

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

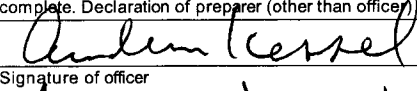
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BILL, HILLARY & CHELSEA CLINTON FOUNDATION		D Employer identification number 31-1580204
	Doing Business As		E Telephone number (501) 748-0471
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code LITTLE ROCK, AR 72201		G Gross receipts \$ 151,088,009.
F Name and address of principal officer: ERIC BRAVERMAN 1271 AVENUE OF AMERICAS NEW YORK, NY 10020			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CLINTONFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1997 M State of legal domicile: AR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVE GLOBAL HEALTH & WELLNESS, INCREASE OPPORTUNITY FOR WOMEN/GIRLS, REDUCE CHILDHOOD OBESITY, CREATE ECONOMIC OPP & GROWTH AND HELP COMMUNITIES ADDRESS EFFECTS OF CLIMATE CHANGE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	402.
	6 Total number of volunteers (estimate if necessary)	6	400.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,425,459.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-201,666.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	51,456,352.	144,382,361.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	503,024.	1,926,241.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	487,358.	159,457.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,266,216.	2,421,380.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	54,712,950.	148,889,439.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,091,488.	8,865,052.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	18,438,574.	29,914,108.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,006,421.	204,179.	185,970.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	32,017,657.	45,719,364.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,751,898.	84,684,494.
	19 Revenue less expenses. Subtract line 18 from line 12	-4,038,948.	64,204,945.
			Beginning of Current Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	225,703,274.	277,805,820.
	21 Total liabilities (Part X, line 26)	42,113,239.	30,506,362.
	22 Net assets or fund balances. Subtract line 21 from line 20.	183,590,035.	247,299,458.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 11/17/2014
	Type or print name and title Andrew Kessel, CFO	

Paid Preparer Use Only	Print/Type preparer's name LAURA J PARELLO	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01080295
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP			Firm's EIN ▶ 13-4008324	
	Firm's address ▶ 300 MADISON AVENUE NEW YORK, NY 10017			Phone no. 646-471-3000	

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses \$ 23,684,000. including grants of \$) (Revenue \$ 896,400.)
CLINTON GLOBAL INITIATIVE (SEE SCHEDULE O FOR FURTHER DETAILS)

4b (Code:) (Expenses \$ 12,288,987. including grants of \$ 107,374.) (Revenue \$ 2,814,980.)
CLINTON PRESIDENTIAL CENTER (SEE SCHEDULE O FOR FURTHER DETAILS)

4c (Code:) (Expenses \$ 8,311,000. including grants of \$ 496,023.) (Revenue \$ 0)
CLINTON CLIMATE INITIATIVE (SEE SCHEDULE O FOR FURTHER DETAILS)

4d Other program services (Describe in Schedule O.)
(Expenses \$ 24,024,824. including grants of \$ 8,261,655.) (Revenue \$ 1,319,286.)

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANDREW KESSEL 610 PRESIDENT CLINTON AVE. LITTLE ROCK, AR 72201 (501)748-0471

