#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| AF   | or the                                  | 2014 calendar year, or tax year beginning   | and                                  | enaing                  | _                                       |                               |  |  |
|--|---|---|--------------------------------------|-------------------------|---|-------------------------------|--|--|
| Вс   | heck if<br>oplicable                    | C Name of organization  |                                      |                         | D Employer identifi                     | cation number                 |  |  |
|  | Addre:                                  | CLINTON HEALTH ACCESS   | INITIATIVE, INC                      | •                       |   |                               |  |  |
|  | ]Name<br>]chang                         | Doing business as   |                                      |                         | 27-1                                    | 414646                        |  |  |
|  | ]Initial<br>_return                     | Number and street (or P.O. box if mail is not del   | Room/suite                           | E Telephone number      |   |                               |  |  |
|  | ]Final<br> return/                      |   |                                      | 400                     | 617-                                    | 774-0110                      |  |  |
|  | termin<br>ated                          | City or town, state or province, country, and   | ZIP or foreign postal code           |                         | G Gross receipts \$ 141,701,266.        |                               |  |  |
|  | Amend                                   | DUSTUN, MA VZIZI  |                                      |                         | H(a) Is this a group re                 |                               |  |  |
| L  | Applic<br>Lition<br>pendir              | F Name and address or principal officer: L.K.A.   | C. MAGAZINER                         |                         | for subordinates                        |                               |  |  |
|  |   | SAME AS C ABOVE   |                                      |                         | H(b) Are all subordinates in            | ncluded? Yes No               |  |  |
|  |   |   |                                      | or 527                  | If "No," attach a                       | list. (see instructions)      |  |  |
|  |   | e: NWW.CLINTONHEALTHACCES   |                                      |                         | H(c) Group exemptio                     |                               |  |  |
|  |   |   | ssociation Other                     | L Year                  | of formation: 2009 N                    | M State of legal domicile: AR |  |  |
| Pa   |   | Summary   |                                      |                         |   |                               |  |  |
| 9  |   | Briefly describe the organization's mission or most   | _                                    |                         |   |                               |  |  |
| Governance   |   | STRENGTHEN INTEGRATED HEA   |                                      |                         |   |                               |  |  |
| err  |   | Check this box  if the organization disco   | •                                    |                         | 1                                       | 1                             |  |  |
| ĝ  |   | Number of voting members of the governing body  |                                      |                         | 3                                       | 9                             |  |  |
| భ  |   | Number of independent voting members of the go  |                                      |                         | 7                                       |                               |  |  |
| ies  |   | Total number of individuals employed in calendar y  |                                      |                         | 347                                     |                               |  |  |
| Activities &   |   | Total number of volunteers (estimate if necessary)  |                                      |                         | 68                                      |                               |  |  |
| Ac   |   | Total unrelated business revenue from Part VIII, co   |                                      |                         |   |                               |  |  |
|  | b                                       | Net unrelated business taxable income from Form   | 990-1, line 34                       | ·····                   |   | 0.                            |  |  |
|  |   | On the Manager of Secretary (Death VIII) the 41-1   |                                      | 1                       | Prior Year                              | Current Year                  |  |  |
| ë  |   | Contributions and grants (Part VIII, line 1h)   |                                      |                         | <u>.17,270,913.</u>                     |                               |  |  |
| Revenue  |   |   | and 7d)                              |                         | <u>0.</u><br>129,444.                   | 149,407.                      |  |  |
| æ  |   | Investment income (Part VIII, column (A), lines 3, 4<br>Other revenue (Part VIII, column (A), lines 5, 6d, 8c |                                      |                         | 38,717.                                 |                               |  |  |
|  |   | Other revenue (Part VIII, Column (A), lines 3, 6d, 8d<br>Total revenue - add lines 8 through 11 (must equal   |                                      |                         |   | 141,696,956.                  |  |  |
|  |   | Grants and similar amounts paid (Part IX, column (  |                                      |                         | 10,948,408.                             |                               |  |  |
|  |   | Benefits paid to or for members (Part IX, column (  |                                      |                         | 0.                                      |                               |  |  |
| <b>/</b> A   |   | Salaries, other compensation, employee benefits (   |                                      |                         | 49,069,562.                             |                               |  |  |
| Ses  |   | Professional fundraising fees (Part IX, column (A), i   |                                      |                         | 67,200.                                 |                               |  |  |
| Expenses   |   | Total fundraising expenses (Part IX, column (D), lin  |                                      |                         |   | 17,230.                       |  |  |
| Ä  |   | Other expenses (Part IX, column (A), lines 11a-11d  |                                      |                         | 46,406,163.                             | 61,530,613.                   |  |  |
|  |   | Total expenses. Add lines 13-17 (must equal Part I  |                                      |                         | 06,491,333.                             |                               |  |  |
|  |   | Revenue less expenses. Subtract line 18 from line   |                                      | . ,                     | 10,947,741.                             |                               |  |  |
| 5.0<br>5.0<br>5.0<br>5.0<br>5.0<br>5.0<br>5.0<br>5.0<br>5.0<br>5.0 |   | To vortage 1033 experioses. Cabalage into 10 from into  | I M                                  |                         | ginning of Current Year                 | End of Year                   |  |  |
| Net Assets or<br>Fund Balances                                     | 20                                      | Total assets (Part X, line 16)  |                                      | 30                      | 83,246,819.                             | 85,249,750.                   |  |  |
| Ass  |   | Total liabilities (Part X, line 26)   |                                      |                         | 47,028,305.                             |                               |  |  |
| E.E.   |   | Net assets or fund balances. Subtract line 21 from  | line 20                              |                         | 36,218,514.                             | 39,487,319.                   |  |  |
|  |   | Signature Block   |                                      |                         |   |                               |  |  |
|  |   | Ities of perjury, I declare that I have examined this return,   | including accompanying schedule      | es and statem           | ents, and to the best of m              | v knowledge and belief, it is |  |  |
| true,  | correc                                  | t, and complete. Declaration of preparer (other than office   | er) is based on all information of w | hich preparer           | has any knowledge.                      |                               |  |  |
|  | *************************************** |   |                                      |                         |   |                               |  |  |
| Sigr   | ì                                       | Signature of officer  |                                      |                         | Date                                    |                               |  |  |
| Her  |   | JULIE B. FEDER, CFO   |                                      |                         |   |                               |  |  |
|  |   | Type or print name and title  |                                      |                         |   |                               |  |  |
|  |   | Print/Type preparer's name  | Preparer's signature                 |                         | Date Check                              | PTIN                          |  |  |
| Paid   |   | CRAIG KLEIN   |                                      |                         |   |                               |  |  |
| Prep   | arer                                    | Firm's name DBIZ TOFIAS   | Firm's EIN                           | P00734640<br>26-3753134 |   |                               |  |  |
| Use  | Only                                    | Firm's address 500 BOYLSTON STR   | EET                                  |                         |   |                               |  |  |
|  |   | BOSTON, MA 02116  |                                      |                         | Phone no. 61                            | 7-761-0600                    |  |  |
| Мау  | the IF                                  | RS discuss this return with the preparer shown abo  | ove? (see instructions)              |                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | X Yes No                      |  |  |

|                 | 990 (2014) CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 2  |
|-----------------|--|
| ra              | rt III Statement of Program Service Accomplishments  |
|                 | Check if Schedule O contains a response or note to any line in this Part III   |
| 1               | Briefly describe the organization's mission:  THE CLINION HEALTH ACCECC INTELLEDING (OUR T) HACE BOUNDED IN CORRESPONDED.  |
|                 | THE CLINTON HEALTH ACCESS INITIATIVE (CHAI) WAS FOUNDED IN 2002 BY PRESIDENT BILL CLINTON AND IRA MAGAZINER TO PROVIDE SOLUTIONS TO THE  |
|                 | 770776 ALLES TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE |
|                 | BIGGEST CHALLENGES IMPEDING EFFECTIVE HEALTH CARE DELIVERY IN  DEVELOPING COUNTRIES. SEE SCHEDULE O.   |
| 2               | Did the organization undertake any significant program services during the year which were not listed on   |
| Max             | the prior Form 990 or 990-EZ?  Yes X 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 X 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 \$ 38,264,025. including grants of \$ 8,714,780.) (Revenue \$ )  |
|                 | MATERNAL AND CHILD HEALTH: CHAI FOCUSES ON STRENGTHENING SYSTEMS   |
|                 | NECESSARY TO REDUCE MATERNAL AND NEONATAL MORTALITY IN TARGETED  |
|                 | COUNTRIES WHERE CHAI IS ALREADY SUPPORTING GOVERNMENTS TO IMPROVE KEY  |
|                 | COMPONENTS OF THE CORE HEALTH SYSTEM. CHAI HELPS TO RESOLVE THE  |
|                 | SYSTEMIC WEAKNESSES THAT UNDERMINE THE COVERAGE AND QUALITY OF   |
|                 | INTERVENTIONS PROVEN TO REDUCE MATERNAL AND NEONATAL MORTALITY.  |
|                 | FOCUSING INTERVENTIONS INCLUDE EMERGENCY OBSTETRIC CARE AND THE  |
|                 | INCREASED USE AND SUPPORT OF MIDWIVES. CHAI SIMULTANEOUSLY WORKS WITH  |
|                 | GOVERNMENTS OF THE HIGHEST-BURDEN COUNTRIES TO DEVELOP AND IMPLEMENT   |
|                 | INTENSIVE NEW PROGRAMS TO EXPAND ACCESS TO ZINC AND ORAL REHYDRATION   |
|                 | SOLUTIONS - AND NEW EFFECTIVE DRUGS AS THEY BECOME AVAILABLE - FOR THE   |
|                 | TREATMENT OF DIARRHEA, ONE OF THE MAJOR KILLERS OF CHILDREN UNDER FIVE.  |
| 4b              | / Indicating grants or 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
|                 | HIV/AIDS: CHAI IS WORKING TO SCALE-UP ADULT AND PEDIATRIC HIV/AIDS AND   |
|                 | TB PREVENTION, CARE, AND TREATMENT IN THE HARDEST HIT COUNTRIES, INCREASE THE SURVIVAL RATES OF INDIVIDUALS ON TREATMENT GLOBALLY,   |
|                 | REDUCE TRANSMISSION RATES AND LOWER THE COST OF TREATMENT AROUND THE   |
|                 | WORLD, INCLUDING OPPORTUNISTIC INFECTIONS.   |
|                 | WORLD / LINGUODING OF LOWIDITE INFECTIONS.   |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 | •  |
|                 |  |
| 4c              | (Code:) (Expenses \$ 23,916,731. including grants of \$ 1,749,403.) (Revenue \$ )  |
|                 | GLOBAL HEALTH SPENDING: CHAI IS WORKING AROUND THE WORLD TO INCREASE   |
|                 | THE EFFICIENCY AND EFFECTIVENESS OF GLOBAL HEALTH SPENDING TO MOVE   |
|                 | TOWARDS MORE SUSTAINABLE FINANCING SYSTEMS AND REDUCE FINANCIAL  |
|                 | BARRIERS PREVENTING ACCESS TO ESSENTIAL HEALTH SERVICES.   |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 | Other program convince (Decaribe in Schedule O.)   |
| 4d              | Other program services (Describe in Schedule O.)  (Expenses \$ 36,345,757. including grants of \$ 3,213,465.) (Revenue \$ )  |
| 4e              | (Expenses \$ 36,345,757. including grants of \$ 3,213,465.) (Revenue \$ )  Total program service expenses ▶ 128,845,117.   |
|                 | Form <b>990</b> (2014)   |
| 43200<br>11-07- |  |

|     |  |   | Yes   | No   |
|-----|--|---|-------|------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |   | ,,,,, |      |
|     | If "Yes," complete Schedule A  | 1                                       | X     |      |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2                                       | Х     |      |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |   |       |      |
|     | public office? If "Yes," complete Schedule C, Part I   | 3_                                      |       | 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? If "Yes," complete Schedule C, Part II  | 4                                       |       | 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? If "Yes," complete Schedule C, Part III   | 5                                       |       | 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? If "Yes, " complete Schedule D, Part I  | 6                                       |       | 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? If "Yes," complete Schedule D, Part II   | 7                                       |       | X    |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |   |       |      |
|     | Schedule D, Part III   | 8                                       |       | 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?  |   |       |      |
|     | If "Yes," complete Schedule D, Part IV   | 9                                       |       | X    |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |   |       |      |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10                                      | 1.9   | X    |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X  |   |       |      |
|     | as applicable.   |   | r Pi  | 4    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |   |       |      |
| h   | Part VI  | 11a                                     | X     |      |
| D   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |   |       | 77   |
| _   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b                                     |       | 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   | ١.,                                     |       | 77   |
| ٨   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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 | 11c                                     |       | X    |
| u   | Part X, line 16? If "Yes," complete Schedule D, Part IX  |   | ₹.    |      |
| _   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11d                                     | X     |      |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  | 11e                                     | X     |      |
| •   | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   |   | х     |      |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 11f                                     | Λ     |      |
|     |  | 12a                                     |       | X    |
| b   | Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?  | 1Æd                                     |       |      |
| -   | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b                                     | х     |      |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13                                      | 72    | X    |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a                                     | Х     | - 47 |
| b   |  | 1-FG                                    | - 42  |      |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |   |       |      |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b                                     | Х     |      |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |   |       |      |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15                                      | х     |      |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |   |       |      |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16                                      |       | 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? If "Yes," complete Schedule G, Part I   | 17                                      | х     |      |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |   |       |      |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18                                      |       | X    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |   |       |      |
|     | complete Schedule G, Part III  | 19                                      |       | X    |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a                                     |       | X    |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 205                                     |       |      |

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|     |  |       | Yes                                     | No           |
|-----|--|-------|---|--------------|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |       |   |              |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21    | X                                       |              |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |       |   | ]            |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22    |   | 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? If "Yes," complete   |       |   |              |
|     | Schedule J   | 23    | X                                       |              |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |       |   |              |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |       |   |              |
|     | Schedule K. If "No", go to line 25a  | 24a   |   | X            |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b   |   | ļ            |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |       |   |              |
|     | any tax-exempt bonds?  | 24c   |   |              |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d   |   |              |
| zoa | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |       |   |              |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a   |   | X            |
| Đ   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |       |   |              |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   |       |   | 7.7          |
| 26  | Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  | 25b   |   | X            |
| 20  | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"   |       |   |              |
|     | complete Schedule L, Part II   | 00    |   | ٦,           |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   | 26    |   | X            |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |       |   |              |
|     | of any of these persons? If "Yes," complete Schedule L, Part III   | 27    |   | х            |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  | 27    |   | -22          |
|     | instructions for applicable filing thresholds, conditions, and exceptions):  |       |   |              |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a   |   | X            |
|     | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b   |   | X            |
|     | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  | 100   | *************************************** |              |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c   |   | х            |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29    | X                                       |              |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |       |   |              |
|     | contributions? If "Yes," complete Schedule M   | 30    |   | X            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?   |       |   |              |
|     | If "Yes," complete Schedule N, Part I  | 31    |   | X            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete  |       |   |              |
|     | Schedule N, Part II  | 32    |   | 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? If "Yes," complete Schedule R, Part I  | 33    | X                                       |              |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |       |   |              |
|     | Part V, line 1   | 34    | X                                       |              |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a   | 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)? If "Yes," complete Schedule R, Part V, line 2  | 35b   |   | <u>X</u>     |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |       |   | _            |
| O=* | If "Yes," complete Schedule R, Part V, line 2  | 36    |   | _ <u>X</u> _ |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |       |   |              |
| 20  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37    |   | 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  | 20    | x                                       |              |
|     | TRANSON AND AND AND REAL PORTING OF THE CONTRACTOR OF THE CONTRACT | 1 304 | A 1                                     |              |

