yes" to 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.

LANTING and a		l	(-) A	(6) Manager of	(-) 0	(h) December	(i) Mathadas
section and EIN (if	(c) Region	(d) Purpose of grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		section and EIN (if	section grant and EIN (if	section grant cash grant and EIN (if	section grant cash grant cash disbursement	section grant cash grant cash of non-cash and EIN (if disbursement assistance	section and EIN (if grant cash grant cash of non-cash assistance assistance

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 ▶

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				,
(17)				
(18)				
			Schedu	ıle F (Form 990) 2015

Yes 8621)

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

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

(see Instructions for Form 8865)

5713, do not file with Form 990)

Yes

Yes

▽

IJ No

Nο

Νo

Page 5

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Schedule F (Form 990) 2015

Job Benedale 17 Bappiemental	2 mornia don
Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 2	THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS DETAILING THE USE OF GR
	ANT FUNDS THE RELEVANT GROUP INITIATIVE WITHIN THE FOUNDATION REVIEWS THESE REPORTS FOR P
	ROPER USE OF GRANT FUNDS AND CONTINUED FUNDING

990 Schedule F, Supplemental Information

Return Reference Explanation

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

Additional Data

Middle East and North

Sub-Saharan Africa

A frica

Software ID: Software Version:

215

EIN: 31-1580204

Name: BILL HILLARY & CHELSEA CLINTON FOUNDATION

CONFERENCES

DEV

CLIMATE & ECONOMIC

2,634,580

13,548,096

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	_
Central America and the Caribbean		10	1 3	CLIMATE & ECONOMIC DEV	4,821,250

Program Services

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services. grants to recipients located in the region) South America Program Services IECONOMIC. 4,694,378 DEVELOPMENT South Asia Program Services **IECONOMIC** 1.507.260 DEVELOPMENT Central America and the Investments PGM RELATED 16,671

IINVESTMENT

Caribbean

(b) IRS code (I) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa lForestry 205.112 bank wire IN/A N/A 58,499 Bank Wire N/A ISouth America Training IN/A

41,375 bank wire

6,000 BANK WIRE

N/A

N/A

ln/a

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

the Caribbean Central America and

the Caribbean

Central America and Entrepreneurship

(b) IRS code (I) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash and EIN(If cash disbursement (book, FMV, organization cash grant assistance assistance annlicable) appraisal, other)

202,681 bank wire

N/A

N/A

	applicable)						арріаі
		Central America and	EDUCATION	169,357	BANK WIRE	N/A	N/A
i		the Caribbean					

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

the Caribbean

Central America and AGRICULTURE

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Attach to Form 990 or Form 990-EZ

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) 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	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
	Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities Check all that apply
 - ✓ Mail solicitations Solicitation of non-government grants
 - ▼ Internet and email solicitations ▼ Solicitation of government grants
 - ▼ Phone solicitations ▼ Special fundraising events
- 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 ✓Yes No services?
- 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	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1 AB Data Ltd	DIRECT MAIL MARKETING		No	372,762	82,500	290,262
2 COMMUNITY COUNSELLING SERVICE CO	FUNDRAISING SERVICES		No	6,400,490	275,000	6,125,490
Anne Lewis dba Anne Lewis Strategie	ONLNE/EMAIL MARKETING		No	1,461,312	206,121	1,255,191
4 AMERICAN MARKETING COMMUNICATIONS	DIRECT MAIL MARKETING		No	8,993	6,250	2,743
5						
6						
7						
8						
9						
10						
Total	1	1	>	8,243,557	569,871	7,673,686

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

Part II	Fundraising	Events

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

		(a) Event #1	(b) Event #2	(c)O ther events	(d) Total events
	-	NEW YORK GALA (event type)	SAN FRAN EVENT (event type)	(total number)	(add col (a) through col (c))
Reversie	1 Gross receipts	2,741,996 2,640,196 101,800	1,135,085	5,374,509 5,358,259 16,250	9,133,540
	4 Cash prizes				
ses	6 Rent/facility costs			20,085	20,085
Expenses	7 Food and beverages	102,488		15,920 310	180,945
Direct E	9 Other direct expenses	249,764		219,928	552,743
△	10 Direct expense summary Add lines 4	·		•	766,142
Paı	rt III Gaming. Complete if the organization a Form 990-EZ, line 6a.			19, or reported mor	-633,292 e than \$15,000 on
Reversie	1 Gross revenue	(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 Cash prizes				
	5 Other direct expenses		├ Yes <u> </u>		
	6 Volunteer labor			▶	
9 a	Enter the state(s) in which the organization licensed to conduct g		•		Yes No
b	If "No," explain				
10 a b	Were any of the organization's gaming lic If "Yes," explain		_	the tax year?	Yes No
_					

- Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- Enter the amount of distributions required under state law distributed to other exempt organizations or spent
- Tyes TNo in the organization's own exempt activities during the tax year > \$

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

additional information (see instructions). Return Reference Explanation

All methods of solicitation have been checked including those methods used exclusively by

SCHEDULE G, PART I, Foundation employees However, the professional fundraisers listed on Line 2 are engaged ONLY in LINE 1 the following (a) mail solicitations, (b) internet and email solicitations, (d) in-person solicitations, and (g) special fundraising events 1 AB Data, Ltd PO Box 170062 Milwaukee, WI 53217-8000 2 COMMUNITY COUNSELLING SCHEDULE G, PART I -SERVICE CO, LLC PO BOX 824885 PHILADELPHIA, PA 19182 3 Anne Lewis Strategies LLC

Schedule G (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization BILL HILLARY & CHELSEA CLINTON FOUNDATION **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate th the selection criteria used to award the grants or assistar Describe in Part IV the organization's procedures for mor Part II Grants and Other Assistance to Domestic Organiza that received more than \$5,000 Part II can be du (a) Name and address of **(b)** EIN (c) organization

OMB No 1545-0047 2015

Open to Public

DLN: 93493320104906

Inspection

Employer identification number

31-1580204

Does the organization maintain re the selection criteria used to awa Describe in Part IV the organizat	ard the grants or ass	sistance?			•	tance, and	✓ Yes No
Grants and Other Assistar that received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for any recipient
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Addıtıonal Data Table							
Enter total number of section 50 Enter total number of other organ							4
perwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2015

See Additional Data Table

Additional Data

Suite 303

LOS ANGELES, CA 90049

Software ID: Software Version:

EIN: 31-1580204

Name: BILL HILLARY & CHELSEA CLINTON FOUNDATION

Form 990, Schedule I, Par	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
World Resources Institute 10 G Street NE 800 Washington, DC 20002	52-1257057	501(C)(3)	124,784		N/A	N/A	CLIMATE RESILENCY				
Sesame Workshop 1900 Broadway 4th Floor New York,NY 10023	13-2655731	501(C)(3)	155,520		N/A	N/A	EDUCATION				
JP Haitian Relief Organization 6022 Wilshire Blvd	27-1703237	501(C)(3)	468,266		N/A	N/A	Haiti Reconstruction				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) A mount of cash (e) Amount of non- (f) Method of valuation (b) EIN (c) IRC section (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(3) 2.300.000 IN/A 27-2028308 N/A CHILDHOOD OBESITY

Alliance for a Healthier Generation 1200 NW Naito Parkway

Portland, OR 97209

Schedule J (Form 990)

Department of the

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493320104906 OMB No 1545-0047

2015

Open to Public Inspection

Treasury			
Internal Revenue Service			
Name of the organiz	ation		
BILL HILLARY & CHELSEA	A CLINTON FOUNDATION		