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANDREW KESSEL CFO	50.00 0			X				174,571.	0	33,384.
(16) STEPHANIE S STREETT EXECUTIVE DIRECTOR	50.00 0			X				138,750.	0	30,999.
(17) ROBERT S. HARRISON CEO, CGI	45.00 5.00				X			208,138.	0	35,619.
(18) DENNIS CHENG CDO	50.00 0				X			215,200.	0	21,685.
(19) MARK GUNTON CEO, CGEP	50.00 0					X		256,565.	0	38,960.
(20) SCOTT TAITEL COO, CGEP	50.00 0					X		186,571.	0	29,113.
(21) LAURA GRAHAM SENIOR ADVISOR	50.00 0					X		182,710.	0	1,248.
(22) VIRGINIA EHRlich CEO, CHMI	50.00 0					X		181,864.	0	19,159.
(23) FREDERIC POUST DIR. SPONSORS & MRKTING	50.00 0					X		464,229.	0	20,028.
1b Sub-total								621,713.	0	47,484.
c Total from continuation sheets to Part VII, Section A								2,008,598.	0	230,195.
d Total (add lines 1b and 1c)								2,630,311.	0	277,679.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **35**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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 J for such individual
- 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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 134,955.				
	b Membership dues	1b 10,746.				
	c Fundraising events	1c 14,833,387.				
	d Related organizations	1d 12,684,738.				
	e Government grants (contributions)	1e 4,863,534.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 111,855,001.				
	g Noncash contributions included in lines 1a-1f: \$	532,977.				
	h Total. Add lines 1a-1f		144,382,361.			
Program Service Revenue		Business Code				
	2a PRESIDENTIAL CENTER	900099	1,029,841.	238,147.	791,694.	
	b CLINTON GLOBAL INITIATIVE	900099	896,400.	896,400.		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		1,926,241.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		159,457.			159,457.
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ 14,833,387. of contributions reported on line 1c). See Part IV, line 18	a 364,151.				
	b Less: direct expenses	b 1,223,181.				
c Net income or (loss) from fundraising events		-859,030.			-859,030.	
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a 1,785,139.					
b Less: cost of goods sold	b 975,389.					
c Net income or (loss) from sales of inventory		809,750.		633,765.	175,985.	
	Business Code					
11a OTHER REVENUE	900099	2,470,660.	2,470,660.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		2,470,660.				
12 Total revenue. See instructions		148,889,439.	3,605,207.	1,425,459.	-523,588.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,454,133.	5,454,133.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	3,410,919.	3,410,919.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,358,372.	346,888.	796,284.	215,200.
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	21,798,525.	16,578,543.	3,107,930.	2,112,052.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	971,610.	682,997.	184,106.	104,507.
9 Other employee benefits	3,762,685.	2,718,333.	757,023.	287,329.
10 Payroll taxes	2,022,916.	1,542,287.	295,048.	185,581.
11 Fees for services (non-employees):				
a Management	0			
b Legal	304,105.	283,597.	20,508.	
c Accounting	370,756.	133,166.	237,590.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	185,970.			185,970.
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,153,057.	6,141,436.	179,170.	1,832,451.
12 Advertising and promotion	677,466.	610,504.		66,962.
13 Office expenses	4,770,917.	4,064,994.	463,032.	242,891.
14 Information technology	2,066,067.	1,067,763.	536,032.	462,272.
15 Royalties	0			
16 Occupancy	4,010,380.	3,063,226.	527,040.	420,114.
17 Travel	8,448,502.	6,472,418.	288,970.	1,687,114.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	9,224,775.	8,996,173.	24,624.	203,978.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,724,162.	4,300,956.	423,206.	
23 Insurance	372,147.	131,127.	241,020.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>LOSS ON PROGRAM INVESTMENTS</u>	26,348.	26,348.		
b <u>OTHER EXPENSES</u>	2,570,682.	2,283,003.	287,679.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	84,684,494.	68,308,811.	8,369,262.	8,006,421.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	0	1	0	
	2	Savings and temporary cash investments	89,498,607.	2	91,057,703.	
	3	Pledges and grants receivable, net	8,610,879.	3	56,399,881.	
	4	Accounts receivable, net	569,780.	4	1,404,820.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0	
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use	1,473,836.	8	894,990.	
	9	Prepaid expenses and deferred charges	90,136.	9	864,072.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	144,975,885.		
	b	Less: accumulated depreciation	10b	34,980,204.	10c	109,995,681.
	11	Investments - publicly traded securities	274,991.	11	14,649,160.	
	12	Investments - other securities. See Part IV, line 11	0	12	0	
	13	Investments - program-related. See Part IV, line 11	1,363,066.	13	2,174,513.	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	14,427,903.	15	365,000.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	225,703,274.	16	277,805,820.		
Liabilities	17	Accounts payable and accrued expenses	4,021,194.	17	9,088,298.	
	18	Grants payable	0	18	0	
	19	Deferred revenue	984,288.	19	12,032,339.	
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	74,985.	23	74,985.	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,032,772.	25	9,310,740.	
	26	Total liabilities. Add lines 17 through 25	42,113,239.	26	30,506,362.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	159,044,754.	27	163,985,951.	
	28	Temporarily restricted net assets	24,295,281.	28	24,299,659.	
	29	Permanently restricted net assets	250,000.	29	59,013,848.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	183,590,035.	33	247,299,458.		
34	Total liabilities and net assets/fund balances.	225,703,274.	34	277,805,820.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	148,889,439.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,684,494.
3	Revenue less expenses. Subtract line 2 from line 1	3	64,204,945.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	183,590,035.
5	Net unrealized gains (losses) on investments	5	61,155.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-556,677.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	247,299,458.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 90.45%; 15 Public support percentage from 2012 Schedule A, Part II, line 14 87.32%; 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
MISCELLANEOUS	384,201.	372,702.	583,070.	282,062.	2,470,660.	4,092,695.
MUSEUM STORE & F, B, & E REVENUE	1,847,883.	1,864,503.				3,712,386.
TOTALS	<u>2,232,084.</u>	<u>2,237,205.</u>	<u>583,070.</u>	<u>282,062.</u>	<u>2,470,660.</u>	<u>7,805,081.</u>