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### Part V Statements Regarding Other IRS Filings and Tax Compliance

| Section 4   Parallel        |            | Check if Schedule O contains a response or note to any line in this Part V   |        |   |                   |                   | X          |  |  |  |
|---|------------|--|--------|---|-------------------|-------------------|------------|--|--|--|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0 in not applicable 1b 0 0  bit first the number of Forms W20 of included in line 1a. Enter 0 if in not applicable 1b 0 0  c) bit the cognization comply with backup withholding rules for reportable payments to vendors and reportable gamining disparation without the part of the complex of the      |            |  |        |   |                   | Yes               |            |  |  |  |
| bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining dynamings to pize withmers?  2a Enter the number of employees reported on Form W3. Transmittat of Wage and Tax Statements.  1b first least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b first least one is reported on line 2a, did the organization file all required federal employment tax returns?  2c   | 1a         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1a     | 35                                      | ()<br>()          |                   |            |  |  |  |
| gamehlingly winnings to prize winners?  2   | b          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1b     | 0                                       |                   |                   |            |  |  |  |
| 2a Enter the number of employees reported on From W3, 1 Fransmittal of Wage and Tax Statements, field of the calendar year anding with or within the year covered by this institum.  b If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If the organization have unrelated business gross income of \$1,000 or more during the year?  3c If the sum of lines 1a and 2a is greater than 250, you may be required the year in the year in the year?  3c If Yes, and the during the calendary and, did the organization have explanation in Schedule O  3c If Yes, and the during the calendary and, did the organization have an explanation in Schedule O  3c If Yes, and the heart of the foreign country (such as a bank account, securities account, or other financial account; or, a financial account in a foreign country the Yes, and the organization and the foreign country or SEE SCHEDULE O  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization and party or a prohibited tax shelfer transaction at any five during the tax very or.  5b If Yes, and the organization that it was or is a party for a prohibited tax shelfer transaction?  5c If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organization statemes payment in excess of 5f sindle party se a contribution and perity for goods and services provided to the payor?  7a If Yes, and the organization notify the conor of the value of the goods or services provided?  7b If Yes, and the organization called property of the organization file in Promise of Promise 282 filed during the yea     | C          |  |        |   |                   | r 550             |            |  |  |  |
| field for the calendar year ending with or within the year covered by this return.    2a   34.7   |            |  |        | · · · · · · · · · · · · · · · · · · ·   | 1c                | X                 |            |  |  |  |
| b It a feast one is reported on line 2a, did the organization file all required devel employment tax returns?  Note, if the sum of lines ta and 2a is greater than 250, you may be required to e-fe (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yos, "has it filed a Form 900 T for this year? If "No", it has it filed a Form 900 T for this year? If "No", it has it filed a Form 900 T for this year? If "No", it has it filed a Form 900 T for this year? If "No", it has it filed a Form 900 T for this year? If "No", it has it filed a Form 900 T for this year? If "No" is the 2b, provide an explanation in Schedule 0  3b If "Yes," in the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry?  5c If "Yes," in the first the rainer of the foreign country." SEE SCHEDULE 0  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization set where the first schedule of the season benefit contract?  7c If "Yes," If the organization received a contribution of qualified intellectual property, did the organization freeling and the season of the      | <b>2</b> a |  |        |   | /d)               | 9 13 <sub>1</sub> | , i        |  |  |  |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3   |            |  |        |   |                   |                   | 1.         |  |  |  |
| 38 Did the organization have unrelated business gross income of \$1,000 or more during the year?  48 At any time during the calendar year, did the organization have an interest in, or a signature or other arcthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account (FBAR).  59 If "Yes," enter the name of the foreign country." SEE SCHEDULE O  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  59 Was the organization of the foreign country. SEE SCHEDULE O  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  50 Was the organization foreign star shelter transaction at any time during the tax year?  50 Was the organization foreign annual gross recognization at any time during the tax year?  50 Life and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  50 If "Yes," include the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  81 Did the organization received a pyment in excess to \$75 made partly as a contribution of organization flowers pyment in excess to \$75 made partly as a contribution of organization flowers pyment in excess to \$75 made partly as a contribution of organization flowers pyment in excess to \$75 made partly as a contribution of organization flowers organization received a contribution of organization flowers organization received a contribution of organization flowers organization received and contribution organization flowers organization received and contribu | b          |  |        |   | 2b                | X                 |            |  |  |  |
| b if "Yes," has it filled a Form 900 T for this year? If "No." to fine 3b, provide an explanation in Schedule 0 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a financ       |            |  | \$)    |   | T S               | , 7, <b>2</b> , 1 |            |  |  |  |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (surch as a bank account, securities account, or other financial accountly?  b if "Yes," enter the name of the foreign country: ▶ SEE_SCHEDULE O  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization you be provided to that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b If "Yes," in line 5a or 5b, lidt the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization include with every solicitation and party for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 mate party as a contribution and party for goods and services provided to the payor?  7 Organization received a payment in excess of \$75 mate party as a contribution and party for goods and services provided to the payor?  7 Organization received a payment in excess of \$75 mate party as a contribution and party for goods and services provided to the payor?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization received a payment in excess of \$75 mate party as a contribution of contribution file Form 8282?  1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8282 filed during the year  9 Sponsoring organization make any stanked lestification provided the organ  |            |  |        |   | 3a                |                   | X          |  |  |  |
| financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  b if Y'es,* enter the name of the foreign country: SER SCHEDULE O  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5c Unives,* to line 5a or 5b, did the organization file Form 8886-7?  5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any operations and contributions that the grown of the second o   |            |  |        |   | 3b                |                   |            |  |  |  |
| b M*Yes,* enter the name of the foreign country. ▶ SEE SCHEDULE O See instructions for filling requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X  5b Cl any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Cl any taxable party notify the organization file Form 888617?  5c Cl and See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c M if Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d if Wes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8d if Yes,* did the organization state any receive deductible contributions under section 170(c).  8d if Wes,* did the organization state any receive deductible contributions under section 170(c).  8d if Wes,* did the organization include with every solicitation and partly for goods and services provided?  7a X  7b if "Yes,* did the organization selved any expression of the value of the goods or services provided?  7b if "Yes,* did the organization or eceived any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b if the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  9f if the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required?  9f if the organization received a contribution of qualified intellectual property, did the organization file Form 1098 of the sponsoring organization make any taxable distributions      |            |  |        |   |                   |                   |            |  |  |  |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization file Form 8866-7?  6 Does the organization are cerejets that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 Diff Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Diff Yes," did the organization notify the cloner of the value of the goods or services provided?  7 Diff the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 Diff Yes," did the organization notify the cloner of the value of the goods or services provided?  9 Diff the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8826?  10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  11 Expression organization make any taxable distributions under section 4966?  12 Did the sponsoring organization make any taxable distributions under section 4966?  13 Section 501(c)(7) organization make any taxable distributions under section 4966?  14 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4947(a)(1) non-exempt charitable trusts. Is the    |            |  |        |   |                   |                   |            |  |  |  |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes,** to line 5a or 5b, did the organization life Form 8886+17?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  5d If Yes,** did the organization notify the denor of the value of the goods or services provided?  5d If Yes,** did the organization notify the denor of the value of the goods or services provided?  5d If Yes,** indicate the number of Forms 8282 filed during the year  6d If Yes,** indicate the number of Forms 8282 filed during the year  6d If Yes,** indicate the number of Forms 8282 filed during the year  6d If Yes,** indicate the number of Forms 8282 filed during the year  6d If Yes,** indicate the number of Forms 8282 filed during the year  6d If Yes,** indicate the number of Forms 8282 filed during the year  7d If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-07  7d If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 1098-07  7d If the organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a stitution to a donor, donor advised, or related person?  9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       | þ          |  |        |   |                   |                   |            |  |  |  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  50  61  62  63  63  64  65  65  65  65  65  65  66  66  66  | <b>-</b> - |  |        |   |                   |                   |            |  |  |  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  8  | 5a<br>L    |  |        |   |                   |                   |            |  |  |  |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 To Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  10 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  11 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  12 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distributions under section 4966?  12 Sponsoring organization make any taxable distributions under section 4966?  13 Sponsoring organizations make a distribution to a donor, donor advisor, or related person?  14 Section 501(c)(12) organizations. Enter:  15 Section 501(c)(12) organizations. Enter:  16 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  17 Section 501(c)(12) organizations. Enter:  18 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  18 Section 501(c)(12    | D          |  |        |   |                   |                   | X          |  |  |  |
| b If "Yes," idd the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly tor goods and services provided to the payor?  7a X  If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  1 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  1 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  2 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make a distribution to a donor, donor adviser, or related person?  9 Sponsoring organization make a distribution to a donor, donor adviser, or related person?  9 Sponsoring organization make a distribution to a donor, donor adviser, or related person?  9 Sponsoring organization make a distribution to a donor, donor adviser, or related person?  9 Sponsoring organization make a distribution to a donor, donor adviser, or related person?  9 Sponsoring organization included on Pa     | 60         |  |        |   | 5c                |                   |            |  |  |  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c  | Ua         | and the second of the second o | -      |   | ٥                 |                   | v          |  |  |  |
| were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Te  X If the organization received any funds, directly or indirectly, on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a Invitation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a  12b  12c  13c  14c  15c  17c  17d  77d       | h          | ***************************************  | ione o | r aifta                                 | ъa                |                   |            |  |  |  |
| Did the organization sthat may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The provided to the organization netity the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  The provided to file Form 8282?  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The provided the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The provided the organization received a contribution of qualified intellectual property, did the organizations received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  The provided the organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Did responsoring organizations. Enter:  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(7) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(7) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(7) organi     | -          |  |        | •                                       | 6h                |                   |            |  |  |  |
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| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  70  | b          | to 15 11Van 11 alial the general making making and the alian of the control of th |        |   |                   |                   |            |  |  |  |
| d if "Yes," indicate the number of Forms 8282 filed during the year  Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  70 bid the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  81 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  82 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  82 Sponsoring organization make any taxable distributions under section 4966?  83 Did the sponsoring organization make any taxable distributions under section 4966?  84 Did the sponsoring organization make any taxable distributions under section 4966?  85 Did the sponsoring organization make any taxable distributions under section 4966?  86 Did the sponsoring organization make any taxable distributions under section 4966?  87 Did the sponsoring organization make any taxable distributions under section 4966?  88 Did the sponsoring organization make any taxable distributions under section 4966?  99 Did the sponsoring organization make any taxable distributions under section 4966?  90 Did the sponsoring organization make any taxable distributions under section 4966?  91 Did the sponsoring organization make any taxable distributions under section 4966?  92 Did the sponsoring organization make any taxable distributions under section 4966?  93 Did the sponsoring organizations. Enter:  10 Initiation fees and capital contributions included on Part VIII, line 12  110 Did  110 Did  110 Did  110 Did  110 Did  111 Did  111 Did  112 Did  113 Did  114 Did The ves, "enter the amount of tax exempt interest received or accrued during the year  115 Dif "Yes," enter the amount of tax exempt interest received or accrued during the year  116 Did The organization is incensed to issue qualified health plans in more than one       | c          |  |        |   |                   |                   |            |  |  |  |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 bif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 bid the sponsoring organizations. Enter:  10 a linitation fees and capital contributions included on Part VIII, line 12  10 a linitation fees and capital contributions included on Part VIII, line 12  10 a linitation fees and capital contributions included on Part VIII, line 12  10 a linitation fees and capital contributions included on Part VIII, line 12  10 a linitation fees and capital contributions included on Part VIII, line 12  10 a linitation fees and capital contributions included on Part VIII, line 12  10 a linitation fees and capital contributions included on Part VIII, line 12  10 a linitation fees and capital contributions included on Part VIII, line 12  10 a linitation fees and capital contributions included on Part VIII, line 12  11 a line linitation ferometers or shareholders  11 a linitation fees and capital contributions included on Part VIII, line 12  12 a line linitation ferometers or shareholders  13 a linitation fees end capitation ferometers or shareholders  13 a linitation fees end ferometers or shareholders  14 a linitation fees end capitation      |            | to file Form 8282?   |        |   |                   |                   |            |  |  |  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advised, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  12a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13a  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  | d          |  |        |   |                   |                   |            |  |  |  |
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| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  100 Did  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  15 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  13d  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  | f          | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |        |   |                   |                   |            |  |  |  |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a 15b 17a  | g          |  |        |   | 7g                |                   |            |  |  |  |
| sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 13a 14a 15b 16 TYes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b  |            |  |        |   |                   |                   |            |  |  |  |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 11b 11b 11b 11b 11c 11b 11b  | 8          |  | by th  | 9                                       | 6-9-5<br>7        |                   | •          |  |  |  |
| a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b   | _          |  |        |   |                   |                   | 75         |  |  |  |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  Lib If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  14a  15b  16c  | 9          | •  |        |   | 450               |                   | Ĭ.         |  |  |  |
| Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12  | a          |  |        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   |                   |            |  |  |  |
| a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a 11a 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. 13a 13b 13c 14a 15 Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 15 Teves," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b   |            |  |        |   | 9b                |                   | # -4       |  |  |  |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b   |            | · · · · · · · · · · · · · · · · · · ·  | 10-    |   |                   | .                 | 7          |  |  |  |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b  13c Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b   |            |  |        |   | 7 kg              |                   | - 1<br>- 2 |  |  |  |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c  13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  14b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b   | 11         | •  | 100    |   | 131               |                   |            |  |  |  |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  | а          | · · · · · -  | 11a    |   | TA <sub>2-1</sub> |                   |            |  |  |  |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  | b          |  |        |   |                   |                   |            |  |  |  |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? 13a  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b   |            | amounts due or received from them.)  | 11b    |   |                   |                   |            |  |  |  |
| 13a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b   | 12a        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | 10417  | •                                       | 12a               |                   |            |  |  |  |
| a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  | b          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b    |   |                   |                   | <i>Z.</i>  |  |  |  |
| Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  | 13         |  |        |   |                   |                   | <u> </u>   |  |  |  |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  | а          |  |        |   | 13a               |                   |            |  |  |  |
| organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b   |            |  |        |   |                   |                   |            |  |  |  |
| c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b   |            |  |        |   |                   |                   |            |  |  |  |
| 14a     Did the organization receive any payments for indoor tanning services during the tax year?     14a     X       b     If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O     14b  |            |  |        |   | 1                 |                   |            |  |  |  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b   |            | Did the executation reaches any magnetic feeting and automatic and a second at the sec |        |   |                   |                   |            |  |  |  |
|   |            | =  |        |   |                   |                   | _X_        |  |  |  |
|   | D          | in 166, mas it med a norm (20 to report these payments) in 190," provide an explanation in Schedule  | θU     |   |                   | 000               | 0044       |  |  |  |

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. TV.

| Sec | tion A. Governing Body and Management   |   |               |            |            |      |   |  |  |  |  |
|-----|---|---|---------------|------------|------------|------|---|--|--|--|--|
| 000 | tion A. Governing body and Management   | *************************************** |               |            |            | Yes  | No                                      |  |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                   | 1a                                      |               | 9          |            |      |   |  |  |  |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing           | 1.2                                     |               | <b>-</b> 1 | - 1        | 14   |   |  |  |  |  |
|     | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                 |   |               |            |            |      | 1                                       |  |  |  |  |
| b   | Enter the number of voting members included in line 1a, above, who are independent                                    | 1b                                      |               | 7          | 1.         | j    |   |  |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | L                                       | any other     |            |            |      | !                                       |  |  |  |  |
| 2   | officer, director, trustee, or key employee?  |   | -             | 1.         | 2          | X    | 1 . 4                                   |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the                    |   |               | ·-  -      | -          |      |   |  |  |  |  |
|     | of officers, directors, or trustees, or key employees to a management company or other person?                        |   |               |            | 3          |      | X                                       |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form                     |   |               |            | 4          |      | X                                       |  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's as                 |   |               |            | 5          |      | X                                       |  |  |  |  |
|     | 6 Did the organization become aware during the year of a significant diversion of the organization s assets?          |   |               |            |            |      |   |  |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or a                     |   |               | ··         | 6          | X    | ******                                  |  |  |  |  |
| 10  | more members of the governing body?   |   |               |            | 7a         | х    |   |  |  |  |  |
| h   | Are any governance decisions of the organization reserved to (or subject to approval by) members, s                   |   |               |            | 1 Q        | -25  |   |  |  |  |  |
| ~   | persons other than the governing body?  |   |               |            | 7b         |      | Х                                       |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye         |   |               |            |            |      |   |  |  |  |  |
| а   | The governing body?   | •                                       | •             |            | 8a         | X    | 2%                                      |  |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?   |   |               |            | 8b         | X    | *************************************** |  |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea             |   |               | ··         | ΟÚ         | 22   |   |  |  |  |  |
| J   | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                               |   |               | -          | 9          |      | X                                       |  |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R                   |   |               |            | 3          |      |   |  |  |  |  |
|     | The state of the cooler b to queed whether about periode not required by the internal in                              | CVCITA                                  | e code.j      |            |            | Yes  | No                                      |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?  |   |               | Г          | 10a        | X    | 110                                     |  |  |  |  |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such c                |   |               | .          | 104        | **   |   |  |  |  |  |
| -   | and branches to ensure their operations are consistent with the organization's exempt purposes?                       | •                                       |               | ١.         | 10b        | x    |   |  |  |  |  |
| 11a |   |   |               | -          | 11a        | X    |   |  |  |  |  |
| b   |   |   |               |            |            |      |   |  |  |  |  |
| 12a |   |   |               |            |            |      |   |  |  |  |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise |   |               |            | 12a<br>12b | X    |   |  |  |  |  |
| -   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")                 |   |               |            |            |      |   |  |  |  |  |
| •   | in Schedule O how this was done   |   |               | ١.         | 12c        | х    |   |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?   |   |               |            | 13         | X    |   |  |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?  |   |               |            | 14         | X    |   |  |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approve                    |   |               | ·          | •          |      | <del></del>                             |  |  |  |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     | -                                       |               | ľ          | E          | Ĭ    |   |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official  |   | * *           |            | 15a        | x    | 1.45                                    |  |  |  |  |
| b   | Other officers or key employees of the organization   |   |               |            | 15b        | X    |   |  |  |  |  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                   |   |               |            | -          |      | 3 3                                     |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange            | ment v                                  | with a        |            |            | 7    | 3.<br>Ze                                |  |  |  |  |
|     | taxable entity during the year?   |   |               | -          | 16a        | .    | X                                       |  |  |  |  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate            |   |               |            |            | . 4  | 7                                       |  |  |  |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga                  |   |               |            |            | .    |   |  |  |  |  |
|     | exempt status with respect to such arrangements?  |   |               | ]-         | 16b        | ]    |   |  |  |  |  |
| Sec | tion C. Disclosure  |   |               |            |            |      | *************************************** |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed AR, CA, CT, FL, I                          | L,N                                     | I, YN, UN, AI | PΑ.        | RI         | -    |   |  |  |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1                  |   |               |            |            | e    |   |  |  |  |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                   |   |               |            |            |      |   |  |  |  |  |
|     | X Own website X Another's website X Upon request Other (explain   | in Sc                                   | hedule O)     |            |            |      |   |  |  |  |  |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co                     |   | •             | and f      | inand      | cial |   |  |  |  |  |
|     | statements available to the public during the tax year.   |   |               |            |            |      |   |  |  |  |  |
| 20  | State the name, address, and telephone number of the person who possesses the organization's bo                       | oks a                                   | nd records: 🕨 |            |            |      |   |  |  |  |  |
|     | JULIE B. FEDER - 617-774-0110   |   |               |            |            |      |   |  |  |  |  |
|     | 383 DORCHESTER AVENUE, #400, BOSTON, MA 02127   |   |               |            |            |      |   |  |  |  |  |