Employer identification number

BILL	HILLARY & CHELSEA CLINTON FOUNDATION						
			3	1-1580204			
Pa	Questions Regarding Compensation						
						Yes	No
1a	Check the appropiate box(es) if the organization provi 990, Part VII, Section A , line 1a Complete Part III to						
	▼ First-class or charter travel	Г	Housing allowance or residence for p	personal use			
	Travel for companions	Ė	Payments for business use of person	nal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation	on fees			
	Discretionary spending account	Ė	Personal services (e g , maid, chauff	eur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc				1 b		Νo
2	Did the organization require substantiation prior to rei						
	directors, trustees, officers, including the CEO/Execut	tive Di	rector, regarding the items checked ii	n line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	apply	Do not check any boxes for methods	;			
	Compensation committee	V	Written employment contract				
	✓ Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	Ė	Approval by the board or compensat	ion committee			
	,	•	. ,				
4	During the year, did any person listed on Form 990, Pa or a related organization	art VII	, Section A , line 1a with respect to th	e filing organization			
а	Receive a severance payment or change-of-control pa	yment	7		4a	Yes	
b	Participate in, or receive payment from, a supplementa	al nond	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed con	npensation arrangement?		4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ide the	e applicable amounts for each item in	Part III			
_	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization		•				
5	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of	ine ia	, did the organization pay or accrue ar	ıy			
а	The organization?				5a		Νo
b	Any related organization?				5b		No
_	If "Yes," on line 5a or 5b, describe in Part III				- 55		110
6	For persons listed on Form 990, Part VII, Section A, I	ıne 1a	did the organization pay or accrue at	١٧			
•	compensation contingent on the net earnings of	ine ru	, and the organization pay of accrac at	''			
а	The organization?				6 a		No
b	Any related organization?				6b		No
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, l payments not described in lines 5 and 6? If "Yes," des			-fixed	7	Yes	
8	. . Were any amounts reported on Form 990, Part VII, pa	ıd or a	ccured pursuant to a contract that wa	ıs			
	subject to the initial contract exception described in R		•				
	ın Part III				8		Νo
9	If "Yes" on line 8, did the organization also follow the r section 53 4958-6(c)?	rebutta	ble presumption procedure described	ın Regulatıons	9		

Tage 2											
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.											
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·							
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in						

(A) Name and Title	(B) Breakdown o	Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation in
	-	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(i) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

Schedule J (Form 990) 2015						
Part III Supplemental Inform	Part III Supplemental Information					
Provide the information, explanation, or	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation					
LINE 1A	THE CLINTON FOUNDATION HAS A TRAVEL AND BUSINESS EXPENSE POLICY APPLICABLE TO OFFICERS AND KEY EMPLOYEES AS PART OF ITS GLOBAL CODE OF CONDUCT THE POLICY PROVIDES THAT TRAVEL MUST BE BY THE "LOWEST COMMERCIAL COACH CLASS FARE," WITH CERTAIN LIMITED EXCEPTIONS WHEN AIR TRAVEL EXCEEDS 9 HOURS OR IS AN OVERNIGHT TRANSCONTINENTAL FLIGHT, AND THE TRAVELER MUST REPORT TO WORK SOON AFTER ARRIVAL IN THESE LIMITED CIRCUMSTANCES, TRAVEL MAY BE VIA THE LOWEST COMMERCIAL CLASS ABOVE COACH CLASS, WHICH IS TYPICALLY BUSINESS CLASS ON A CASE-BY-CASE BASIS AND DUE TO SECURITY MEASURES, WILLIAM J CLINTON, HILLARY RODHAM CLINTON (UNTIL HER RESIGNATION ON APRIL 12, 2015), AND CHELSEA V CLINTON, MAY HAVE REQUIRED TRAVEL VIA CHARTER OR IN FIRST CLASS					
LINE 2	TRAVEL INDICATED ABOVE FOR WILLIAM J CLINTON, HILLARY RODHAM CLINTON (UNTIL HER RESIGNATION ON APRIL 12, 2015), AND CHELSEA V CLINTON 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					

Schedule J (Form 990) 2015

FORM 990, SCHEDULE J, PART I, ERIC BRAVERMAN RECEIVED A SEPARATION PAYMENT OF \$330,000 THE SEPARATION PAYMENT IS REPORTED ON PART II, COLUMN B(III)

LINE 4A

THE AMOUNTS INCLUDED IN PART II, COLUMN B(II) REPRESENT BONUSES THAT WERE INCLUDED IN THE 2015 W-2

FORM 990, SCHEDULE J, PART I,

LINE 7

Software ID: Software Version:

EIN: 31-1580204

Name: BILL HILLARY & CHELSEA CLINTON FOUNDATION

(A) Name and Title		II - Officers, Directors, Trustees, Key Employees, and (B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1BRUCE R LINDSEY CHAIRMAN OF BOARD	(1)	361,676	0	0	13,920	18,826	394,422	
	(11)	0	0	0	0	-	_ _ o	(
1ERIC BRAVERMAN DIRECTOR UNTIL 1/19/2015	(1)	26,877	0	330,000	2,215	618	359,710	(
	(11)	0	0	0	0			(
2ANDREW KESSELCFO	(1)	187,315	3,000	0	11,400	25,417	227,132	(
	(11)	0	0	0	0			(
3STEPHANIE S STREETT EXECUTIVE DIRECTOR,	(1)	173,007	3,000	293	10,096	25,417	211,813	(
SECRETARY	(11)	0	0	0	0	-	_	(
4ROBERT S HARRISON CEO, CGI	(1)	220,065	3,000	0	12,935	25,417	261,417	(
	(11)	0	0	0	0	- 0		(
5DENNIS CHENG CDO UNTIL FEBRUARY 13,	(1)	40,000	100,000	0	2,400	1,236	143,636	(
2015	(11)	0	0	0	0			(
6MAURA PALLY ACTING CEO 1/9-5/31, SVP	(1)	297,895	0	0	1,385	8,037	307,317	(
PRGMS	(11)	0	0	0	0			(
7MARK GUNTONCEO, CGEP	(1)	278,198	3,000	0	16,452	25,417	323,067	(
	(11)	0	0	0	0			(
8AMITABH DESAI FOREIGN POLICY DIRECTOR	(1)	197,459	3,000	603	12,000	25,417	238,479	(
	(11)	0	0	0	0	-	-	(
9SCOTT CURRAN ASSISTANT SECRETARY &	(1)	160,819	3,000	282	9,156	25,417	198,674	(
GEN COUN	(11)	o	0	0	0	- - 0		(
10ALEXIS BLANE ASSISTANT SEC & ASSOC	(1)	148,697	2,500	0	9,000	21,346	181,543	(
GEN COUN	(11)	0	0	0	0	- 0	-	(
11David Watt Director of Sponsorhip, CGI	(1)	247,248	2,500	0	14,423	25,417	289,588	(
	(11)	0	0	0	0			(
12Craig Minassian Chief Communications Officer	(1)	197,751	3,000	253	11,040	24,798	236,842	(
Chief Communications Officer	(11)	0	0	0	0			(
13Dymphna Van der Lans	(1)	235,837	3,000	0	0	25,417	264,254	
CEO, CĆI	(11)	0	0	0	0			
14Danielle Stilz CDO FROM FEBRUARY 14,	(1)	166,687	53,000	0	8,042	0 8,037	235,766	(
2015	(11)	0	0	0	0			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE M

DLN: 93493320104906

OMB No 1545-0047 2015

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Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury

(Form 990)

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

	sury nal Revenue Service						Inspe	ectio	j)
lam	ne of the organization				Emplo	yer identificat	ion nu	mber	
ILL	HILLARY & CHELSEA CLINTON FOUNDATIO	N			24 45	00004			
Ρa	art I Types of Property				31-15	80204			
	Types of Troperty	(2)	(b)	(6)					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	(d) Method of de oncash contrib	etermı	_	.ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications	X		10,000	1				
	Clothing and household goods	Х		8,936	FMV				
6	Cars and other vehicles				-				
7	Boats and planes								
	Intellectual property		35	1.641.534	EMAY				
	Securities—Publicly traded . Securities—Closely held stock .	X	33	1,641,524	- 1 V				
	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								
	Real estate—Other								
	Collectibles								
	Food inventory	X	9	54,702	FMV				
	Drugs and medical supplies .								
	Taxıdermy								
	Scientific specimens								
	Archeological artifacts								
	Other ► (X	1	219,923	FMV				
	nputer related Iware)								
26	Other ► (Х	1	15,090	FMV				
	Other►()								
	Other ▶ ()								
29	Number of Forms 8283 received for which the organization comple				29				1
								Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1 thro	ugh 28, that			
	ıt must hold for at least three ye	ars from th	e date of the initial contribu	tion, and which is not requ	ired to	be used			
	for exempt purposes for the enti	re holding p	period ⁷				30a		No
b	If "Yes," describe the arrangem	ent in Part :	II						
31	Does the organization have a gif	t acceptan	ce policy that requires the r	eview of any non-standard	contri	butions?	31	Yes	
32 a	Does the organization hire or us contributions?	•	les or related organizations	to solicit, process, or sell	noncas	sh • •	32a		No
b	If "Yes," describe in Part II								<u> </u>
	If the organization did not report	an amount	t in column (c) for a type of i	property for which column	(a) ıs c	hecked,			
	describe in Part II					l	l		l