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

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

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 9,969,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BILL, HILLARY & CHELSEA CLINTON FOUNDATION**

Employer identification number
31-1580204

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	[REDACTED]	\$ 3,016,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	[REDACTED]	\$ 3,045,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	[REDACTED]	\$ 3,387,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BILL, HILLARY & CHELSEA CLINTON FOUNDATION**

Employer identification number
31-1580204

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization **BILL, HILLARY & CHELSEA CLINTON FOUNDATION**

Employer identification number

31-1580204

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

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

Form for Conservation Easements including questions about purpose, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

Schedule D (Form 990) 2013

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Part XIII Supplemental Information *(continued)*

FORM 990, SCHEDULE D, PART V, LINE 4

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

FORM 990, SCHEDULE D, PART X, LINE 2

THE CLINTON FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE CLINTON FOUNDATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME.

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number

31-1580204

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

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

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

Schedule F (Form 990) 2013

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	MOTHER/CHILD NUTRITION	390,430.	WIRE TRANSFE		0	N/A
(2)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	125,000.	WIRE TRANSFE		0	N/A
(3)			EAST ASIA/PACIFIC	CARBNCAPTURE CLIMATE WORK	73,087.	WIRE TRANSFE		0	N/A
(4)			EAST ASIA/PACIFIC	CARBNCAPTURE CLIMATE WORK	422,936.	WIRE TRANSFE		0	N/A
(5)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	9,800.	WIRE TRANSFE		0	N/A
(6)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	114,250.	WIRE TRANSFE		0	N/A
(7)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	203,567.	WIRE TRANSFE		0	N/A
(8)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	140,175.	WIRE TRANSFE		0	N/A
(9)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	43,626.	WIRE TRANSFE		0	N/A
(10)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	98,748.	WIRE TRANSFE		0	N/A
(11)			SUB-SAHARAN AFRICA	AGRICULTURAL DEVELOPMENT	250,000.	WIRE TRANSFE		0	N/A
(12)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	1,250,000.	WIRE TRANSFE		0	N/A
(13)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	56,000.	WIRE TRANSFE		0	N/A
(14)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	128,300.	WIRE TRANSFE		0	N/A
(15)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	100,000.	WIRE TRANSFE		0	N/A
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 15.

3 Enter total number of other organizations or entities.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	MOTHER/CHILD NUTRITION	390,430.	WIRE TRANSFE		0	N/A
(2)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	125,000.	WIRE TRANSFE		0	N/A
(3)			EAST ASIA/PACIFIC	CARBNCAPTURE CLIMATE WORK	73,087.	WIRE TRANSFE		0	N/A
(4)			EAST ASIA/PACIFIC	CARBNCAPTURE CLIMATE WORK	422,936.	WIRE TRANSFE		0	N/A
(5)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	9,800.	WIRE TRANSFE		0	N/A
(6)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	114,250.	WIRE TRANSFE		0	N/A
(7)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	203,567.	WIRE TRANSFE		0	N/A
(8)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	140,175.	WIRE TRANSFE		0	N/A
(9)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	43,626.	WIRE TRANSFE		0	N/A
(10)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	98,748.	WIRE TRANSFE		0	N/A
(11)			SUB-SAHARAN AFRICA	AGRICULTURAL DEVELOPMENT	250,000.	WIRE TRANSFE		0	N/A
(12)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	1,250,000.	WIRE TRANSFE		0	N/A
(13)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	56,000.	WIRE TRANSFE		0	N/A
(14)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	128,300.	WIRE TRANSFE		0	N/A
(15)			CENT. AMERICA/CARIBBEAN	EARTHQUAKE RECONSTRUCT.	100,000.	WIRE TRANSFE		0	N/A
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 15.