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)  | (B)               | (C)                            |   | (D)         | (E)          | (F)                             |           |                 |                                  |                        |
|--|-------------------|--------------------------------|---|-------------|--------------|---------------------------------|-----------|-----------------|----------------------------------|------------------------|
| Name and Title   | Average           | (do                            |   | Pos<br>heck |              | than                            | one       | Reportable      | Reportable                       | Estimated              |
|  | hours per         | box                            | box, unless person is both an officer and a director/trustee) |             | compensation | compensation                    | amount of |                 |                                  |                        |
|  | week<br>(list any | -                              | T a   |             |              | 777443                          |           | from<br>the     | from related                     | other                  |
|  | hours for         | direct                         |   |             |              | Q                               |           | organization    | organizations<br>(W-2/1099-MISC) | compensation from the  |
|  | related           | ee or                          | stee  |             |              | nsate                           |           | (W-2/1099-MISC) | (** 27 1000 141100)              | organization           |
|  | organizations     | II trus                        | nal fri   |             | oyee         | ошре                            |           | ,               |                                  | and related            |
|  | below             | Individual trustee or director | Institutional trustee   | Officer     | Кеу етрюуее  | Highest compensated<br>employee | Former    |                 |                                  | organizations          |
|  | line)             | Ē                              | <u>ء</u>  | 8           | <u> </u>     | 星島                              | Ē         |                 |                                  |                        |
| (1) WILLIAM J. CLINTON                                       | 5.00              |                                |   |             |              |                                 |           |                 | _                                |                        |
| CHAIR OF THE BOARD   | 20.00             | X                              |   |             |              |                                 |           | 0.              | 0.                               | 0.                     |
| (2) BRUCE LINDSEY  | 5.00              |                                |   |             |              |                                 |           |                 | 0.54 .07                         |                        |
| BOARD MEMBER   | 45.00             | X                              |   |             |              |                                 |           | 0.              | 361,407.                         | 34,053.                |
| (3) PAUL FARMER  | 1.00              | -                              |   |             |              |                                 |           | _               |                                  |                        |
| BOARD MEMBER   | 0.00              | X                              | <u> </u>  |             |              |                                 |           | 0.              | 0.                               | 0.                     |
| (4) RAYMOND CHAMBER  | 1.00              | **                             |   |             |              |                                 |           | •               |                                  |                        |
| BOARD MEMBER   | 0.00              | X                              |   |             |              |                                 |           | 0.              | 0.                               | 0.                     |
| (5) CHELSEA CLINTON  | 10.00             | 37                             |   |             |              |                                 |           |                 |                                  |                        |
| BOARD MEMBER   | 25.00             | X                              | -   |             |              | -                               |           | 0.              | 0.                               | 0.                     |
| (6) MAGGIE WILLAIMS  | 1.00              | X                              |   |             |              |                                 |           | •               | 0                                | •                      |
| BOARD MEMBER   | 1.00              |                                |   |             |              |                                 |           | 0.              | 0.                               | 0.                     |
| (7) MALA GAONKAR   | 0.00              | х                              |   |             |              |                                 |           | 0.              | <b>.</b>                         | 0                      |
| BOARD MEMBER   | 1.00              | 1                              | <del>                                     </del>              |             |              |                                 |           | U •             | 0.                               | 0.                     |
| (8) TACHI YAMADA   | 0.00              | X                              |   |             |              |                                 |           | 0.              | 0.                               | 0                      |
| BOARD MEMBER (9) IRA MAGAZINER                               | 50.00             | ^                              |   |             |              |                                 |           | V •             | U.                               | 0.                     |
|  | 0.00              | X                              |   | Х           |              |                                 |           | 288,808.        | 0.                               | 10 200                 |
| CEO/VICE-CHAIR OF THE BOARD (10) MUSTAPHA LEAVENWORTH BAKALI | 50.00             | -23-                           | -   | 23          |              |                                 |           | 200,000.        | V.                               | 19,299.                |
| COO  | 0.00              |                                |   | X           |              |                                 |           | 264,188.        | 0.                               | 16,596.                |
| (11) JULIE B. FEDER  | 50.00             |                                |   | 43          |              |                                 |           | 204,100.        | <u> </u>                         | 10,390.                |
| CFO  | 0.00              |                                |   | х           |              |                                 |           | 285,000.        | 0.                               | 31,781.                |
| (12) DAVID RIPIN   | 50.00             |                                | -   |             |              |                                 |           | 200,000         | V •                              | 31,701.                |
| EVP ACCESS PROGRAMS  | 0.00              |                                |   |             | X            |                                 |           | 187,500.        | 0.                               | 34,650.                |
| (13) ALICE KANGETHE  | 50.00             |                                |   |             |              |                                 |           |                 |                                  |                        |
| EVP, VACCINE DEL./MATERNAL CHILD                             | 0.00              |                                |   |             | X            |                                 |           | 159,159.        | 0.                               | 3,538.                 |
| (14) OWENS WIWA  | 50.00             |                                |   |             |              |                                 |           |                 |                                  |                        |
| EVP, COUNTRY DIRECTOR  | 0.00              |                                |   |             | Х            |                                 |           | 180,000.        | 0.                               | 16,596.                |
| (15) KELLY MCCRYSTAL   | 50.00             |                                |   |             |              |                                 |           |                 |                                  |                        |
| EVP NEW INITIATIVES  | 3.30              |                                |   |             | X            |                                 |           | 180,000.        | 25,000.                          | 16,388.                |
| (16) LINDA MICHALOPOULOS                                     | 50.00             |                                |   |             |              |                                 |           |                 |                                  |                        |
| SENIOR HUMAN RESOURCES DIRECTOR                              | 0.00              |                                |   |             | X            |                                 |           | 179,922.        | 0.                               | 27,435.                |
| (17) MPHU RAMATLAPENG  | 50.00             |                                | İ   |             |              |                                 |           |                 |                                  |                        |
| EVP HIV/AIDS & TB PROGRAMS                                   | 0.00              |                                |   | <u> </u>    | X            |                                 |           | 180,000.        | 0.                               | 21,014.                |
| 432007 11-07-14  |                   |                                |   |             |              |                                 |           |                 | ····                             | Form <b>990</b> (2014) |

|   |                     |   |                       |         |             |                              |          | TIIVE, INC.             | 2/-1414            | <u> 645 F</u>                           | age o   |
|---|---------------------|---|-----------------------|---------|-------------|------------------------------|----------|-------------------------|--------------------|---|---------|
| Part VII Section A. Officers, Directors, Trus     | 1                   | ploy  | ees                   | , and   | <u>d Hi</u> | <u>ghe</u>                   | st C     | ompensated Employe      | es (continued)     | r                                       |         |
| (A)   | (B)                 |   |                       |         | 2)          |                              |          | (D)                     | (E)                | (F)                                     |         |
| Name and title                                    | Average             | (do not check more than one                                   |                       |         |             |                              | one      | Reportable              | Reportable         | Estimat                                 | ed      |
|   | hours per           | box, unless person is both an officer and a director/trustee) |                       |         |             | is bot                       | h an     | compensation            | compensation       | amount                                  | . of    |
|   | week                | <b></b>   | ceram                 | dad     | recto       | or/trus                      | (tee)    | from                    | from related       | other                                   | •       |
|   | (list any hours for | recto   |                       |         |             |                              |          | the                     | organizations      | compens                                 |         |
|   | related             | or di   | 8                     |         |             | ated                         |          | organization            | (W-2/1099-MISC)    | from th                                 |         |
|   | organizations       | ustee   | frus                  |         | 92          | bens                         |          | (W-2/1099-MISC)         | l                  | organiza                                |         |
|   | below               | ua! fr  | ional                 |         | ploye       | t con                        |          |                         |                    | and rela                                |         |
|   | line)               | Individual trustee or director                                | institutional trustee | Officer | Кеу етрюуее | Highest compensated employee | Роттег   |                         |                    | organizat                               | IOHS    |
| (18) GERALD MACHARIA                              | 50.00               |   |                       |         |             |                              |          |                         |                    | *************************************** |         |
| EVP, COUNTRY DIRECTOR                             | 0.00                |   |                       |         | X           |                              |          | 152,869.                | 0.                 | 9,5                                     | 21.     |
| (19) VISHAL BRIJLAL                               | 50.00               |   |                       |         |             |                              |          |                         |                    |   |         |
| COUNTRY DIRECTOR                                  | 0.00                |   |                       |         |             | X                            |          | 148,325.                | 0.                 | 8                                       | 84.     |
| (20) ELYA TAGAR                                   | 50.00               |   |                       |         |             |                              |          |                         |                    |   |         |
| SENIOR DIRECTOR, HIV PROGRAMS                     | 0.00                |   | <u> </u>              |         |             | X                            |          | 151,484.                | 0.                 | 31,8                                    | 70.     |
| (21) JOAN MUASA                                   | 50.00               |   |                       |         |             |                              |          |                         |                    |   |         |
| SR. DIR., INST. RELATIONS AND PROG.               | 0.00                |   |                       |         |             | X                            |          | 150,000.                | 0.                 | 32,7                                    | 98.     |
| (22) COLLEEN CONNELL                              | 50.00               |   |                       |         |             |                              |          |                         | ·                  |   |         |
| VP ACCESS DISEASE STRATEGY                        | 0.00                |   |                       |         |             | X                            |          | 140,750.                | 0.                 | 17,2                                    | :25     |
| (23) ANDREW MUSOKE                                | 50.00               |   |                       |         |             |                              |          |                         | _                  |   |         |
| SR, DIR, FINANCE AND OPERATIONS                   | 0.00                |   |                       |         |             | X                            |          | 138,786.                | 0.                 | 27,4                                    | 00.     |
|   |                     |   |                       |         |             |                              |          |                         |                    |   |         |
|   |                     |   |                       |         |             |                              |          |                         |                    |   |         |
|   |                     |   |                       |         |             |                              |          | *                       |                    |   |         |
|   |                     |   | <u> </u>              |         |             |                              |          |                         |                    |   |         |
| 1b Sub-total                                      |                     |   |                       |         |             |                              |          | 2,786,791.              | 386,407.           | 341,0                                   | 48      |
| c Total from continuation sheets to Part V        |                     |   |                       |         |             |                              |          | 0.                      | 0.                 |   | 0.      |
| d Total (add lines 1b and 1c)                     |                     |   |                       |         |             |                              | <b>•</b> | 2,786,791.              | 386,407.           | 341,0                                   | 48.     |
| 2 Total number of individuals (including but r    | not limited to th   | ose   | liste                 | ed ai   | DOV         | e) wh                        | no re    | eceived more than \$100 | ,000 of reportable |   |         |
| compensation from the organization                |                     | _,,,,,  |                       |         |             |                              |          |                         |                    | 136                                     | 72      |
| 3 Did the organization list any former officer.   | director or tri     | ietai   | a ke                  | W en    | nnic        | waa                          | or h     | nigheet companyated o   | mpleyee en         | Yes                                     | No      |
| line 1a? If "Yes," complete Schedule J for s      |                     |   |                       | ,       | ,           |                              |          | •                       |                    |   | 3       |
| 4 For any individual listed on line 1a, is the si |                     |   |                       |         |             |                              |          |                         |                    | 3                                       | X       |
| and related organizations greater than \$15       |                     |   |                       |         |             |                              |          |                         |                    | 4 X                                     | i de la |
| 5 Did any person listed on line 1a receive or     |                     |   |                       |         |             |                              |          |                         |                    | 4 X                                     | -       |
| rendered to the organization? If "Yes," con       |                     |   |                       |         | -           |                              |          | •                       |                    |   | X       |
| toridored to the organization: // 165, CO//       | PICE OCHECIN        | J U 1   | U1 30                 | 1011    | NO.7        | VII .                        |          |                         |                    | 5                                       | 1 44    |

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)<br>Name and business address   | (B) Description of services      | (C)<br>Compensation |
|--|----------------------------------|---------------------|
| SUSTAINABLE HEALTHCARE SERVICES  | PROFESSIONAL                     |                     |
| NO. 5 NEW COURT ROAD, KANO, NIGERIA  | HEALTHCARE SERVICES              | 630,484.            |
| AKENA ASSOCIATES, 16 IGHODARO STREET,  | PROFESSIONAL                     |                     |
| EVBOMORE, BENIN CITY, NIGERIA  | HEALTHCARE SERVICES              | 459,015.            |
| ACNIELSEN NIGERIA LIMITED, 52/54 ISAAC   | PROFESSIONAL                     |                     |
| JOHN STREET, GRA, LAGOS, NIGERIA   | HEALTHCARE SERVICES              | 394,546.            |
| CENTRE FOR ENVIRONMENT, NO. 19 OKOMOKO   | PROFESSIONAL                     |                     |
| STREET D, PORT HARCOURT, NIGERIA   | HEALTHCARE SERVICES              | 328,400.            |
| IDINSIGHT INC  | PROFESSIONAL                     |                     |
| 789 COLRAIN ROAD, GREENFIELD, MA 01301   | HEALTHCARE SERVICES              | 325,797.            |
| 2 Total number of independent contractors (including but not limited to those list | ed above) who received more than |                     |
| \$100,000 of compensation from the organization > 12                               |                                  |                     |

Form 990 (2014)

Section B. Independent Contractors

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)**Revenue excluded from tax under sections
512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns **b** Membership dues ..... ib Fundraising events 10 d Related organizations 1d Government grants (contributions) 86,820,757 f All other contributions, gifts, grants, and similar amounts not included above 54,713,078 g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 133.981 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ...... Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 19,736 b Less: cost or other basis and sales expenses ...... c Gain or (loss) 15,426 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold \_\_\_\_\_ b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISC. REVENUE 900099 13,714 13,714 e Total. Add lines 11a-11d 13,714 Total revenue. See instructions. 12 141,696,956 163 121 432009 11-07-14 Form 990 (2014)

| Secti | ion 501(c)(3) and 501(c)(4) organizations must com  | plete all columns. All oti | ner organizations must co    | mplete column (A).   |                                       |
|-------|---|----------------------------|------------------------------|--|---------------------------------------|
|       | Check if Schedule O contains a respor   |                            | this Part IX                 |  |                                       |
|       | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses      | (B) Program service expenses | (C)<br>Management and<br>general expenses  | <b>(D)</b><br>Fundraising<br>expenses |
| 1     | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 2,517,414.                 | 2,517,414.                   | 1  |                                       |
| 2     | Grants and other assistance to domestic individuals. See Part IV, line 22   |                            |                              |  | 1                                     |
| 3     | Grants and other assistance to foreign  |                            |                              |  |                                       |
|       | organizations, foreign governments, and foreign   |                            |                              |  | 1                                     |
|       | individuals. See Part IV, lines 15 and 16   | 13,611,444.                | 13,611,444.                  |  |                                       |
| 4     | Benefits paid to or for members   |                            |                              |  |                                       |
| 5     | Compensation of current officers, directors,  |                            |                              | · ·  |                                       |
|       | trustees, and key employees   | 2,254,264.                 | 1,730,126.                   | 524,138.   |                                       |
| 6     | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and  |                            |                              |  |                                       |
|       | persons described in section 4958(c)(3)(B)  |                            |                              |  |                                       |
| 7     | Other salaries and wages  | 47,118,255.                | 42,662,323.                  | 3,873,340.   | 582,592.                              |
| 8     | Pension plan accruals and contributions (include  |                            |                              |  |                                       |
|       | section 401(k) and 403(b) employer contributions)   | <u>2,418,531.</u>          |                              | 196,422.   | 32,768.                               |
| 9     | Other employee benefits   | 6,511,482.                 |                              | 903,941.   | 91,334.                               |
| 10    | Payroll taxes   | 2,367,015.                 | 1,989,745.                   | 331,019.   | 46,251.                               |
| 11    | Fees for services (non-employees):  |                            |                              |  |                                       |
|       | Management  |                            |                              |  |                                       |
|       | Legal   | 137,893.                   | 147,720.                     | -9,827.  |                                       |
|       | Accounting  | 369,314.                   | 149,234.                     | 220,080.   |                                       |
|       | Lobbying  | 45 OF C                    | .01.0007                     | agenta a green a s   |                                       |
|       | Professional fundraising services. See Part IV, line 17   | 17,256.                    |                              |  | 17,256.                               |
|       | Investment management fees  |                            |                              |  |                                       |
| g     | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   | 7,925,329.                 | 7 560 215                    | 262 524  | 1 400                                 |
| 12    | Advertising and promotion   | 1,343,343.                 | 7,560,315.                   | 363,524.   | 1,490.                                |
| 13    | Office expenses   | 2,756,512.                 | 2,238,616.                   | 512,654.   | E 040                                 |
| 14    | Information technology  | <u> </u>                   | 2,230,010.                   | 314,634.   | 5,242.                                |
| 15    | Royalties   |                            |                              |  |                                       |
| 16    | Occupancy   | 2,668,227.                 | 2,337,802.                   | 330,425.   |                                       |
| 17    | Travel  | 13,078,244.                |                              | 384,397.   | 74,631.                               |
| 18    | Payments of travel or entertainment expenses  |                            | 12,013,210.                  | 30 ± / 33 / •  | 74,031.                               |
|       | for any federal, state, or local public officials   |                            |                              | The state of the s |                                       |
| 19    | Conferences, conventions, and meetings  | 13,383,357.                | 13,280,856.                  | 83,099.  | 19,402.                               |
| 20    | Interest  |                            |                              |  |                                       |
| 21    | Payments to affiliates  |                            |                              |  |                                       |
| 22    | Depreciation, depletion, and amortization   | 123,494.                   | 27,243.                      | 96,251.  |                                       |
| 23    | Insurance   | 314,122.                   | 200,537.                     | 113,535.   | 50.                                   |
| 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) | 34 A                       |                              | . Yu   |                                       |
|       | amount, list line 24e expenses on Schedule 0.) '  |                            |                              |  |                                       |
| а     | DIRECT PROGRAM EXPENSE  | 6,544,883.                 | 6,544,266.                   | 617.   |                                       |
| b     | CAPITAL CHARGES   | 5,464,722.                 | 5,456,187.                   | 8,535.   |                                       |
| C     | PROCUREMENT & SHIPPING  | 2,549,765.                 | 2,549,573.                   | 192.   |                                       |
| d     | TELEPHONE   | 2,079,057.                 | 1,924,672.                   | 141,511.   | 12,874.                               |
|       | All other expenses  | 4,135,694.                 | 3,592,280.                   | 535,660.   | 7,754.                                |
| 25    |   | 138,346,274.               | 128,845,117.                 | 8,609,513.   | 891,644.                              |
| 26    | Joint costs. Complete this line only if the organization  |                            |                              | A PARTIE AND A PAR |                                       |
|       | reported in column (B) joint costs from a combined  |                            |                              |  |                                       |
|       | educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)  |                            |                              | -  |                                       |
|       | Check here if following SOP 98-2 (ASC 958-720)  |                            |                              |  |                                       |