Return Reference Explanation SCHEDULE M, PART I, COLUMN(b) FOR NON-STOCK CONTRIBUTIONS REPORTED, THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2015
Open to Public Inspection

Name of the organization
BILL HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number

	31-1580204
Return Reference	Explanation
FORM 990, PART III, LINES 4A-D	The Clinton Foundation works to improve global health and welfness, increase opportunity for gris and women, reduce chickhood obesty, create economic opportunity and growth, and help communities address the effects of climate change by implementing programs, facilisating opportunities and forming creative partnerships. To accomplish its goals through measurable results, the Cinton Foundation was not and overal goals. The installation is an obligation of the provision of the control

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	WILLIAM JEFFERSON CLINTON, HILLARY RODHAM CLINTON, AND CHELSEA V CLINTON HAVE A FAMILY RELATIONSHIP

Return Reference	Explanation
FORM 990,	ON SEPTEMBER 10, 2015, THE FOUNDATION'S BOARD OF DIRECTORS APPROVED AMENDED AND RESTATED BYLAWS,
PART VI,	WHICH UPDATED THE PRIOR VERSION OF THE BY LAWS BY REMOVING HILLARY RODHAM CLINTON AS A CLASS A
SECTION A,	DIRECTOR, CHANGING THE REQUIREMENT THAT A QUORUM OR A MAJORITY VOTE OF THE BOARD INCLUDE A MAJORITY
LINE 4	OF CLASS A DIRECTORS TO INCLUDE AT LEAST ONE CLASS A DIRECTOR, INDICATING THAT THE EXECUTIVE COMMITTEE,
	THE AUDIT COMMITTEE, AND THE INVESTMENT COMMITTEE ARE STANDING COMMITTEES OF THE BOARD, AND DESCRIBING
	THE COMPOSITION OF THE EXECUTIVE COMMITTEE AND THE INVESTMENT COMMITTEE

Return Reference	Explanation
FORM 990, PART VI,	A COPY OF THE ORGANIZATION'S FORM 990 IS CIRCULATED TO THE BOARD, AMONG THE VARIOUS OFFICERS
SECTION B. LINE 11	AND AMONG THE VARIOUS INITIATIVE HEADS FOR REVIEW PRIOR TO FILING

Return Reference	Explanation
' ' '	THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO DISCLOSE POTENTIAL CONFLICTS ANNUALLY. THE ANNUAL DISCLOSURES ARE
12C	REVIEWED BY COUNSEL AND IF ANY POTENTIAL CONFLICT EXISTS, IT WOULD BE EXAMINED AND APPROPRIATE ACTION WOULD BE TAKEN

Return Reference	Explanation
.,,	THE ORGANIZATION PARTICIPATES IN AN ANNUAL COMPENSATION STUDY THAT REVIEWS THREE SURVEYS TO DETERMINE THE REASONABLENESS OF STAFF COMPENSATION INCLUDING TOP MANAGEMENT THE ORGANIZATION ALSO UTILIZES AN INDEPENDENT COMPENSATION CONSULTANT SALARIES ARE APPROVED ANNUALLY BY THE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990.	THE CLINTON FOUNDATION IS ENGAGED IN TWO PARTNERSHIPS WITH THE INTENT OF HELPING LIFT PEOPLE OUT OF
PART VI,	POVERTY BY ORGANIZING THEM INTO SOCIAL ENTERPRISES ANY ACTION OF THESE PARTNERSHIPS REQUIRES
SECTION B,	CONCURRENCE OF THE FOUNDATION, TO ENSURE THAT ACTIVITIES ALIGN WITH THE FOUNDATION'S CHARITABLE
LINE 16B	PURPOSES AND WITH THE SOCIAL MISSION A SOCIAL INVESTMENT POLICY WAS ADOPTED IN JANUARY 2016 This policy requires the Foundation to negotiate, in its transactions and arrangements with other members of the venture or
	arrangement, such terms and safeguards as are adequate SO THAT the organization's exempt status is protected, and it requires steps to be taken to safeguard the Foundations exempt status

Return Reference	Explanation
FORM 990, PART VI,	THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT AVAILABLE ON ITS
SECTION C, LINE 19	WEBSITE ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART VIII, LINE	CDI FARMING IS A PROGRAM RELATED ACTIVITY THE REVENUE FROM THIS ACTIVITY IS \$955,766 AND THE
11(B)	EXPENSES FROM THIS ACTIVITY ARE \$579,497