3 Enter total number of other organizations or entities.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, PART I, LINE 2

THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS

DETAILING THE USE OF GRANT FUNDS. THE RELEVANT GROUP INITIATIVE WITHIN

THE FOUNDATION REVIEWS THESE REPORTS FOR PROPER USE OF GRANT FUNDS AND

CONTINUED FUNDING.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

Employer identification number

31-1580204

Part I

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 AMERICAN MARKETING AND COMMUNICATIONS CORP	DIRECT MAIL MARKETING		X	222,173.	75,000.	147,173.
2 M + R STRATEGIC SERVICES	EMAIL FUNDRAISING		X	1,763,490.	110,970.	1,652,520.
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,985,663.	185,970.	1,799,693.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

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

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

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

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

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

Schedule I (Form 990) (2013)

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

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

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

FORM 990, SCHEDULE I, PART I, LINE 2

THE ORGANIZATION REQUIRES A FINAL REPORT FROM ALL GRANT RECIPIENTS

DETAILING THE USE OF GRANT FUNDS. THE RELEVANT GROUP INITIATIVE WITHIN

THE FOUNDATION REVIEWS THESE REPORTS FOR PROPER USE OF GRANT FUNDS AND

CONTINUED FUNDING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

	Yes	No
1b		X

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

2	X	
----------	---	--

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** X
- b** Any related organization? **5b** X

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** X
- b** Any related organization? **6b** X

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRUCE R LINDSEY-CEO TIL CHAIRMAN OF BOARD	(i)	360,672.	0	0	15,300.	18,884.	394,856.	0
	(ii)	0	0	0	0	0	0	0
2 ANDREW KESSEL CFO	(i)	171,571.	3,000.	0	10,433.	22,951.	207,955.	0
	(ii)	0	0	0	0	0	0	0
3 STEPHANIE S STRETT EXECUTIVE DIRECTOR	(i)	135,750.	3,000.	0	8,232.	22,767.	169,749.	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT S. HARRISON CEO, CGI	(i)	205,138.	3,000.	0	12,494.	23,125.	243,757.	0
	(ii)	0	0	0	0	0	0	0
5 ERIC BRAVERMAN CEO BEGINNING JULY 2013	(i)	227,082.	0	33,959.	11,538.	1,762.	274,341.	0
	(ii)	0	0	0	0	0	0	0
6 MARK GUNTON CEO, CGEP	(i)	253,565.	3,000.	0	15,575.	23,385.	295,525.	0
	(ii)	0	0	0	0	0	0	0
7 DENNIS CHENG CDO	(i)	212,200.	3,000.	0	12,785.	8,900.	236,885.	0
	(ii)	0	0	0	0	0	0	0
8 SCOTT TAITEL COO, CGEP	(i)	183,571.	3,000.	0	11,038.	18,075.	215,684.	0
	(ii)	0	0	0	0	0	0	0
9 LAURA GRAHAM SENIOR ADVISOR	(i)	180,160.	2,550.	0	0	1,248.	183,958.	0
	(ii)	0	0	0	0	0	0	0
10 VIRGINIA EHRlich CEO, CHMI	(i)	178,864.	3,000.	0	10,379.	8,780.	201,023.	0
	(ii)	0	0	0	0	0	0	0
11 FREDERIC POUSt DIR. SPONSORS & MRKTING	(i)	214,230.	249,999.	0	12,404.	7,624.	484,257.	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

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

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

FORM 990, SCHEDULE J, PART I, LINE 2

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

FORM 990, SCHEDULE L, PART IV

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		116,567.	MARKET LIST PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	16.	361,014.	CASH REC'D. ON SALE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2.	55,396.	MARKET LIST PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

FORM 990, PART I, LINES 8 THROUGH 22

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

FORM 990, PART III, LINE 2

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

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

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

PARTICIPATION OF WOMEN AND GIRLS IS CRITICAL TO GLOBAL PROGRESS,
DEVELOPMENT, AND SECURITY.