| Pa                                      | τX      | Balance Sheet  |  |   |   |             |     |                           |
|---|---------|--|--|---|---|-------------|-----|---------------------------|
|   | -       | Check if Schedule O contains a response or not                               | e to any lin                           | e in thìs Part X                        |   |             |     |                           |
|   |         |  |  |   | (A)<br>Beginning of                     | year        |     | <b>(B)</b><br>End of year |
|   | 1       | Cash · non-interest-bearing  | *********                              | *************************************** |   |             | 1   |                           |
|   | 2       | Savings and temporary cash investments                                       |  |   | 10,524,                                 | 428.        | 2   | 10,403,038.               |
|   | 3       | Pledges and grants receivable, net   |  |   | 9,331,                                  | 223.        | 3   | 11,034,085.               |
|   | 4       | Accounts receivable, net   |  |   | 787,                                    | 924.        | 4   | 1,731,983.                |
|   | 5       | Loans and other receivables from current and fo                              |  |   |   | F.F         |     |                           |
|   |         | trustees, key employees, and highest compensation                            | ated emplo                             | yees. Complete                          |   |             |     |                           |
|   |         | Part II of Schedule L  |  |   |   |             | 5   |                           |
|   | 6       | Loans and other receivables from other disquali                              | fied person                            | s (as defined under                     |   |             |     |                           |
|   |         | section 4958(f)(1)), persons described in section                            | 4958(c)(3)                             | (B), and contributing                   |   |             | 1   |                           |
|   |         | employers and sponsoring organizations of sect                               | ion 501(c)(                            | 9) voluntary                            |   |             |     | ,1 1 4 4 3                |
| \$                                      |         | employees' beneficiary organizations (see instr).                            | Complete                               | Part II of Sch L                        |   |             | 6   |                           |
| Assets                                  | 7       | Notes and loans receivable, net  | ,                                      |   |   |             | 7   |                           |
| ⋖                                       | 8       | Inventories for sale or use  |  |   | 8                                       |             |     |                           |
|   | 9       | Prepaid expenses and deferred charges  | 638,                                   | 419.                                    | 9                                       | 1,527,462.  |     |                           |
|   | 10a     | Land, buildings, and equipment: cost or other                                |  |   |   | :           |     |                           |
|   |         | basis. Complete Part VI of Schedule D  | 10a                                    | 2,035,284.                              | Si i                                    | 8.3         | 3.  | 1                         |
|   | b       | Less: accumulated depreciation   |  |   | 210,                                    | 797.        | 10c | 184,268.                  |
|   | 11      | Investments - publicly traded securities                                     |  |   | 11                                      |             |     |                           |
|   | 12      | Investments - other securities. See Part IV, line 1                          |  |   | 12                                      |             |     |                           |
|   | 13      | Investments - program-related. See Part IV, line                             |  |   | 13                                      |             |     |                           |
|   | 14      | Intangible assets  | ······································ |   | 14                                      |             |     |                           |
|   | 15      | Other assets. See Part IV, line 11   | 61,754,                                |   | 15                                      | 60,368,914. |     |                           |
|   | 16      | Total assets. Add lines 1 through 15 (must equi                              | 83,246,                                |   | 16                                      | 85,249,750. |     |                           |
|   | 17      | Accounts payable and accrued expenses  | 5,397,                                 | 459.                                    | 17                                      | 6,606,021.  |     |                           |
|   | 18      | Grants payable   | 20 117                                 | 000                                     | 18                                      | 26 000 540  |     |                           |
|   | 19      | Deferred revenue   |  |   | <u>38,117,</u>                          | 809.        | 19  | 36,028,710.               |
|   | 20      | Tax-exempt bond liabilities  |  |   |   |             | 20  |                           |
|   | 21      | Escrow or custodial account liability. Complete I                            |  | E                                       |   |             | 21  | 433 6544                  |
| Liabilities                             | 22      | Loans and other payables to current and former                               |  |   | *                                       | 14          | i.  |                           |
| Ξ                                       |         | key employees, highest compensated employee                                  |  |   | ala M, s                                | Ę Š         |     |                           |
| <u>:a</u>                               | 23      | Complete Part II of Schedule L Secured mortgages and notes payable to unrela |  |   |   |             | 22  |                           |
|   | 24      | Unsecured notes and loans payable to unrelate                                |  |   |   |             | 23  |                           |
|   | 25      | Other liabilities (including federal income tax, pa                          |  |   |   |             | 24  |                           |
|   | 20      | parties, and other liabilities not included on lines                         |  | 1                                       |   |             |     |                           |
|   |         | Schedule D   | · ·                                    | -                                       | 3,513,                                  | 037.        | 25  | 3,127,700.                |
|   | 26      | Total liabilities. Add lines 17 through 25                                   |  |   | 47,028,                                 |             |     | 45,762,431.               |
| *************************************** | <u></u> | Organizations that follow SFAS 117 (ASC 958                                  |  |   | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |     |                           |
| ø,                                      |         | complete lines 27 through 29, and lines 33 an                                |  |   |   | 2<br>53     |     |                           |
| JCe                                     | 27      | Unrestricted net assets  |  |   | 83,                                     | 126.        | 27  | 2,866,076.                |
| 8                                       | 28      | Temporarily restricted net assets  |  |   | 36,135,                                 |             |     | 36,621,243.               |
| <u>Б</u>                                | 29      |  |  |   |   |             | 29  |                           |
| Net Assets or Fund Balances             |         | Organizations that do not follow SFAS 117 (A                                 |  |   | Day 1                                   |             |     |                           |
| or 1                                    |         | and complete lines 30 through 34.  |  |   |   |             |     |                           |
| \$                                      | 30      | Capital stock or trust principal, or current funds                           |  | ·<br>                                   | 30                                      |             |     |                           |
| SS                                      | 31      | Paid-in or capital surplus, or land, building, or ed                         |  |   | 31                                      |             |     |                           |
| et A                                    | 32      | Retained earnings, endowment, accumulated in                                 |  |   |   |             | 32  | }                         |
| ž                                       | 33      | Total net assets or fund balances  |  | ç                                       | 36,218,                                 | 514.        | 33  | 39,487,319.               |
|   | 34      | Total liabilities and net assets/fund balances                               |  |   | 83,246,                                 |             |     | 85,249,750.               |
|   |         |  |  |   |   |             |     | Form <b>990</b> (2014)    |

Form 990 (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2014)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

27-1414646 CLINTON HEALTH ACCESS INITIATIVE. 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part !!.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support                      |                       |                     |                           |   |   |                          |
|------|--|-----------------------|---------------------|---------------------------|---|---|--------------------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2010              | <b>(b)</b> 2011     | (c) 2012                  | (d) 2013                                | (e) 2014                                | (f) Total                |
| 1    | Gifts, grants, contributions, and            |                       |                     |                           |   |   |                          |
|      | membership fees received. (Do not            |                       |                     |                           |   |   |                          |
|      | include any "unusual grants.")               | 66,874,152,           | 64,721,151.         | 88 448 655                | 117 270 913                             | 141,533,835,                            | 478,848,706;             |
| 2    | Tax revenues levied for the organ-           |                       |                     | 00,110,000,               | 117,270,545.                            | 141,555,055,                            | 470,040,700 <sub>s</sub> |
|      | ization's benefit and either paid to         | ·                     |                     |                           |   |   |                          |
|      | or expended on its behalf                    |                       |                     |                           |   | :                                       |                          |
| 3    | The value of services or facilities          |                       |                     |                           |   |   |                          |
| •    | furnished by a governmental unit to          |                       |                     |                           |   |   |                          |
|      | the organization without charge              |                       |                     |                           |   |   |                          |
| А    | Total. Add lines 1 through 3                 | 66,874,152.           | CA 701 151          | 00 440 555                | 117 070 010                             | 444 500 005                             |                          |
| 5    | The portion of total contributions           | 00,0/4,152.           | 64,721,151.         | 88,448,655.               | 117,270,913.                            | 141,533,835.                            | 478,848,706.             |
|      | by each person (other than a                 |                       | :                   | :                         | 17                                      | 1.0                                     |                          |
|      | governmental unit or publicly                |                       | 1.3 A. 1.           |                           |   | :                                       |                          |
|      | supported organization) included             |                       | \$                  |                           |   | į, j                                    |                          |
|      | on line 1 that exceeds 2% of the             |                       |                     |                           |   | Å.                                      |                          |
|      |  |                       | g                   |                           |   | i -1 1.                                 |                          |
|      | amount shown on line 11,                     | 5-<br>5-<br>          |                     |                           | #<br>                                   | . 1                                     |                          |
| _    | column (f)                                   |                       |                     |                           |   |   | 265,761,558.             |
|      | Public support. Subtract line 5 from line 4. |                       |                     |                           |   |   | 213 087 148.             |
|      | ction B. Total Support                       |                       |                     |                           |   |   |                          |
|      | ndar year (or fiscal year beginning in)      | (a) 2010              | <b>(b)</b> 2011     | (c) 2012                  | (d) 2013                                | (e) 2014                                | (f) Total                |
|      | Amounts from line 4                          | 66,874,152.           | 64,721,151.         | 88,448,655.               | 117,270,913.                            | 141,533,835.                            | 478,848,706.             |
| 8    | Gross income from interest,                  |                       |                     |                           |   |   |                          |
|      | dividends, payments received on              |                       |                     |                           |   |   |                          |
|      | securities loans, rents, royalties           |                       |                     |                           |   |   |                          |
|      | and income from similar sources              | 185,938.              | 96,403.             | 91,498.                   | 95,183.                                 | 133,981.                                | <u>603,003.</u>          |
| 9    | Net income from unrelated business           |                       |                     |                           |   |   |                          |
|      | activities, whether or not the               |                       |                     |                           |   |   |                          |
|      | business is regularly carried on             |                       |                     |                           |   |   |                          |
| 10   | Other income. Do not include gain            |                       | :                   |                           |   |   |                          |
|      | or loss from the sale of capital             |                       |                     |                           |   | *************************************** |                          |
|      | assets (Explain in Part VI.)                 |                       | 109,811.            | <u>148,563.</u>           | 38,717.                                 | 13,714.                                 | 310,805.                 |
| 11   | Total support. Add lines 7 through 10        |                       | ent of the second   |                           |   |   | 479,762,514.             |
| 12   | Gross receipts from related activities,      | etc. (see instruction | ons)                | ************************* |   | 12                                      |                          |
| 13   | First five years. If the Form 990 is for     | the organization's    | first, second, thir | d, fourth, or fifth ta    | ıx year as a sectioi                    | n 501(c)(3)                             |                          |
|      | organization, check this box and stop        | here                  |                     |                           |   | ************************                | <b>&gt;</b>              |
|      | tion C. Computation of Publ                  |                       |                     |                           |   |   |                          |
|      | Public support percentage for 2014 (I        |                       |                     |                           |   | 14                                      | 44.42 %                  |
| 15   | Public support percentage from 2013          | Schedule A, Part      | II, line 14         |                           |   | 15                                      | %                        |
| 16a  | 33 1/3% support test - 2014. If the c        |                       |                     |                           |   |   |                          |
|      | stop here. The organization qualifies        | as a publicly supp    | orted organization  |                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | <b>▶</b> X               |
| b    | 33 1/3% support test - 2013. If the c        |                       |                     |                           |   |   |                          |
|      | and stop here. The organization qual         | ifies as a publicly s | supported organiza  | ation                     |   |   | ▶□                       |
| 17a  | 10% -facts-and-circumstances test            |                       |                     |                           |   |   |                          |
|      | and if the organization meets the "fac       | ts-and-circumstan     | ces" test, check th | nis box and <b>stop h</b> | ere. Explain in Par                     | t VI how the organ                      | ization                  |
|      | meets the "facts-and-circumstances"          |                       |                     |                           |   |   |                          |
| b    | 10% -facts-and-circumstances test            |                       |                     |                           |   |   |                          |
|      | more, and if the organization meets th       |                       |                     |                           |   |   |                          |
|      | organization meets the "facts-and-circ       |                       |                     |                           |   |   | <b>&gt;</b>              |
| 18   | Private foundation. If the organizatio       |                       |                     |                           |   |   |                          |
|      |  | -                     |                     |                           |   |   |                          |

Schedule A (Form 990 or 990-EZ) 2014

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

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

| Section A. Public Support   |  |                     |  |   |   |  |
|---|--|---------------------|--|---|---|--|
| Calendar year (or fiscal year beginning in) 📂                             | (a) 2010   | <b>(b)</b> 2011     | (c) 2012                               | (d) 2013                                | (e) 2014                                | (f) Total  |
| 1 Gifts, grants, contributions, and                                       |  |                     |  |   | <u> </u>                                |  |
| membership fees received. (Do not   |  |                     |  |   |   |  |
| include any "unusual grants.")  |  |                     |  |   |   |  |
| 2 Gross receipts from admissions,   |  |                     |  |   |   |  |
| merchandise sold or services per-   |  |                     |  |   |   |  |
| formed, or facilities furnished in  | •  |                     |  |   |   |  |
| any activity that is related to the organization's tax-exempt purpose     |  |                     |  |   |   |  |
| 3 Gross receipts from activities that                                     |  |                     |  | .,                                      |   |  |
| are not an unrelated trade or bus-  |  |                     |  |   |   |  |
| iness under section 513   |  |                     |  |   |   |  |
| 4 Tax revenues levied for the organ-                                      |  |                     | -                                      |   |   |  |
| ization's benefit and either paid to                                      |  |                     |  |   |   |  |
| or expended on its behalf   | ,  |                     |  |   |   |  |
| 5 The value of services or facilities                                     |  |                     |  |   |   |  |
| furnished by a governmental unit to                                       |  |                     |  |   | 1                                       |  |
| the organization without charge   |  |                     |  |   |   |  |
| 6 Total. Add lines 1 through 5  |  |                     | ······································ |   |   |  |
| 7a Amounts included on lines 1, 2, and                                    |  |                     |  |   |   |  |
| 3 received from disqualified persons                                      |  |                     |  | ·                                       |   |  |
| <b>b</b> Amounts included on lines 2 and 3 received                       |  |                     |  |   |   |  |
| from other than disqualified persons that                                 |  |                     | :                                      |   |   |  |
| exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |  |                     |  |   |   |  |
| c Add lines 7a and 7b   |  |                     |  |   | 2                                       | 1  |
| 8 Public support (Subtract line 7c from line 6.)                          |  |                     |  | i sa isangan                            | 4/2 3 1 1 4 Ja                          |  |
| Section B. Total Support  | <u> </u>   |                     |  |   | Inject as the second                    | 1  |
| Calendar year (or fiscal year beginning in)                               | (a) 2010   | (b) 2011            | (c) 2012                               | (d) 2013                                | . <b>(e)</b> 2014                       | (f) Total  |
| 9 Amounts from line 6   |  | <b>X</b>            | 347                                    | \(\overline{\pi}\)                      | . 10) 2.014                             | (i) rotal  |
| 10a Gross income from interest,   |  |                     |  |   |   |  |
| dividends, payments received on   |  |                     |  |   |   |  |
| securities loans, rents, royalties and income from similar sources        |  |                     |  |   | **************************************  |  |
| <b>b</b> Unrelated business taxable income                                |  |                     |  |   |   |  |
| (less section 511 taxes) from businesses                                  | ***************************************                              |                     |  |   |   |  |
| acquired after June 30, 1975  |  |                     |  |   |   |  |
| c Add lines 10a and 10b   |  |                     |  |   |   |  |
| 11 Net income from unrelated business                                     |  |                     |  |   |   |  |
| activities not included in line 10b,                                      |  |                     |  |   |   |  |
| whether or not the business is regularly carried on                       |  | TAXAAAA TAYAA       |  |   |   |  |
| 12 Other income. Do not include gain                                      |  |                     |  |   |   |  |
| or loss from the sale of capital  |  |                     |  |   |   | THE PARTY OF THE P |
| assets (Explain in Part VI.)  |  |                     |  |   |   |  |
| 14 First five years. If the Form 990 is for                               | the erganization's   | first second thir   | d fairth ar fifth to                   |   | - 504/-)/0)                             |  |
|   |  |                     |  |   |   |  |
| check this box and stop here Section C. Computation of Publi              | c Support Per  | rcentage            |  | ******************************          | *************************************** | ············· <b>&gt;</b>  |
| 15 Public support percentage for 2014 (li                                 |  |                     | olumn (fl)                             |   |   |  |
| 16 Public support percentage from 2013                                    |  | ne e                |  |   | 15                                      | <u>%</u>   |
| Section D. Computation of Inves   |  |                     |  | *************************************** | 16                                      | <u>%</u>   |
| 17 Investment income percentage for 20                                    |  |                     | o 12 ookuma (A)                        |   |   |  |
|   |  |                     |  |   | 17                                      | <u>%</u>   |
|   | Investment income percentage from 2013 Schedule A, Part III, line 17 |                     |  |   |   |  |
| more than 33 1/3%, check this box an                                      |  |                     |  |   |   | ir is not  |
|   |  |                     |  |   |   | <b>&gt;</b>  |
| b 33 1/3% support tests - 2013. If the c                                  |  |                     |  |   |   |  |
| line 18 is not more than 33 1/3%, chec                                    |  |                     |  |   |   |  |
| 20 Private foundation. If the organization                                | ruid not check a l   | DOX OF BINE 14, 198 | 1, OF 190, Check th                    | is box and see ins                      | structions                              | ·····  |