Return Reference	Explanation
FORM 990, PART IX, LINE 18	A US mayor was reimbursed for travel and lodging expenses related to his participation on a panel at CGI America

Return Reference	Explanation	l
FORM 990, PART XI,	OTHER CHANGES IN NET ASSETS CURRENT YEAR ALLOWANCE FOR UNCOLLECTIBLE PLEDGES (\$1,400,620) GRANT	l
LINE 9	& CONTRIBUTION REFUND \$ 94,607 TOTAL (\$1,306,013)	l

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DLN: 93493320104906 OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization BILL HILLARY & CHELSEA CLINTON FOUNDATION				Employer id	lentification number		
BILL TILLBAKT & CHEISEA CHIVTON TOONDATION				31-158020)4		
Part I Identification of Disregarded Entities Co	mplete 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	670,937	0	BHCC FDN		
(2) CLINTON FOUNDATION HONG KONG 16/F TAK SHING HOUSE THEATER LANE HONG KONG HK	CF PROGRAMS	НК	0	0	BHCC FDN		
Part II Identification of Related Tax-Exempt Org	agnizations Complete if t	he organization and	wered "Ves" on	Form 990 Dar	+ IV line 34 hecause	t had on	
or more related tax-exempt organizations duri		ne organizacion ans		101111 990, Pai	t IV, line 34 because		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity s (if section 501(Section (13) co en	ontrolle itity?
(1)WILLIAM J CLINTON FOUNDATION UK ACRE HOUSE 11-15 LONDON UK	FUNDRAISING	UK			BHCC FDN	Yes	No
(2)CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE	HEALTH	AR	501(c)(3)	7	BHCC FDN	Yes	
BOSTON, MA 02127 27-1414646 (3)CLINTON FOUNDATION INSALINGSSTIFTELSE BIRGER JARLSGATAN 55 STOCKHOLM 11145 SW	FUNDRAISING	SW			BHCC FDN	Yes	
							\perp

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	(b) Primary activity	(c)	(d) Direct	(e) Predominant	(f)	(g) Share of end-	(h)	(i) Code V-UBI	(j Gene		(k) Percentage
related organization	Primary activity	Legal domicile (state or foreign	controlling	income(related, unrelated, excluded from	income	of-year assets		itions?	amount in box 20 of Schedule K-1	mana part	aging	ownership
		country)		tax under sections 512- 514)					(Form 1065)			
				1 321,			Yes	No		Yes	No	
(1) HAITI DEVELOPMENT FUND LLC	INVESTMENT	DE	NA	RELATED	-3,503	127,053		No	0	Yes		50 000 %
38196781271 AVE OF AMERICAS NEW YORK, NY 10020 45-3819678												
(2) Acceso Fund LLC	INVESTMENT	DE	NA	RELATED	-1,211,317	2,138,027		No	0	Yes		50 000 %
1271 AVENUE OF AMERICAS NEW YORK, NY 10020 27-2075171												
(3) ACCESO OFERTA LOCAL-PRODUCTOS	FRUIT & VEG SPPLY	ES	ACCESO WORLDWID	RELATED	-15,676	426,856		No	0		No	99 990 %
Calle El Mirador y 93 AVENIDA norte SAN SALVADOR ES			WONLDWID									
CIUDAD VERDE AMARILO TRIADA (4) FRAILEJONIII	INVESTMENT	СО	BHCC FDN	RELATED	-756,002	0		No	0		No	
Calle 67 No 7- 37 Piso 3 BO CO												
			1									-1.6

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
See Additional Data Table									

Chedule k (101111 990) 2013		. 000 P- TV	24 255 - 26		Ра	ge 3
Part V Transactions With Related Organizations Complete if the organization and	swered "Yes" on Form	990, Part IV, line	9 34, 35b, or 36.		I	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or mor	•					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1 c	Yes	
d Loans or loan guarantees to or for related organization(s)				1d	Yes	<u> </u>
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1 i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				1 s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must comp			1	lds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount ı	nvolved	
ee Additional Data Table						

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

revenue) that was not a related organization See instructions																					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		(f) Share of total income	end-of-year	(g) Share of end-of-year assets (h) Disproprtion allocations		f-year allocations?		(h) prtionate ations? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No									
												1 I									
													<u> </u>								