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

NATURE OF OPERATIONS:

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

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

- THE ALLIANCE FOR A HEALTHIER GENERATION (ALLIANCE), FOUNDED BY THE
CLINTON FOUNDATION AND THE AMERICAN HEART ASSOCIATION, IS LEADING THE

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CHARGE AGAINST THE CHILDHOOD OBESITY EPIDEMIC IN THE UNITED STATES BY ENGAGING DIRECTLY WITH INDUSTRY LEADERS, EDUCATORS, PARENTS, DOCTORS, AND KIDS THEMSELVES. THE GOAL OF THE ALLIANCE IS TO REDUCE THE PREVALENCE OF CHILDHOOD OBESITY AND EMPOWER KIDS NATIONWIDE TO MAKE HEALTHY LIFESTYLE CHOICES. IN 2013, THE ALLIANCE RECRUITED MORE THAN 5,000 ADDITIONAL SCHOOLS FOR THE HEALTHY SCHOOLS PROGRAM, WHICH AS OF 2013, INCREASED THE NUMBER OF SCHOOLS SERVED TO MORE THAN 20,000 AND INDIVIDUAL CHILDREN REACHED TO 12.2 MILLION.

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

- THE CLINTON DEVELOPMENT INITIATIVE (CDI) PROVIDES SMALLHOLDER FARMERS

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

- IN HAITI, THE CLINTON FOUNDATION FOCUSES ON CREATING SUSTAINABLE ECONOMIC GROWTH IN THE FOUR PRIORITY SECTORS OF ENERGY, TOURISM, AGRICULTURE, AND APPAREL/MANUFACTURING. THE FOUNDATION WORKS IN HAITI TO DEVELOP FULL-CYCLE INVESTING, BRINGING TOGETHER PRODUCERS, INVESTORS, AND MARKETS IN A WAY THAT IS SOCIALLY, ENVIRONMENTALLY, AND ECONOMICALLY IMPACTFUL. IN 2013, THE CLINTON FOUNDATION FACILITATED \$30 MILLION IN FOREIGN DIRECT INVESTMENT AND VISITS OF MORE THAN 50 INTERNATIONAL INVESTORS, WHILE SUPPORTING THE GROWTH OF 40 ENTREPRENEURIAL BUSINESSES ACROSS HAITI. THE CLINTON FOUNDATION ALSO HELPED WITH THE PLANTING OF MORE THAN 350,000 TREES AND PLANTS THROUGHOUT THE COUNTRY, BUILT,

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REPAIRED, OR IMPROVED SCHOOLS FOR 3,400 STUDENTS, AND WORKED WITH PARTNERS TO INSTALL OVER 225 KW OF SOLAR POWER AT SCHOOLS, MEDICAL FACILITIES, AND SMALL BUSINESSES.

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

- THE CLINTON GLOBAL INITIATIVE'S (CGI) MISSION IS TO INSPIRE, CONNECT, AND EMPOWER EVERYONE TO FORGE SOLUTIONS TO THE WORLD'S MOST PRESSING CHALLENGES. CGI CONVENES LEADERS FROM THE PRIVATE SECTOR, PUBLIC SECTOR, AND CIVIL SOCIETY TO DRIVE ACTION THROUGH ITS UNIQUE MODEL. RATHER THAN DIRECTLY IMPLEMENTING PROJECTS, CGI HELPS ITS MEMBERS TURN IDEAS INTO ACTION BY MAKING IMPACTFUL AND MEASURABLE COMMITMENTS TO ACTION WITHIN

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NINE TRACKS, EACH REPRESENTING A TOPICAL GLOBAL CHALLENGE OR STRATEGIC APPROACH. TO SUPPORT THE DEVELOPMENT OF COMMITMENTS YEAR-ROUND, CGI FACILITATES CONVERSATIONS, PROVIDES OPPORTUNITIES TO IDENTIFY PARTNERS, AND COMMUNICATES THE RESULTS OF THE WORK. CGI'S MAJOR MEETINGS INCLUDE THE CGI ANNUAL MEETING, CGI UNIVERSITY, CGI AMERICA, AND CGI INTERNATIONAL. CGI MEMBERS MADE MORE THAN 300 COMMITMENTS IN 2013, VALUED AT OVER \$12.9 BILLION THAT, WHEN FULLY FUNDED AND IMPLEMENTED, WILL IMPACT THE LIVES OF MORE THAN 22.2 MILLION PEOPLE.