#### Schedule A (Form 990 or 990 EZ) 2014 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 4

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

|                       |           | v                                      | ar            | N           |             |
|-----------------------|-----------|--|---------------|-------------|-------------|
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| 4c                    |           |  |               |             |             |
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| 10a                   | _         |  |               |             |             |
| 16.                   |           |  |               |             |             |
| 10b                   |           |  |               |             |             |
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|          |   | <u>141464</u>                          | 6 Pa     | <u>19e 5</u>                            |
|----------|---|--|----------|---|
| Pa       | TW Supporting Organizations (continued)   |  | 7        | T                                       |
|          |   | 1                                      | Yes      | No                                      |
| 11       | Has the organization accepted a gift or contribution from any of the following persons?                                       |  |          | Ė                                       |
| а        | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                  |  | 7.9      |   |
|          | below, the governing body of a supported organization?  | 11a                                    |          |   |
|          | A family member of a person described in (a) above?   | 11b                                    | ļ        |   |
|          | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.         | 11c                                    |          |   |
| Sec      | tion B. Type I Supporting Organizations   |  | 1        |   |
|          |   | <u> </u>                               | Yes      | No                                      |
| 1        | Did the directors, trustees, or membership of one or more supported organizations have the power to                           | =                                      |          | i ":                                    |
|          | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the            | -                                      | :        |   |
|          | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                 | 1                                      | ٠,       | i                                       |
|          | controlled the organization's activities. If the organization had more than one supported organization,                       | :                                      | 14.      |   |
|          | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                     | V   1                                  | E.       | F                                       |
| _        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                        | 1                                      | **       | -                                       |
| 2        | Did the organization operate for the benefit of any supported organization other than the supported                           |  |          |   |
|          | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                    |  | 1        | Å' as                                   |
|          | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                   | ÷                                      |          |   |
| <u></u>  | supervised, or controlled the supporting organization.  | 2                                      | <u> </u> | Ĺ                                       |
| Sec      | tion C. Type II Supporting Organizations  | <del></del>                            |          | Г                                       |
|          |   | 107 1 1                                | Yes      | No                                      |
| 1        | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors              |  | 1        |   |
|          | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                 |  |          | 1                                       |
|          | or management of the supporting organization was vested in the same persons that controlled or managed                        | ŀ                                      | į į      | 1                                       |
| <u> </u> | the supported organization(s).  | 1                                      |          |   |
| Sec      | tion D. Type III Supporting Organizations   |  |          |   |
|          |   |  | Yes      | No                                      |
| 1        | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                | i.                                     | 3.50     |   |
|          | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax         |  |          |   |
|          | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the           |  | Á        |   |
|          | organization's governing documents in effect on the date of notification, to the extent not previously provided?              | 1                                      | 1.4      |   |
| 2        | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported              |  |          |   |
|          | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how            |  | 1.00     |   |
| ^        | the organization maintained a close and continuous working relationship with the supported organization(s).                   | 2                                      |          | ·                                       |
| 3        | By reason of the relationship described in (2), did the organization's supported organizations have a                         |  | Ş        | Ė "                                     |
|          | significant voice in the organization's investment policies and in directing the use of the organization's                    |  |          |   |
|          | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                  |  |          |   |
| Sac      | supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations              | 3                                      | İ        |   |
| 1        | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction |  |          |   |
| '<br>a   | The organization satisfied the Activities Test. Complete line 2 below.  | 15).                                   |          |   |
| b        | The organization is the parent of each of its supported organizations. Complete line 3 below.                                 |  |          |   |
| C        | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see              | inetructions                           | .t       |   |
| 2        | Activities Test. Answer (a) and (b) below.  | manuchons                              | Yes      | No                                      |
| -<br>a   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of            |  | 162      | 140                                     |
| Ç.       | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                    |  | ::       | 1                                       |
|          | those supported organizations and explain how these activities directly furthered their exempt purposes,                      | f                                      | 1        |   |
|          | how the organization was responsive to those supported organizations, and how the organization determined                     |  |          |   |
|          | that these activities constituted substantially all of its activities.  | On                                     |          | -                                       |
| b        | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more           | 2a                                     |          | <b></b>                                 |
| J        | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                  |  |          |   |
|          | reasons for the organization's position that its supported organization(s) would have engaged in these                        |  |          | -                                       |
|          | activities but for the organization's involvement.  | Ob                                     |          | 9                                       |
| 3        | Parent of Supported Organizations. Answer (a) and (b) below.  | 2b                                     | <b> </b> |   |
| ى<br>a   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                   |  |          |   |
| đ        | trustees of each of the supported organizations? Provide details in <i>Part VI</i> .  | 30                                     | 2015 II  |   |
| b        | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each           | 3a                                     |          | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| IJ       | of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.      | 3b                                     |          | -                                       |
|          | Schedule A (For   | ······································ |          |   |

| Sche | dule A (Form 990 or 990-EZ) 2014 CLINTON HEALTH ACCESS I                        |                      |   | 27-1414646 Page 6              |
|------|---|----------------------|---|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying |                      |   |                                |
| •    | other Type III non-functionally integrated supporting organizations must co     |                      |   | uctions. All                   |
| Sect | ion A - Adjusted Net Income   | mplete               | (A) Prior Year                          | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain   | 1                    |   |                                |
| 2    | Recoveries of prior-year distributions  | 2                    |   |                                |
| 3    | Other gross income (see instructions)   | 3                    |   |                                |
| 4    | Add lines 1 through 3   | 4                    |   |                                |
| 5    | Depreciation and depletion  | 5                    |   |                                |
| 6    | Portion of operating expenses paid or incurred for production or                |                      |   |                                |
|      | collection of gross income or for management, conservation, or                  |                      |   |                                |
|      | maintenance of property held for production of income (see instructions)        | 6                    |   |                                |
| 7    | Other expenses (see instructions)   | 7                    |   |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)                     | 8                    |   |                                |
| Sect | ion B - Minimum Asset Amount  | (A) Prior Year       | (B) Current Year<br>(optional)          |                                |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                   |                      |   |                                |
|      | instructions for short tax year or assets held for part of year):               | ,                    |   |                                |
| а    | Average monthly value of securities   | 1a                   |   |                                |
| b    | Average monthly cash balances   | 1b                   |   |                                |
| С    | Fair market value of other non-exempt-use assets                                | 1c                   |   |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d                   |   |                                |
| е    | Discount claimed for blockage or other  | 11 1<br>14 1<br>14 1 |   |                                |
|      | factors (explain in detail in Part VI):   |                      |   |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2                    |   |                                |
| 3    | Subtract line 2 from line 1d  | 3                    |   |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,    |                      |   |                                |
|      | see instructions).  | 4                    |   |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5                    |   |                                |
| 6    | Multiply line 5 by .035   | 6                    |   |                                |
| 7    | Recoveries of prior-year distributions  | 7                    |   |                                |
| 88   | Minimum Asset Amount (add line 7 to line 6)                                     | 8                    |   |                                |
| Sect | ion C - Distributable Amount  |                      |   | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1                    | 4                                       |                                |
| 2    | Enter 85% of line 1   | 2                    |   |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3                    |   |                                |
| 4    | Enter greater of line 2 or line 3   | 4                    | X X                                     |                                |
| 5    | Income tax imposed in prior year  | 5                    | e4                                      |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |                      | * 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                |
|      | emergency temporary reduction (see instructions)                                | 6                    |   |                                |
| 7    | Check here if the current year is the organization's first as a non-functional  | ly-integra           | ated Type III supporting ord            | anization (see                 |
|      | instructions).  |                      |   | ,                              |

Schedule A (Form 990 or 990-EZ) 2014

| Sche<br><b>Pa</b> i | dule A (Form 990 or 990-EZ) 2014 CLINTON HEALT               |  |   | 7-1414646 Page 7  |
|---------------------|--|--|---|---|
|                     |  | nanan Supporung Org  | anizations (continued)                        |   |
|                     | ion D - Distributions  |  | — <u>— — — — — — — — — — — — — — — — — — </u> | Current Year  |
| 1                   | Amounts paid to supported organizations to accomplish ex     |  |   |   |
| 2                   | Amounts paid to perform activity that directly furthers exem |  |   |   |
|                     | organizations, in excess of income from activity             |  |   |   |
| 3_                  | Administrative expenses paid to accomplish exempt purpos     | ses of supported organization  | 18  |   |
| 4                   | Amounts paid to acquire exempt-use assets                    |  |   |   |
| 5                   | Qualified set-aside amounts (prior IRS approval required)    |  |   |   |
| 6_                  | Other distributions (describe in Part VI). See instructions. |  |   |   |
| 7_                  | Total annual distributions. Add lines 1 through 6.           |  |   |   |
| 8                   | Distributions to attentive supported organizations to which  | the organization is responsive   | е   |   |
|                     | (provide details in Part VI). See instructions.              |  |   |   |
| 9                   | Distributable amount for 2014 from Section C, line 6         |  |   |   |
| 10                  | Line 8 amount divided by Line 9 amount                       |  |   |   |
|                     |  | (i)  | (ii)  | (iii)   |
| Secti               | ion E - Distribution Allocations (see instructions)          | Excess Distributions   | Underdistributions                            | Distributable   |
|                     | Distributable amount for 2014 from Castian C. Eng. C.        |  | Pre-2014                                      | Amount for 2014   |
| 1                   | Distributable amount for 2014 from Section C, line 6         |  |   | 2   |
| 2                   | Underdistributions, if any, for years prior to 2014          | 4 7  |   |   |
|                     | (reasonable cause required-see instructions)                 |  |   | A A A A A A A A A A A A A A A A A A A   |
| 3_                  | Excess distributions carryover, if any, to 2014:             |  | :   |   |
| a                   |  |  |   |   |
| b                   |  |  |   | 1 5 %   |
| C                   |  | 369 Br 3   |   |   |
| d                   |  |  |   |   |
|                     | From 2013  | 5 3 5  |   |   |
|                     |  |  |   |   |
|                     | Applied to underdistributions of prior years                 |  |   |   |
| -                   | Applied to 2014 distributable amount                         | A. A. A. A. A. A. A. A. A. A. A. A. A. A   |   | . 30,000  |
| <u>i_</u>           | Carryover from 2009 not applied (see instructions)           | <u> </u>   |   |   |
|                     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.            |  |   |   |
| 4                   | Distributions for 2014 from Section D,                       | 1  |   |   |
|                     | line 7: \$   | 181 0  |   |   |
|                     | Applied to underdistributions of prior years                 | , 19.50<br>7 7 7 2 3 3   |   |   |
|                     | Applied to 2014 distributable amount                         | 4 NAME AND ADDRESS OF THE PARTY | , 6§  | The side of the second |
|                     | Remainder. Subtract lines 4a and 4b from 4.                  |  |   |   |
| 5                   | Remaining underdistributions for years prior to 2014, if     |  |   |   |
|                     | any. Subtract lines 3g and 4a from line 2 (if amount         |  |   |   |
|                     | greater than zero, see instructions).                        |  | 3   |   |
| 6                   | Remaining underdistributions for 2014. Subtract lines 3h     |  | 2 1 0 1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2       |   |
|                     | and 4b from line 1 (if amount greater than zero, see         |  |   |   |
|                     | instructions).   | <u> </u>   |   |   |
| 7                   | Excess distributions carryover to 2015. Add lines 3j         |  |   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
|                     | and 4c.  |  |   |   |
| 8                   | Breakdown of line 7:   |  |   | # <u>"</u>  |
| а                   |  | T-1  | F   |   |

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

|   |                  |  |                  |   |           | II, line 10; Part                     |      | • |
|---|------------------|--|------------------|---|-----------|---------------------------------------|------|---|
|   | Also complete th | is part for any add  | itional informat | <u>ion. (See instru</u>                 | uctions). |                                       | <br> |   |
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#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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.

OMB No. 1545-0047

Name of the organization

Employer identification number

| CL   | INTON HEALTH ACCESS INITIATIVE, INC.  | 27-1414646                     |  |  |  |  |
|--|---|--------------------------------|--|--|--|--|
| Organization type (check one):   |   |                                |  |  |  |  |
| Filers of:   | Section:  |                                |  |  |  |  |
| Form 990 or 990-EZ   | X 501(c)( 3 ) (enter number) organization   |                                |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |                                |  |  |  |  |
|  | 527 political organization  |                                |  |  |  |  |
| Form 990-PF  | 501(c)(3) exempt private foundation   |                                |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |                                |  |  |  |  |
|  | 501(c)(3) taxable private foundation  |                                |  |  |  |  |
|  |   |                                |  |  |  |  |
|  | s covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul  | e. See instructions.           |  |  |  |  |
| General Rule   |   |                                |  |  |  |  |
|  | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's  |                                |  |  |  |  |
| Special Rules  |   | ·                              |  |  |  |  |
| sections 509(a)(1) a<br>any one contributo   | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount line 1. Complete Parts I and II. | or 16b, and that received from |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.   |   |                                |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |   |                                |  |  |  |  |
| out it <b>must</b> answer "No" on  | nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  |                                |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

| CLINTON | HEALTH | ACCESS | INITIATIVE. | TNC. |
|---------|--------|--------|-------------|------|
|         |        |        |             |      |

27-1414646

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additi | onal space is needed.      |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZiP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 1          |   | _ \$ <u>30,349,913.</u>    | Person X. Payroll  |
| (a)<br>No. | (b) Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |   | \$ <u>24,950,247.</u>      | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
| 3          |   | -<br>\$ 14,719,135.        | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
| 4          |   | \$10,282,312.              | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
| 5          |   | \$ 9,338,981.              | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
| 6          |   | -<br>\$ <u>8,817,569</u> . | Person X Payroll   |

Name of organization

Employer identification number

| CLINTON | HEALTH | ACCESS | INITIATIVE, | INC. |
|---------|--------|--------|-------------|------|
|         |        |        |             |      |

27-1414646

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additi | onal space is needed.      |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 7          |   | \$\$ <u>5,537,082</u> .    | Person X Payroli Noncash (Complete Part II for noncash contributions.)      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 8          |   | \$ 5,265,813.              | Person X Payroll Noncash (Complete Part II for noncash contributions.)      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 9          |   | \$\$4,611,211.             | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |
| 10         |   | \$ <u>3,165,114.</u>       | Person X Payroll Noncash (Complete Part II for noncash contributions.)      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |
|            |   |                            | Person Payroll Noncash (Complete Part II for noncash contributions.)        |
| (a)<br>No. | (b)<br>Name, address, and Z!P + 4   | (c) Total contributions    | (d)<br>Type of contribution   |
|            |   | \$                         | Person Payroll Payroll Noncash Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

# CLINTON HEALTH ACCESS INITIATIVE, INC.

27-1414646

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Pa | rt II if additional space is needed.           |                           |
|------------------------------|---|--|---------------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received      |
|                              |   | \$   |                           |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received      |
|                              |   | \$   |                           |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received      |
|                              |   | \$   | -                         |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received      |
|                              |   | \$   |                           |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received      |
|                              |   | \$   |                           |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received      |
| 123453 11-05-                |   | **************************************         | 00 000 E7 oz 000 DEL/2014 |

| Name of orga                            | anization   |   | Employer identification number   |
|---|---|---|--|
| CLINTO                                  | N HEALTH ACCESS INITIAT   | TIVE, INC.  | 27-1414646   |
| Part III                                | Exclusively religious, charitable, etc., contr<br>the year from any one contributor. Complete or            | ibutions to organizations described<br>olumns (a) through (e) and the follo | in section 501(c)(7), (8), or (10) that total more than \$1,000 for wind line entry. For orderizations |
|   | completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additions | , charitable, etc., contributions of \$1,000 or                             | r less for the year. (Enter this info. once.)  \$ \$   |
| (a) No.                                 |   | -   |  |
| from<br>Part I                          | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held  |
|   |   |   |  |
|   |   | V   |  |
|   |   |   |  |
|   |   | (e) Transfer of gif   | <b>t</b>   |
|   | Transferente adduses au   | d 710 . 4   | <b>5</b>   |
| <u> -</u>                               | Transferee's name, address, an  | 0 ZIP + 4   | Relationship of transferor to transferee   |
|   |   |   |  |
|   |   |   |  |
| (a) No.                                 |   |   |  |
| from<br>Part I                          | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held  |
| *************************************** |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   | (e) Transfer of gif   | t  |
|   | Transferee's name, address, an  | d <b>7</b> 10 . <i>d</i>  | Dalationaling  |
|   | mansieree s name, address, an   | U ZIF + 4   | Relationship of transferor to transferee   |
|   |   |   |  |
| -                                       |   |   |  |
| (a) No.<br>from                         | 410   |   |  |
| Part I                                  | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   | (e) Transfer of gift  | t ·  |
|   | Transferee's name, address, an  | d ZIP + 4   | Relationship of transferor to transferee   |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| (a) No.<br>from                         | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held  |
| Part I                                  | (a) i a pass or give  | (0) O3c 01 giil   | (u) bescription of now girt is need  |
| -                                       |   |   |  |
|   |   |   |  |
|   |   | 4 N MM  |  |
| -                                       |   | (e) Transfer of gift  | i  |
|   | Transferee's name, address, and   | d <b>ZI</b> P + 4   | Relationship of transferor to transferee   |
| -                                       |   |   |  |
| -                                       |   |   |  |
| -                                       |   |   |  |

#### SCHEDULE D

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

## 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.

Open to Public

Inspection

Employer identification number

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, 27-1414646 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds

(b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3. vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1

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Assets included in Form 990, Part X