Software ID: **Software Version:**

EIN: 31-1580204

Name: BILL HILLARY & CHELSEA CLINTON FOUNDATION

Form 990, Schedule R, Part IV - I								ı	
(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	Sect 512(b) contro entit	ion)(13) olled
(1) ACACIA DEVELOPMENT CO 1271 Avenue of Americas New York, NY 10020 81-1675271	INVESTMENT	DE	BHCC FDN	C CORP	0	0	100 000 %	Yes	110
(1) ACCESO WORLDWIDE FUND INC 1271 avenue of americas New York, NY 10020 46-4160920	INVESTMENT	DE	BHCC FDN	C CORP	-122,625	685,251	100 000 %	Yes	
(2) FONDO ACCESO SAS Calle 93A No 14-17 Of 709 BOGOTA CO	INVESTMENT	СО	ACCESO FUND LLC	C CORP	30,810	556,081	50 000 %		No
ACCESO CASHEW ENTERPRISE (3) LIMITED Office No 201 Kohinoor PARADISE AROGYA, MAHARASHTRA IN	CASHEW PROCESSING	IN	Acceso Worldwid	C CORP	-113,057	146,946	99 990 %	Yes	
(4) TUKULA FARMING COMPANY LTD PO BOX 5133RLTY HSECHURCH HILL RD LIMBE MI	FARMING	MI	ACACIA DEVLP CO	C CORP	0	0	100 000 %	Yes	
(5) ACCESO OFERTA LOCAL-PRODUCTOS DEL CARIBE Diagonal 31 No 100 - 115 CARTEGENA CO	FISH&SEAFOOD SUPP	СО	FONDO ACCESO SA	C CORP	96,657	243,737	50 000 %		No
(6) MOYO DEVELOPMENT COMPANY 1271 AVENUE OF AMERICAS NEW YORK, NY 10020 81-1424656	INVESTMENT	DE	ACACIA DEVLP CO	C CORP	0	0	100 000 %	Yes	
ACCESO PEANUT ENTERPRISE (7) CORPORATION 11 RUE OGE PETION-VILLE MIRABELAIS HA	PEANUT SUPPLY CHN	НА	BHCC FDN	C CORP	30,136	332,869	99 990 %	Yes	
(8) MOYO NUTS AND SEEDS LIMITED PO BOX 5133 CHURCH HILL RD LIMBE MI	NUT PROCESSING	MI	MOYO DEVLP CO	C Corp	0	0	100 000 %	Yes	
(9) Acceso Boyaca SA Centro empresarial de Oriente BG-3 VIA PAIPA-BOGOTA, TUNJA CO	FRUIT & VEG SPPLY	СО	Fondo Acceso SA	C Corp	-583	219,312	50 000 %		No
(10) Chakıpı Acceso SA Calle Cascanueces Mz M2 Lote 4 LIMA PE	DISTRIBN OF GOODS	PE	Acceso Fund LLC	C Corp	15,434	265,620	50 000 %		No
(11) Ruaha Development Company Limited IMMMA HsePlot No357UN RD PO Bx 72484,Upanga,Dar es Sal TZ	FARMING	TZ	Acacia DEVLP CO	C Corp	0	0	100 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (d) Name of related organization A mount Involved Transaction Method of determining amount type(a-s) involved (1) CLINTON FOUNDATION INSALINGSSTIFTELSE 4,223,996 FMV FMV (1) ACCESSO WORLDWIDE FUND INC В 250,000 ACCESO FUND LLC FMV (2) 1,676,000 FMV (3) ACCESO FUND LLC D 125,000 FMV (4) ACCESO FUND LLC Q 409,206 (5) Acceso Cashew ENTERPRISE LIMITED 74,910 FMV (6) ACCESO OFERTA LOCAL-PRODUCTOS DE EL SALVADOR 235,074 FMV FMV (7) ACCESO OFERTA LOCAL-PRODUCTOS DE EL SALVADOR В 66,158 FMV (8) ACCESO PEANUT ENTERPRISE CORPORATION 218,280 (9) ACCESO PEANUT ENTERPRISE CORPORATION 285,926 FMV (10) Haiti Development Fund LLC S 189,609 FMV