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

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

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

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CENTRE IN ENNISKILLEN, NORTHERN IRELAND.

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

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

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TO GLOBAL PROGRESS, DEVELOPMENT, AND SECURITY.

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

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

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

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

FORM 990, PART VI, SECTION A, LINE 2

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

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FORM 990, PART VI, SECTION A, LINE 4

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

FORM 990, PART VI, SECTION B, LINE 11

A COPY OF FORM 990 IS CIRCULATED TO THE BOARD, AMONG THE VARIOUS OFFICERS AND AMONG THE VARIOUS INITIATIVE HEADS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C

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

FORM 990, PART VI, SECTION B, LINE 15

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

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

THE CLINTON FOUNDATION IS ENGAGED IN TWO PARTNERSHIPS WITH THE INTENT OF HELPING LIFT PEOPLE OUT OF POVERTY BY ORGANIZING THEM INTO SOCIAL ENTERPRISES. ANY ACTION OF THESE PARTNERSHIPS REQUIRES CONCURRENCE OF THE FOUNDATION, TO ENSURE THAT ACTIVITIES ALIGN WITH THE FOUNDATION'S CHARITABLE PURPOSES AND WITH THE SOCIAL MISSION. A POLICY GOVERNING THESE ACTIVITIES AS WELL AS THE FOUNDATION'S ENGAGEMENT IN PROGRAM RELATED INVESTMENTS IN GENERAL IS EFFECTIVE AS OF THE 2014 TAX YEAR.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT AVAILABLE ON ITS WEBSITE. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN INTEREST IN NET ASSETS OF RELATED ENTITY	(\$ 2,715,345)
PROVISION FOR UNCOLLECTIBLE PLEDGES	(\$ 225,000)
TRANSFER FROM CLINTON GLOBAL INITIATIVE (MERGER)	\$ 2,383,668

TOTAL	(\$ 556,677)

FORM 990, PART XII, LINE 2C

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

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SELECTION OF AN INDEPENDENT AUDITOR.

ATTACHMENT 1

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

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

ATTACHMENT 2

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

AUSTRALIA

COLOMBIA

INDIA

KENYA

MALAWI

PERU

RWANDA

UKRAINE

VIETNAM

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,

FL, GA, HI, ID, IL, IN, 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

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ATTACHMENT 4

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

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

BILL, HILLARY & CHELSEA CLINTON FOUNDATION

31-1580204

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACACIA DEVELOPEMENT, CO. 500 8TH STREET, NW WASHINGTON DC, 20004	ECON DEVLPMNT	DE	0	0	BHCC FDN
(2) ACCESO WORLDWIDE FUND INC. 500 8TH STREET, NW WASHINGTON DC, 20004	ECON DEVLPMNT	DE	0	0	BHCC FDN
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WILLIAM J CLINTON FOUNDATION UK 610 PRES. CLINTON AVE 2ND FL. LITTLE ROCK, AR 72201	FUNDRAISING	UK			BHCC FDN	X	
(2) CLINTON GLOBAL INITIATIVE 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	INITIATIVE	AR	501 (C) (3)	11B	BHCC FDN	X	
(3) CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE BOSTON, MA 02127	HEALTH	AR	501 (C) (3)	7	BHCC FDN	X	
(4) CLINTON FOUNDATION INSALINGSSTIFTELSE TORNGREN MAGNELL VAST TRADGARD STOCKHOLM, SW	FUNDRAISING	SW			BHCC FDN	X	
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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

Table with 11 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner; (k) Percentage ownership. Row 1 contains data for HAITI DEVELOPMENT FUND LLC.

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.

Table with 9 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity. The table is currently empty.

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CLINTON GLOBAL INITIATIVE	S	2,383,668.	FMV
(2) CLINTON HEALTH ACCESS INITIATIVE	D, S	3,558,496.	FMV
(3) CLINTON HEALTH ACCESS INITIATIVE	B	2,000,000.	FMV
(4) CLINTON FOUNDATION INSALINGSSTIFTELSE	C	12,684,738.	FMV
(5) CLINTON HEALTH ACCESS INITIATIVE	P	1,191,864.	FMV
(6) CLINTON FOUNDATION INSALINGSSTIFTELSE	S	2,618,607.	FMV

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

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

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

Part VII **Supplemental Information**

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