Schedule D (Form 990) 2014

|          | edule D (Form 990) 2014 CLINTON                                      | HEALTH AC                     | CESS          | INITI       | ATIVE,         | INC                                     | . 2           | 7-14   | 1464                                    | 6 P        | <u>age 2</u> |
|----------|--|-------------------------------|---------------|-------------|----------------|---|---------------|--|---|------------|--------------|
| га       | rt III   Organizations Maintaining (                                 |                               |               |             |                |   |               |  |   |            |              |
| 3        | Using the organization's acquisition, access                         | ion, and other recor          | ds, check     | any of the  | following that | at are a s                              | significant u | se of its                                    | collectio                               | n item     | is           |
|          | (check all that apply):  |                               |               |             |                |   |               |  |   |            |              |
| а        | Public exhibition  | •                             | d L           | oan or exc  | hange progr    | ams                                     |               |  |   |            |              |
| b        | Scholarly research   | •                             |               |             |                |   |               |  |   |            |              |
| С        | Preservation for future generations                                  |                               |               |             |                |   |               |  | *************************************** |            |              |
| 4        | Provide a description of the organization's c                        | ollections and expla          | in how the    | v further t | he organizat   | ion's exe                               | earua tame    | se in Pari                                   | XIII.                                   |            |              |
| 5        | During the year, did the organization solicit of                     |                               |               |             |                |   |               |  |   |            |              |
|          | to be sold to raise funds rather than to be m                        |                               |               |             |                |   |               |  | Yes                                     |            | No           |
| Pa       | rt Ⅳ Escrow and Custodial Arran                                      | gements. Comp                 | lete if the c | rganizatio  | n answered     | "Yes" to                                | Form 990      | Part IV I                                    |   |            |              |
| <u> </u> | reported an amount on Form 990, Pa                                   | rt X, line 21.                |               | gaac.       | ii anoworoa    | 103 10                                  | 1 01111 000,  | ant iv, i                                    | ine 3, 01                               |            |              |
| 1a       | Is the organization an agent, trustee, custod                        |                               | diany for co  | antribution | e or other se  | eeste not                               | included      |  |   |            |              |
|          |  |                               |               |             |                |   |               | <u> </u>                                     | 7                                       |            | ٦            |
| h        | on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII | and complete the f            |               |             |                | • |               |  | 」Yes                                    | L          | _ No         |
| D        | ir res, explain the analigement in Part XIII                         | and complete the fi           | ollowing ta   | pie:        |                |   |               |  |   | •••••      |              |
|          | Particular 6. 1  |                               |               |             |                |   |               |  | Amoun                                   | it         |              |
| C        | Beginning balance  |                               |               |             |                |   |               |  |   |            |              |
| d        | Additions during the year  |                               |               |             |                |   | 1d            |  |   |            |              |
| e        | Distributions during the year  |                               |               |             |                |   |               |  |   |            |              |
| f        | Ending balance   |                               |               |             |                |   | 1f            |  |   |            |              |
|          | Did the organization include an amount on F                          |                               |               |             |                |   | lity?         | ,.,  | Yes                                     |            | No           |
|          | If "Yes," explain the arrangement in Part XIII                       | . Check here if the e         | xplanation    | has been    | provided in    | Part XIII                               |               | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |   |            | ]            |
| Pa       | t V Endowment Funds. Complete  | if the organization a         | nswered "\    | es" to Fo   | rm 990, Part   | IV, line 1                              | 10.           |  |   |            |              |
|          |  | (a) Current year              | (b) Pri       | or year     | (c) Two yea    | rs back                                 | (d) Three ye  | ars back                                     | (e) Fou                                 | r vears    | back         |
| 1a       | Beginning of year balance  |                               |               |             |                |   |               |  | <u> </u>                                |            |              |
|          | Contributions  |                               |               |             |                |   |               |  |   |            |              |
|          | Net investment earnings, gains, and losses                           |                               |               |             |                |   |               |  |   |            |              |
|          | Grants or scholarships   |                               |               |             |                |   |               |  |   |            |              |
|          | Other expenditures for facilities                                    |                               |               |             | <u> </u>       |   |               |  |   |            |              |
| -        | •  |                               |               |             |                |   |               |  |   |            |              |
|          |  |                               |               |             |                |   |               |  |   |            |              |
|          | Administrative expenses  |                               |               |             |                |   |               |  |   |            |              |
| g        | End of year balance  |                               | <u> </u>      |             |                |   |               |  |   |            |              |
| 2        | Provide the estimated percentage of the cur                          |                               | ce (line 1g,  | column (a   | a)) held as:   |   |               |  |   |            |              |
| а        | Board designated or quasi-endowment                                  |                               | %             |             |                |   |               |  |   |            |              |
|          | Permanent endowment  | %                             |               |             |                |   |               |  |   |            |              |
| С        | Temporarily restricted endowment >                                   | %                             |               |             |                |   |               |  |   |            |              |
|          | The percentages in lines 2a, 2b, and 2c show                         |                               |               |             |                |   |               |  |   |            |              |
| За       | Are there endowment funds not in the posse                           | ession of the organiz         | ation that    | are held a  | nd administe   | ered for t                              | he organiza   | ation  |   |            |              |
|          | by:  |                               |               |             |                |   |               |  |   | Yes        | No           |
|          | (i) unrelated organizations  |                               |               |             |                |   |               |  | 3a(i)                                   |            |              |
|          | (ii) related organizations   |                               |               |             | . + - + 4      |   |               | *************                                | 3a(ii)                                  |            |              |
| b        | If "Yes" to 3a(ii), are the related organizations                    | s listed as required o        | nn Schedu     | le B2       |                | ,,                                      |               | . ,  | 3b                                      |            |              |
| 4        | Describe in Part XIII the intended uses of the                       | organization's end            | owment fu     | nde         |                |   |               |  | 30                                      |            |              |
| Par      | t VI Land, Buildings, and Equipm                                     |                               | DWINGER TO    | iuo.        |                |   |               |  |   |            | ~            |
| 1.00     | Complete if the organization answere                                 |                               | ) Part IV I   | ina 11a C   | 00 Earm 000    | Dort V                                  | line 10       |  |   |            |              |
|          | Description of property  |                               |               |             |                |   |               | , ,  | . n =                                   |            |              |
|          | Description of property  | (a) Cost or of basis (investi |               |             | or other       |   | ccumulated    | !  | ( <b>d</b> ) Boo                        | k valu     | e            |
|          | 1 ·  |                               | nem)          | Dasis       | (other)        | aeı                                     | preciation    |  |   |            |              |
|          | Land   |                               |               |             |                | . j                                     |               |  | • |            |              |
|          | Buildings  |                               |               | -           |                |   |               |  |   |            |              |
|          | Leasehold improvements   |                               |               |             | 4,296.         |   | <u>138,99</u> |  |   | <u>5,3</u> |              |
| d        | Equipment  |                               |               | <u>1,87</u> | 0,988.         | 1,'                                     | <u>712,02</u> | 5.   | 15                                      | 8,9        | 63.          |
|          | Other  |                               |               |             |                |   |               |  |   |            |              |
| Total    | . Add lines 1a through 1e. (Column (d) must e                        | qual Form 990, Part           | X, column     | (B), line 1 | 0c.)           |   |               | <b></b>                                      | 18                                      | 4,2        | 68.          |

Schedule D (Form 990) 2014

432053 10-01-14

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2014

|                  | dule D (Form 990) 2014 CLINTON HEALTH ACCESS INITI   |   |                           | 27-    | <u> 1414646</u> | Page 4       |
|------------------|--|---|---------------------------|--------|-----------------|--------------|
| Par              | t XI Reconciliation of Revenue per Audited Financial Statemer                                  | ıts Wi                                  | th Revenue per R          | eturr  | ١.              |              |
|                  | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.                    |   |                           |        |                 |              |
| 1                | Total revenue, gains, and other support per audited financial statements                       |   |                           | 1      | 142,020         | ,340.        |
| 2                | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |   |                           |        | ı               |              |
| а                | Net unrealized gains (losses) on investments   | 2a                                      | -81,877.                  |        | ı               |              |
| b                | Donated services and use of facilities   | 2b                                      | 405,261.                  |        | :               |              |
| C                | Recoveries of prior year grants  |   |                           | 1.7    |                 |              |
| d                | Other (Describe in Part XIII.)   | 2d                                      |                           |        | ı               |              |
| е                | Add lines 2a through 2d  |   |                           | 2e     |                 | <u>,384.</u> |
| 3                | Subtract line 2e from line 1   |   |                           | 3      | <u>141,696</u>  | <u>,956.</u> |
| 4                | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |   |                           |        |                 |              |
| а                | Investment expenses not included on Form 990, Part VIII, line 7b                               | 4a                                      |                           | - 6    |                 |              |
| b                | Other (Describe in Part XIII.)   | 4b                                      |                           | i      |                 |              |
| С                | Add lines 4a and 4b  |   |                           | 4c     |                 | 0.           |
| 5                | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                |   |                           | 5      | 141,696         | <u>,956.</u> |
| Par              | t XII Reconciliation of Expenses per Audited Financial Stateme                                 | nts W                                   | ith Expenses per          | Retu   | rn.             |              |
|                  | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.                    |   |                           |        |                 |              |
| 1                | Total expenses and losses per audited financial statements                                     |   |                           | 1      | 138,751         | ,535.        |
| 2                | Amounts included on line 1 but not on Form 990, Part IX, line 25:                              |   |                           |        |                 |              |
| а                | Donated services and use of facilities   | 2a                                      | 405,261.                  |        |                 |              |
| b                | Prior year adjustments   | 2b                                      |                           |        |                 |              |
| С                | Other losses   |   |                           |        |                 |              |
| d                | Other (Describe in Part XIII.)   |   |                           | 100    |                 |              |
| е                | Add lines 2a through 2d  |   |                           | 2e     | 405             | ,261.        |
| 3                | Subtract line 2e from line 1   |   |                           | 3      | 138,346         |              |
| 4                | Amounts included on Form 990, Part IX, line 25, but not on line 1:                             | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                           |        |                 |              |
| а                | Investment expenses not included on Form 990, Part VIII, line 7b                               | 4a                                      |                           | .      |                 |              |
| b                | Other (Describe in Part XIII.)   | 4b                                      |                           |        |                 |              |
| c                | Add lines 4a and 4b  |   |                           | 4c     |                 | 0.           |
| 5                |  |   |                           | 5      | 138,346         | .274.        |
| Par              | t XIII Supplemental Information.   |   |                           |        |                 |              |
| Provi            | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | /, lines                                | lb and 2b; Part V, line 4 | : Part | X. line 2: Part | XI.          |
|                  | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi        |   |                           | •      | ,               |              |
|                  |  |   |                           |        |                 |              |
|                  |  | *************************************** |                           |        |                 | ** /*        |
| PAF              | RT X, LINE 2:  |   |                           |        |                 |              |
|                  |  |   |                           |        |                 |              |
| CHA              | AI ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN  | TAX                                     | POSITIONS                 | BAS:   | ED ON A         |              |
|                  |  |   |                           |        |                 |              |
| "MC              | DRE LIKELY THAN NOT" THRESHOLD TO THE RECOG  | NITI                                    | ON OF THE T               | XA     | POSITIO         | NS           |
|                  |  |   |                           |        |                 |              |
| BEI              | NG SUSTAINED BASED ON THE TECHNICAL MERITS   | OF                                      | THE POSITION              | N U    | NDER            |              |
|                  |  |   |                           |        |                 |              |
| SCF              | RUTINY BY THE APPLICABLE TAXING AUTHORITY.   | IF                                      | A TAX POSIT               | ION    | OR              |              |
|                  |  |   |                           |        |                 |              |
| POS              | SITIONS ARE DEEMED TO RESULT IN UNCERTAINTI  | ES C                                    | F THOSE POS               | ITI    | ONS, TH         | E            |
|                  |  |   |                           |        |                 |              |
| UNF              | RECOGNIZED TAX BENEFIT IS ESTIMATED BASED O  | N A                                     | "CUMULATIVE               | PR     | <u>OBABILI</u>  | TY           |
|                  |  |   |                           |        |                 |              |
| <u>ASS</u>       | SESSMENT" THAT AGGREGATES THE ESTIMATED TAX  | LIA                                     | BILITY FOR                | ALL    | UNCERT          | AIN          |
|                  |  |   |                           |        |                 |              |
| TAX              | POSITIONS. CHAI HAS IDENTIFIED ITS TAX S   | TATU                                    | S AS A TAX                | EXE    | MPT ENT         | ITY          |
|                  |  |   |                           |        |                 |              |
| AS               | ITS ONLY SIGNIFICANT TAX POSITION AND HAS  | DETE                                    | RMINED THAT               | SU     | CH TAX          |              |
|                  |  |   |                           |        |                 |              |
| POS              | SITION DOES NOT RESULT IN AN UNCERTAINTY RE  | QUIR                                    | ING RECOGNI               | rio    | N. CHA          | I IS         |
|                  |  |   |                           |        |                 |              |
| <u> </u>         | CURRENTLY UNDER EXAMINATION BY ANY TAXING  | JUR                                     | ISDICTION.                | CH     | AI'S            |              |
| 432054<br>10-01- | :<br>14  |   | ;                         | Sched  | tule D (Form    | 990) 2014    |

| Part | XIII S      | upple                                   | mental I                                | nformati                                | on (continu | ued)                           | 7.7.7   |  |   |   |        |       |       | 14646 Pag                               |
|------|-------------|---|---|---|-------------|--------------------------------|---|--|---|---|--------|-------|-------|---|
| FED: | ERAL        | AND                                     | STATI                                   | E INCO                                  | ME TAX      | RETU                           | IRNS A  | RE G                                   | ENERA                                   | LLY                                     | OPEN   | FOR   | EXAMI | NATION                                  |
| FOR  | THRI        | EE Y                                    | EARS 1                                  | FOLLOW                                  | ING TE      | E DAT                          | E OF  | FILI                                   | NG TH                                   | E RI                                    | ELATE) | D RET | URN.  |   |
|      |             |   |   |   |             |                                |   |  |   |   |        |       |       |   |
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| ***  |             |   | **************************************  |   |             |                                | <del>                                      </del> |  |   |   |        |       |       |   |
|      | <del></del> |   |   |   |             |                                |   |  |   |   |        |       |       |   |
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| •    |             |   | *************************************** |   |             | ·····                          |   |  | -                                       | ·····                                   |        |       |       | *************************************** |
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|      |             |   |   |   |             |                                |   |  |   |   |        |       |       |   |
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| •    |             | *************************************** | · · · · · · · · · · · · · · · · · · ·   | *************************************** |             |                                |   |  |   |   |        |       |       |   |
|      |             |   |   |   | ···         |                                |   |  | · · · · · · · · · · · · · · · · · · ·   |   |        |       | ···   |   |
|      |             |   |   |   |             | M-W-1-1                        |   |  |   |   |        |       |       |   |
|      |             |   |   | *************************************** |             | <b></b>                        |   |  |   |   |        |       | •     |   |
|      |             |   |   |   |             | 4                              |   |  |   |   |        |       |       |   |
|      |             |   |   |   |             | ****************************** |   |  | *************************************** |   |        |       |       |   |
|      |             |   |   |   |             |                                |   |  |   |   |        |       |       |   |
|      |             |   |   |   |             |                                |   | <del> </del>                           |   |   |        |       |       |   |

#### **SCHEDULE F** (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

OMB No. 1545-0047

| CLINTON HEALTH   | ACCESS I           | VITAITIN                   | E, INC.                                  | 27-1414                         | 646  |
|--|--------------------|----------------------------|--|---------------------------------|--|
| Part I General Infor   | mation on A        | ctivities Ou               | tside the United States. Compi           | ete if the organization answere | d "Yes" on   |
| Form 990, Part IV  | /, line 14b.       |                            |  |                                 |  |
|  |                    |                            | ds to substantiate the amount of its gr  |                                 |  |
| the grantees' eligibility fo   | or the grants or a | assistance, and            | the selection criteria used to award the | e grants or assistance?[        | X Yes No   |
|  |                    |                            |  |                                 |  |
| 2 For grantmakers. Desc  | ribe in Part V the | organization's             | procedures for monitoring the use of it  | s grants and other assistance   | outside the  |
| United States.   |                    |                            |  |                                 |  |
| <ol> <li>Activities per Region. (The contract of the contr</li></ol> | ne following Part  | I, line 3 table ca         | an be duplicated if additional space is  | needed.)                        |  |
| (a) Region   | (b) Number of      |                            | (d) Activities conducted in region       | (e) If activity listed in (d)   | (f) Total  |
|  | offices            | employees,<br>agents, and  | (by type) (e.g., fundraising, program    | is a program service,           | expenditures<br>for and  |
|  | in the region      | independent<br>contractors | services, investments, grants to         | describe specific type          | investments  |
|  |                    | in region                  | recipients located in the region)        | of service(s) in region         | in region  |
|  |                    |                            |  |                                 |  |
|  |                    |                            |  |                                 |  |
|  |                    |                            |  |                                 |  |
| SUB-SAHARAN AFRICA   | 15                 | 814                        | PROGRAM SERVICES                         | HEALTH                          | 70,784,499.  |
|  |                    |                            |  |                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
|  |                    |                            |  |                                 | ,  |
| EAST ASIA AND THE  |                    |                            |  |                                 | ***************************************  |
| PACIFIC  | 5                  | 181                        | PROGRAM SERVICES                         | HEALTH                          | 11,736,362.  |
|  |                    |                            | LICOTOM DIRVIOLD                         | IIIADIII                        | 11,730,302.  |
|  |                    |                            |  | 1                               |  |
|  |                    |                            |  |                                 |  |
| SOUTH ASIA   | 2                  | 0.3                        | PROGRAM SERVICES                         | TTT A T 177T                    | 6 130 650  |
| SOUTH ASIA   | <u></u>            | 33                         | PROGRAM SERVICES                         | HEALTH                          | 6,130,652.   |
|  |                    |                            | •  |                                 |  |
| ~~~~   |                    |                            |  |                                 |  |
| CENTRAL AMERICA AND  |                    | _                          |  |                                 |  |
| THE CARIBBEAN  | 2                  |                            | PROGRAM SERVICES                         | HEALTH                          | 719,313.   |
|  |                    |                            |  |                                 |  |
|  |                    |                            |  |                                 |  |
| RUSSIA AND   |                    |                            |  |                                 |  |
| NEIGHBORING STATES   | 1                  | 4                          | PROGRAM SERVICES                         | HEALTH                          | 753,269.   |
|  |                    |                            |  |                                 |  |
|  |                    |                            | ·  |                                 | A STATE OF THE STA |
| EUROPE (INCLUDING  |                    |                            |  |                                 | as a second as the   |
| ICELAND & GREENLAND)   | 1                  | 20                         | PROGRAM SERVICES                         | HEALTH                          | 0.   |
|  |                    |                            |  |                                 |  |
|  |                    |                            |  |                                 |  |
|  |                    |                            |  |                                 |  |
| NORTH AMERICA  | 0                  | 3                          | PROGRAM SERVICES                         | HEALTH                          | 0.   |
|  |                    |                            |  |                                 | A DOLLAR STATE OF THE STATE OF  |
|  |                    |                            |  |                                 |  |
|  |                    |                            |  |                                 |  |
| SUB-SAHARAN AFRICA   | 0                  | 0                          | GRANTS                                   | HEALTH                          | 7,944,930.   |
| 3 a Sub-total  | 26                 | 1122                       |  |                                 | 98,069,025.  |
| <b>b</b> Total from continuation   |                    |                            |  | :                               |  |
| sheets to Part I   | 0                  | 0                          |  | <u> </u>                        | 5 663 402.   |
| c Totals (add lines 3a   |                    |                            |  |                                 | -  |
| and 3b)  | 26                 | 1122                       | for the second                           | <u> </u>                        | 103,732,427.   |
|  |                    |                            |  |                                 |  |

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

Schedule F (Form 990) 2014

| Schedule F (Form 990) Part I Continuation | CLINTON on of Activitie                   | HEALTH A   | .CCESS INITIATIVE, I  | INC. 27-14   | 14646 Page 1                            |
|---|---|--|---|--|---|
| (a) Region                                | (b) Number of<br>offices<br>in the region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in region<br>(by type) (i.e., fundraising,<br>program services, grants to<br>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<br>expenditures<br>for region |
|   |   |  |   |  |   |
| EAST ASIA AND THE                         | 0   | 0  | GRANTS  | HEALTH   | 1 040 227                               |
| PACIFIC                                   | <u> </u>                                  |  | GAANIS  | REALTR   | 1,940,327.                              |
|   |   |  |   |  |   |
| SOUTH ASIA                                |   | 0  | GRANTS  | HEALTH   | 2,285,196.                              |
|   |   |  |   |  |   |
| RUSSIA AND<br>NEIGHBORING STATES          | 0   | 0  | GRANTS  | HEALTH   | 84,635.                                 |
|   |   |  |   |  |   |
| EUROPE (INCLUDING                         |   |  |   |  | , , , , , , , , , , , , , , , , , , ,   |
| ICELAND & GREENLAND)                      | 0   | 0  | GRANTS  | HEALTH   | 1,010,360.                              |
|   | ***************************************   |  |   |  |   |
| NORTH AMERICA                             | 0   | 0  | GRANTS  | HEALTH   | 319,680.                                |
|   |   |  |   | :  |   |
| MIDDLE EAST AND                           |   |  |   |  |   |
| NORTH AFRICA                              | 0   | 0  | GRANTS  | HEALTH   | 18,481.                                 |
| CENTRAL AMERICA AND                       |   |  |   |  |   |
| THE CARIBBEAN                             | 0   | 0  | GRANTS  | HEALTH   | 4,723.                                  |
|   |   |  |   |  |   |
|   |   |  |   |  | 7777777                                 |
|   |   |  | 4444  |  |   |
|   |   |  |   |  |   |
|   |   | :  |   |  |   |
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|   |   |  | **************************************  |  |   |
|   |   |  |   | 24   |   |
| Totals                                    | <b>-</b>                                  |  | li <sup>1</sup>   |  | 5,663,402.                              |

Schedule F (Form 990) 2014

Part II

Page 2

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.

(i) Method of valuation (book, FMV, appraisal, other) 180 Schedule F (Form 990) 2014 (h) Description of non-cash assistance (g) Amount of 0 ਂ 0 ਂ Ö o. non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant 95,527. 122,080, 613,452 177, 913 124,523 89,747, 118,932 (e) Amount 95,788 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant EALTH **IEALTH** EALTH HEAL TH EALTH HEALTH HEALTH TEALTH EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE EAST ASIA AND THE (c) Region PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC PACIFIC Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization n

33

| (a) Name of organization and EIN |   |                              |                         |                             | THE PROPERTY OF THE PROPERTY O |                                   |  |   |
|----------------------------------|---|------------------------------|-------------------------|-----------------------------|--|-----------------------------------|--|---|
|                                  | (b) IKS code section<br>and EIN (if applicable) | (c) Region                   | (d) Purpose of<br>grant | (e) Amount<br>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, appraísal, other) |
|                                  | <b>M</b>  | EAST ASIA AND THE            |                         |                             |  |                                   | 7.707                                  | 2000  |
|                                  | ല   |                              | HEALTH                  | 61,721.                     |  | 0                                 |  |   |
|                                  |   | EAST ASIA AND THE            | нвагтн                  | 54.031.                     |  | 0                                 |  |   |
|                                  |   | IA AND THE                   | НВАГТН                  | 45 000                      |  | a                                 |  |   |
|                                  | M 0   | LA AND THE                   | на ат син               | 41 293                      |  | C                                 |  |   |
|                                  | <b>M</b> 2                                      | IA AND THE                   | нвагля                  | 7                           |  | C                                 |  |   |
|                                  |   | IA AND THE                   | нвагтн                  |                             |  |                                   |  |   |
|                                  | 12 6<br>1 7<br>1 7<br>1 7                       | EAST ASIA AND THE            | неагтн                  | 33,230.                     |  | .0                                |  |   |
|                                  |   | EAST ASIA AND THE            | неагтн                  | 32,325,                     |  | .0                                |  |   |
|                                  | 82  | EAST ASIA AND THE<br>PACIFIC | EALTH                   | 26.546.                     |  | 0                                 |  |   |

| Schedule F (Form 990)                   | CLINT  | CLINTON HEALTH AC            | (Form 990) CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 | I, INC.   | 27-1414646                      | L4646                             |  | Page 2   |
|---|--|------------------------------|--|---|---------------------------------|-----------------------------------|--|--|
| <u>p</u>                                | (b) IRS code section<br>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<br>valuation (book, FMV,<br>appraisal, other)  |
|   |  |                              |  |   |                                 |                                   |  |  |
|   |  | EAST ASIA AND THE<br>PACIFIC | неагтн   | 22,929,   |                                 | o                                 |  |  |
|   | 74<br>1  |                              |  |   |                                 |                                   |  |  |
|   | \$30<br>\$2<br>\$3<br>\$3<br>\$3<br>\$3<br>\$4   | EAST ASIA AND THE PACTFIC    | неагин   | 16 947  |                                 | C                                 |  |  |
|   |  |                              |  | 4   |                                 |                                   |  |  |
|   | The second secon | FACIFIC                      | нгАлтн   | 13,6/2.   |                                 | •                                 | NAMES OF THE PROPERTY OF THE P | - Communication of the Communi |
| 3 |  | EAST ASIA AND THE<br>PACIFIC | неагтн   | 14 349  |                                 | 0                                 |  |  |
|   |  |                              |  | •   |                                 |                                   |  |  |
|   |  | EAST ASIA AND THE<br>PACIFIC | неагтн   | 14,113,   |                                 | Ó                                 |  |  |
|   |  |                              |  |   |                                 |                                   |  |  |
|   |  | EAST ASIA AND THE            | неагтн   | 13,285.   |                                 | 0                                 |  |  |
|   |  | EAST ASIA AND THE            |  |   |                                 |                                   |  |  |
|   |  | PACIFIC                      | нвагтн   | 12,220.   |                                 | 0                                 | - A CONTRACT TO  |  |
|   |  | EAST ASIA AND THE<br>PACIFIC | неагтн   | 80<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>0 |                                 | 0                                 |  |  |
|   |  |                              |  | •   |                                 |                                   |  |  |
|   |  | EAST ASIA AND THE            | НБАГТН   | 8.043.  |                                 | 0                                 |  |  |

| Schedule F (Form 990)  Part II Continuation o  | CLINI<br>Grants and Other  | CLINTON HEALTH AC         | (Form 990) CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | , INC.   | 27-1414646<br>(Schedule F (Form 990), Part I   | 14646<br>90), Part II, line 1     |  | Page 2   |
|--|--|---------------------------|---|--|--|-----------------------------------|--|--|
| ည်   | (b) IRS code section and EIN (if applicable)   | (c) Region                | (d) Purpose of<br>grant   | (e) Amount<br>of cash grant  | (f) Manner of cash disbursement  | (g) Amount of non-cash assistance | (h) Description of non-cash assistance   | (i) Method of<br>valuation (book, FMV,<br>appraisal, other)  |
|  |  |                           |   |  |  |                                   |  |  |
| :  |  | EAST ASIA AND THE PACIFIC | НЕАГТН  | 5,690.   |  | 0                                 |  |  |
| Company of the Compan |  | PART CITY TOWN / DECOCITY |   |  |  |                                   |  |  |
|  |  | ECKUPE (INCLUDING         |   | *************  |  |                                   |  |  |
|  | A ATTION AND A STATE OF THE ATTION AND A STA |                           | HEALTH  | 539,895.   |  | 0                                 | the state of the s | ATTENDED TO THE STATE OF THE ST |
|  |  |                           |   |  | :  |                                   |  | ****   |
| -  |  | EUROPE (INCLUDING         |   | -  |  |                                   |  |  |
| gi<br>Gr   |  | ICELAND &                 | HRAITH  | 115 000  |  | C                                 |  |  |
| ALL ALL ALL ALL ALL ALL ALL ALL ALL ALL  | A STATE OF THE STA | CANDAMINE THE             | 1.1.1.1.4.3.4.4.4.4.1.1.1.1.1.1.1.1.1.1.  | •  |  |                                   | WWW.   | ***************************************  |
|  | 3:   | EUROPE (INCLUDING         |   |  |  |                                   |  |  |
|  |  | ICELAND &                 |   | 070  |  | c                                 |  |  |
| a region of the second of the  | 10 A   | GREENLAND)                | пкалтн  | TOD O#O.   |  | 0                                 |  |  |
| . *  |  | DMINITIONI ( anonim       |   |  |  |                                   |  |  |
|  |  | ECRUPE (INCLUDING         |   |  |  |                                   |  |  |
|  |  |                           | HEALTH  | 53,606.  |  | 0                                 |  | **************************************   |
| Se pe  |  | ETTROPE (TNCT.IIDING      |   |  |  |                                   |  |  |
|  |  | ICELAND                   |   |  |  | ć                                 |  |  |
| Vertical and the second |  | GREENLAND)                | HEALTH  | 51,364.  | - No. 1   1   1   1   1   1   1   1   1   1  | )                                 |  |  |
|  |  | EUROPE (INCLUDING         |   |  |  |                                   |  |  |
| A Company of the Comp |  | ICELAND &                 | HRA: mH   | 3.6 8.5  |  | C                                 |  | ·  |
|  |  | EUROPE (INCLUDING         |   | and the same of th | The state of the s |                                   | 1 A. D. Green Control of the Control | T T T T T T T T T T T T T T T T T T T  |
| 4 d d  | \(\hat{\chi}\)   |                           | Ŀ.  |  |  |                                   |  |  |
|  |  | GREENLAND)                | НЕАГТН  | 36,750.  |  | 0                                 |  |  |
|  |  |                           | :-  |  |  |                                   |  |  |
| 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | :  | ICELAND &<br>GREENLAND)   | HEALTH  | 27,813,  |  | 0.                                |  |  |

| Schedule F (Form 990) Part II Continuation of  | CLINI<br>of Grants and Other                 | (Form 990) CLINTON HEALTH ACCES Continuation of Grants and Other Assistance to Organizations | CESS INITIATIVE, INC. 27-1414646 | , INC.                      | 27-1414646<br>(Schedule F (Form 990), Part I | 14646<br>30), Part II, line 1     |  | Page 2  |
|--|--|--|----------------------------------|-----------------------------|--|-----------------------------------|--|---|
| 1<br>(a) Name of organization  | (b) IRS code section and EIN (if applicable) | (c) Region   | (d) Purpose of<br>grant          | (e) Amount<br>of cash grant | (f) Manner of<br>cash disbursement           | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)   | НЕАLTH                           | 11,394.                     |  | 0                                 |  |   |
|  |  | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)   | НЕАГТН                           | 10,164.                     |  | 0.0                               |  |   |
|  |  | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)   | НЕАГЛН                           | 8,821,                      |  | 0                                 |  |   |
| : %  |  | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)   | НЕАLTH                           | 7,124.                      |  | 0                                 |  |   |
|  |  | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)   | НЕАТТН                           | 6,170,                      |  | 0                                 |  |   |
|  |  | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)   | НЕАГТН                           |                             |  | 0                                 |  |   |
| T A CONTRACTOR OF THE CONTRACT |  | SOUTH ASIA   | неагтн                           | 304,884.                    |  | 0                                 |  |   |
| A STATE OF THE STA |  | SOUTH ASIA   | нвагтн                           | 253,147.                    |  | 0                                 |  |   |
|  | \$   | SOUTH ASIA   | нвалтн                           | 206,079,                    |  | 0                                 |  |   |
|  |  |  |                                  |                             |  |                                   |  |   |

| Schedule F (Form 990)  Part II Continuation of | CLINT(                                       | CLINTON HEALTH ACCESS | F(Form 990) CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | , INC.                      | 27-1414646<br>(Schedule F (Form 990), Part I | 14646<br>90), Part II, line 1)    |  | Page 2  |
|--|--|-----------------------|--|-----------------------------|--|-----------------------------------|--|---|
| 1<br>(a) Name of organization                  | (b) IRS code section and EIN (if applicable) | (c) Region            | (d) Purpose of<br>grant  | (e) Amount<br>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) |
|  |  | SOUTH ASIA            | неагтн   | 176.304.                    |  | · ·                               |  |   |
|  |  | SOUTH ASIA            | нкалти   | 172,864.                    |  |                                   |  |   |
|  |  | SOUTH ASIA            | неалтн   | 126,156,                    |  | 0                                 |  |   |
|  | V  | SOUTH ASIA            | неал.тн  | 123,738.                    |  | .0                                |  |   |
|  | <b>9</b>                                     | SOUTH ASIA            | НВАТТН   | 111,005.                    |  | .0                                |  |   |
|  | 9  | SOUTH ASIA            | НВАСТН   | 86,768,                     |  | .0                                |  |   |
|  | 5  | SOUTH ASIA            | неагтн   | 79,218.                     |  | 0                                 |  |   |
|  | 50   | SOUTH ASIA            | неалтн   | 73,229.                     |  | • 0                               |  |   |
|  |  | SOUTH ASIA            | HEALTH   | 66,947.                     |  | 0                                 |  |   |

| Faitin Continuation                   | on of Grants and Other                           | Assistance to Organiz | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | e United States.                          | Schedule F (Form 9   | 90), Part II, IIne 1)             |  |   |
|---------------------------------------|--|-----------------------|--|---|--|-----------------------------------|--|---|
| 1<br>(a) Name of organization         | ion (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<br>of non-cash<br>assistance   | (i) Method of valuation (book, FMV, appraisal, other) |
| 1.0<br>1.6<br>2.5<br>3.5              |  |                       |  |   |  |                                   | TOTAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS |   |
|                                       | I AA VIII VIII                                   | SOUTH ASIA            | HEALTH   | 64,442.                                   |  | 0                                 | **************************************   |   |
|                                       |  | SOITH ASTA            | HRA1.MH  | 64 133                                    |  |                                   |  |   |
|                                       |  | SOUTH ASIA            | HEALTH   | 59 112                                    |  | 0                                 |  |   |
|                                       |  | сортн аста            | неат.пн  | 50 416                                    |  | C                                 |  |   |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  | מייה שחווים.          | nu svan  | A G R D T                                 |  |                                   |  |   |
|                                       |  | SOUTH ASIA            | неаглн   |   |  |                                   |  |   |
|                                       |  | Onton Acta            | HPA: WH  | 27 00 00 00 00 00 00 00 00 00 00 00 00 00 | Committee of the commit | C                                 |  |   |
|                                       |  | SOUTH ASIA            | неагтн   | 25, 530,                                  |  | 0                                 |  |   |
|                                       |  | SOUTH ASIA            | неалтн   | 24 728.                                   |  | 0                                 |  |   |
| 432162                                |  |                       |  |   |  |                                   |  |   |
| 5-01-14                               |  |                       | 95<br>95   |   |  |                                   |  |   |

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable)   | (c) Region | of organization and EIN (if applicable) (c) Region (d) Purpose of (e) Amount (f) Manner of non-cash grant (f) Manner of non-cash assistance | (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)  |
|-------------------------------|--|------------|---|--------------------------|--|-----------------------------------|--|--|
|                               | 100 A  |            |   |                          |  |                                   |  |  |
|                               | Mary Laboratory and Articles an | SOUTH ASIA | нвагтн  | 17,000.                  |  | 0                                 |  |  |
| <i>l</i>                      | . 特拉<br>· ·  | SOHWH ASTA | HRA1.77H  | 7 2 2 2                  |  | c                                 |  |  |
|                               |  |            | TIPLE TIPLE   |                          |  | •                                 |  |  |
|                               |  | SOUTH ASIA | неагтн  | 15,281.                  | AND THE PROPERTY AND TH | O                                 | (11 m) (1 | d and the state of |
|                               |  | SOUTH ASIA | НЕАГТН  | 12,756.                  |  | .0                                |  |  |
|                               |  | SOUTH ASIA | неагля  | 12 731                   |  | O                                 |  |  |
|                               |  | SOUTH ASIA | НЕАГТН  | 10,897.                  |  | .0                                |  |  |
|                               | 4 3<br>3<br>3<br>1   | SOUTH ASIA | НЕАГТН  | 10,734.                  |  | 0                                 |  |  |
|                               |  | SOUTH ASIA | НЕАГЛН  | 10,635,                  |  | 0                                 |  |  |
|                               |  | SOUTH ASIA | н<br>Евагтн   | 6.807,                   |  | 0                                 |  |  |
|                               |  |            | 40  |                          |  |                                   |  |  |

| (b) RS Gold suction   (c) Region   (d) Purpose of   (e) Amount   (f) Mannor of grant   (c) Amount   (f) Mannor of grant   (c) Region   (g) Purpose of   (c) Cash grant   (g) Mannor of Grash grant   | Fart II Continuation                   | of Grants and Other | Continuation of Grants and Other Assistance to Organizations | zations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | United States. | Schedule F (Form 9                 | 90), Part II, line 1) | *************************************** | The state of the s |
|--|--|---------------------|--|---|----------------|------------------------------------|-----------------------|---|--|
| SOUTH ASTA   HEALTH   5 541   0   0  | 1<br>(a) Name of organization          |                     |  | (d) Purpose of grant  |                | (f) Manner of<br>cash disbursement | <b>3</b>              | (h) Description of non-cash assistance  | (i) Method of valuation (book, FN appraisal, other)  |
| SOUTH ASTA   HEALTH   S 478  |  |                     | SOUTH ASIA   | нвагтн  |                |                                    | 0                     |   |  |
| SOUTH ASIA   HEALTH   S 183   0   0  |  | 4 2                 | SOUTH ASIA   | НЕАГЛН  | 5 478          |                                    | 0                     |   |  |
| MIDDLE EAST AND   HEALTH   19,481   0   0     WORTH AFRICA   HEALTH   319,680   0   0     WORTH AMERICA   HEALTH   61,105   0     WIGHBORING   HEALTH   61,105   0   0     WIGHBORING   HEALTH   12,992   0   0     WIGHBORING   HEALTH   594,881   0   0     WIGHBORING   HEALTH   512,099   0   0     WIGHBORING   HEALTH   512,099   0   0     WORTH AFRICA   HEALTH   512,099   0   0  |  |                     | SOUTH ASIA   | НЕАГЛН  | 5,383          |                                    | 0                     |   |  |
| RUSSIA AND   RUSSIA AND   RALTH   319,680.   0.     RUSSIA AND   RUS | ************************************** |                     |  | НВАГТН  |                |                                    | 0                     |   |  |
| RUSSIA AND   RUSIA AND   REALTH   61,105   0   |  |                     | NORTH AMERICA  | нвалтн  | 319,680.       |                                    | 0                     | 1                                       |  |
| RUSSIA AND         HEALTH         12,992.         0           STATES         HEALTH         594,881.         0           SUB-SAHARAN         HEALTH         594,881.         0           SUB-SAHARAN         HEALTH         512,099.         0   |  |                     | RUSSIA AND<br>NEIGHBORING<br>STATES                          | неалт   | 61.105,        |                                    |                       |   |  |
| SUB-SAHARAN HEALTH 594 881. 0. 0. C. C. C. C. C. C. C. C. C. C. C. C. C.   |  |                     | RUSSIA AND<br>NEIGHBORING<br>STATES                          | неагтн  | 12,992.        |                                    | 0                     |   |  |
| SUB-SAHARAN AFRICA HEALTH 512,099. 0.  |  |                     | SUB-SAHARAN<br>AFRICA  | HEALTH  | გი<br>გი<br>დ  |                                    | 0                     |   |  |
|  |  |                     | SUB-SAHARAN<br>AFRICA  | НЕАГТН  | 512,099.       |                                    | 0                     | ć                                       |  |
|  | 432182<br>05-01-14                     |                     |  | 41  |                |                                    |                       |   |  |

| Page 2                |  | (i) Method of valuation (book, FMV, appraisal, other) |     |             |          |       |   |             |          |             |          |   |                       | ***************************************  |               |                        |             | And the second s |   |                      |  |                       | ************************************** |
|-----------------------|--|---|-----|-------------|----------|-------|---|-------------|----------|-------------|----------|---|-----------------------|--|---------------|------------------------|-------------|--|---|----------------------|--|-----------------------|--|
|                       | ,  | (h) Description<br>of non-cash<br>assistance          | -   |             |          |       |   |             |          |             |          |   |                       | A Principal visit and the second seco |               |                        |             |  | - |                      | - Commontant Community   |                       |  |
| 14646                 | 90), Part II, line 1)  | (g) Amount of non-cash assistance                     |     |             | 0        |       | 0   |             | 0.       |             | 0        | *************************************** | C                     |  |               | 0                      |             | .0   |   | c                    |  | Ö                     |  |
| 27-1414646            | Schedule F (Form 9   | (f) Manner of cash disbursement                       |     |             |          |       |   |             |          |             |          |   |                       |  |               |                        |             |  | - |                      |  |                       |  |
| , INC.                | United States.   | (e) Amount of cash grant                              |     |             | 506,493, |       | 394,736.  |             | 358,577, |             | 240,382. |   | 232 157.              |  |               | 226,018,               |             | 211,335.   |   | 187 816              | The state of the s | 184 049.              |  |
| CESS INITIATIVE,      | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | (d) Purpose of<br>grant                               |     |             | НЕАГЛН   |       | НЕАГЛН  |             | НЕАГТН   |             | нвагтн   |   | HEAL'TH               | To remain a constant of the co |               | НЕАГТН                 |             | неагтн   |   | ндагли               |  | НЕАГТН                |  |
| CLINTON HEALTH ACCESS | ssistance to Organiza  | (c) Region  |     | SUB-SAHARAN | AFRICA   | HARAN | AFRICA  | SUB-SAHARAN | AFRICA   | SUB-SAHARAN | AFRICA   |   | SUB-SAHARAN<br>AFRICA | **************************************   | CTTD CALLADAM | SUB-SARARAIN<br>AFRICA | SUB-SAHARAN | AFRICA   |   | SUBSAHARAN<br>AFRICA |  | SUB-SAHARAN<br>AFRICA |  |
| CLINTC                | Grants and Other A   | (b) IRS code section and EIN (if applicable)          | :.i |             | 4        |       | <b>40</b>   |             | <b>4</b> | <u>va</u>   | æ        |   | A.W.                  |  |               |                        | <b>50</b>   | ¥  |   | S A                  |  | S ₹                   |  |
| 9                     | Part II Continuation of  | 1<br>(a) Name of organization                         |     |             |          |       | A THE STREET OF | 22          |          | F           |          |   |                       |  |               |                        |             | n, 11 <sup>1</sup>   |   |                      | - 1  |                       |  |

| 1<br>(a) Name of owenization   | (b) IRS code section |                       | (d) Purpose of   | (e) Amount    | (f) Manner of     | (g) Amount of | (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (g) Amount | (i) Method of                              |
|--|----------------------|-----------------------|------------------|---------------|-------------------|---------------|---|--|
| (a) Nattie of organiza   |                      | (e) (c) Hegion        | grant            | of cash grant | cash disbursement |               | of non-cash<br>assistance   | valuation (book, FMV,<br>appraisal, other) |
|  |                      | SUB-SAHARAN           |                  |               |                   |               |   |  |
| The state of the s |                      | SUB-SAHARAN AFRICA    | HEALTH<br>HEALTH | 159 942.      |                   |               |   |  |
|  |                      | SUB-SAHARAN<br>AFRICA | нвагли           | 150,000.      |                   | 0             |   |  |
|  | )<br>                | SUB-SAHARAN<br>AFRICA | нвалтн           | 132 713       |                   | 0             |   |  |
|  |                      |                       | HEALTH           | 131 766       |                   | · c           |   |  |
|  |                      | SUB-SAHARAN<br>AFRICA | нвагтн           |               |                   | 0             |   |  |
|  |                      | SUB-SAHARAN<br>AFRICA | нвалтн           | 121,075.      |                   | 0             |   |  |
|  |                      | SUB-SAHARAN<br>AFRICA | неагтн           | 118,400,      |                   | 0             |   |  |
|  |                      | SUB-SAHARAN<br>AFRICA | неалтн           | 118.000       |                   | 0             |   |  |

| 1,0   Name of organization   (a) Placegon   (a) Placegon   (b) Placegon   (b) Placegon   (b) Placegon   (c) P   | Part   | Continuation o  | of Grants and Other                          | Assistance to Organiz | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)   | e United States.         | (Schedule F (Form 9                     | 90), Part II, line 1              |  | 77,747,741   |
|--|--|-----------------|--|-----------------------|--|--------------------------|---|-----------------------------------|--|--|
| SUB-SAHARAN         HEALTH         115_SOT         0           AFFRICA         HEALTH         100_429         0           AFFRICA         HEALTH         99_514         0           AFFRICA         HEALTH         99_519         0           AFFRICA         HEALTH         99_519         0           AFFRICA         HEALTH         99_519         0           AFFRICA         HEALTH         0         0           AFFRICA         HEALTH         0         0           AFFRICA         HEAL   | <b>1</b><br>(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<br>valuation (book, FMV,<br>appraisal, other)  |
| SUB-SAMARAN   REALTH   113,507   0   0   |  |                 |  |                       |  |                          |   |                                   |  |  |
| STEE-SHARAN   STEALTH   130,439   0  |  |                 |  | SUB-SAHARAN           |  |                          |   | -                                 | ·  |  |
| SUB-SAIARAN         HEBALTH         100,429         0           SUB-SAIARAN         HEBALTH         99,614         0           SUB-SAIARAN         HEBALTH         97,986         0           SUB-SAIARAN         HEBALTH         93,391         0           SUB-SAIARAN         HEBALTH         92,416         0           SUB-SAIARAN         HEBALTH         92,416         0           SUB-SAIARAN         HEBALTH         97,416         0           SUB-SAIARAN         HEBALTH         97,416         0           SUB-SAIARAN         HEBALTH         87,489         0           SUB-SAIARAN         HEBALTH         87,489         0   |  |                 |  | AFRICA                | нвалтн   | 113,507.                 |   | 0                                 |  |  |
| SUB-SAHARAN  SUB-S | >  |                 |  |                       |  |                          |   |                                   |  |  |
| SUB-SAHARAN   HEALTH   100,429   0   | 4  | <br>            | vi   |                       |  |                          |   |                                   |  |  |
| SUB-SAHARAN HEALTH 99,614 0.  SUB-SAHARAN HEALTH 97,968 0.  AFRICA HEALTH 97,968 0.  SUB-SAHARAN HEALTH 97,391 0.  SUB-SAHARAN HEALTH 87,989 0.  AFRICA HEALTH 87,729 0.  AFRICA HEALTH 87,729 0.  |  |                 |  | SUB-SAHARAN<br>SEPICA | 55.2835  | 100 420                  |   | C                                 | 140  |  |
| SUB-SAHARAN HEALTH 99,614.  SUB-SAHARAN HEALTH 97,989.  SUB-SAHARAN HEALTH 92,416.  SUB-SAHARAN HEALTH 87,999.  SUB-SAHARAN HEALTH 87,999.  SUB-SAHARAN HEALTH 87,729.  SUB-SAHARAN HEALTH 87,729.   | And the second s |                 | 100.   |                       | 1177777  | • 675                    |   | •                                 | A CONTRACTOR OF THE CONTRACTOR | Transmitted to the state of the |
| SUB-SAHARAN   HEALTH   99,614.   |  |                 | · · · · · · · · · · · · · · · · · · ·        |                       |  |                          |   |                                   |  |  |
| SUB-SAHARAN   HEALTH   99,614,   |  |                 |  | SUB-SAHARAN           |  |                          |   |                                   |  |  |
| SUB-SAHARAN SUB-SA |  |                 |  |                       | НЕАГЛН   |                          |   | 0                                 |  |  |
| SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN AFRICA HEALTH ST, 989 ST, 729 SUB-SAHARAN AFRICA HEALTH ST, 989 SUB-SAHARAN AFRICA HEALTH ST, 989  |  |                 |  |                       |  |                          |   |                                   |  |  |
| SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  AFRICA  HEALTH  87 729  SUB-SAHARAN  REALTH  86 073  |  |                 |  |                       |  |                          |   |                                   |  | -  |
| SUB-SAHARAN  BEALTH  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  BEALTH  SUB-SAHARAN  BEALTH  SUB-SAHARAN  BEALTH  SUB-SAHARAN  BEALTH  SUB-SAHARAN  BEALTH  BEALTH  BFALTH  BF |  |                 |  | SUB-SAHARAN           | 1  | 1                        |   | ,                                 |  |  |
| SUB-SAHARAN HEALTH 93,391,  SUB-SAHARAN HEALTH 92,416,  SUB-SAHARAN HEALTH 87,729,  SUB-SAHARAN HEALTH 87,729,  SUB-SAHARAN HEALTH 87,729,  SUB-SAHARAN HEALTH 86,073,   |  |                 |  | AFRICA                | неалтн   | 97,988.                  |   | 0                                 |  |  |
| SUB-SAHARAN HEALTH 93,391.  SUB-SAHARAN HEALTH 92,416.  SUB-SAHARAN HEALTH 87,989.  SUB-SAHARAN HEALTH 87,29.  SUB-SAHARAN HEALTH 87,729.  SUB-SAHARAN HEALTH 86,073   | :  |                 |  |                       |  |                          |   |                                   |  |  |
| SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN SUB-SAHARAN AFRICA HEALTH ST,989. SUB-SAHARAN HEALTH ST,299. SUB-SAHARAN HEALTH SUB-SAHARAN |  |                 |  | STIR SAHARAN          |  |                          |   |                                   |  |  |
| SUB-SAHARAN  AFRICA  BEALTH  SUB-SAHARAN  AFRICA  HEALTH  S7,989,  AFRICA  HEALTH  S7,989,  SUB-SAHARAN  HEALTH  RATITH  S7,989,  AFRICA  HEALTH  RATITH  ROBERT RATITH  RO |  | 417.4           | . **   | AFRICA                | HEALTH   |                          |   | 0                                 |  |  |
| SUB-SAHARAN HEALTH 92,416.  SUB-SAHARAN HEALTH 87,989.  SUB-SAHARAN HEALTH 87,729.  SUB-SAHARAN HEALTH 86,073.   |  |                 | Nag<br>Nag                                   |                       |  |                          |   |                                   |  |  |
| SUB-SAHARAN  SUB-S |  | -               |  |                       |  |                          |   |                                   |  |  |
| SUB-SAHARAN BEALTH SUB-SAHARAN BEALTH SUB-SAHARAN BEALTH SUB-SAHARAN BEALTH SUB-SAHARAN BEALTH SUB-SAHARAN BEALTH  |  |                 |  | SUB-SAHARAN           |  |                          |   |                                   |  |  |
| SUB-SAHARAN HEALTH SUB-SAHARAN AFRICA HEALTH SUB-SAHARAN SUB-SAHARAN HEALTH 87,989.  |  |                 |  | AFRICA                | HEALTH   | 92,416.                  | *************************************** | 0.                                |  |  |
| SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  SUB-SAHARAN  HEALTH  86,073.  |  |                 |  |                       |  |                          |   |                                   |  |  |
| SUB-SAHARAN HEALTH 87,729. SUB-SAHARAN HEALTH 87,729. SUB-SAHARAN HEALTH 86,073.   |  |                 |  | SUB-SAHARAN           |  |                          |   |                                   |  |  |
| SUB-SAHARAN HEALTH 87,729. SUB-SAHARAN HEALTH 86,073.  |  |                 |  | AFRICA                | неалтн   | 87,989.                  |   | 0                                 |  |  |
| SUB-SAHARAN HEALTH 87,729. SUB-SAHARAN HEALTH 86,073.  |  |                 |  |                       |  |                          |   |                                   |  |  |
| SUB-SAHARAN HEALTH SUB-SAHARAN HEALTH B6 073.  | £.   |                 |  | orio camana           |  |                          |   |                                   |  |  |
| SUB-SAHARAN<br>AFRICA HEALTH 86 073.   |  | : :             |  | AFRICA                | HEALTH   |                          |   | C                                 |  |  |
| SUB-SAHARAN<br>AFRICA HEALTH 86 073.   |  |                 |  |                       | VALVANDA MARIA MAR |                          |   | •                                 |  |  |
| HEALTH 86,073,   | a  |                 |  |                       |  |                          |   |                                   |  |  |
| HEALTH 86 073.   |  | 1 1             |  | SUB SAHARAN           |  | .                        |   |                                   |  |  |
|  |  |                 |  | AFRICA                | HEALTH   | 86 073                   |   | 0                                 |  |  |
|  | 432182<br>05-01-14   |                 |  |                       | 44   | 41                       |   |                                   |  |  |
| 432192   |  |                 |  |                       |  |                          |   |                                   |  |  |

|  |   |  | (d) Purpose of                          | (e) Amount | (f) Manner of  | (g) Amount of                               | (h) Description                         | (i) Method of  |
|--|---|--|---|------------|--|---|---|--|
| and EIN (  | and EIN (if applicable)                 | (c) Hegion   | grant                                   | -          | cash disbursement  | non-casn<br>assistance                      | or non-cash<br>assistance               | valuation (book, FMV,<br>appraisal, other)   |
|  | 248                                     |  |   |            |  |   |   |  |
|  |   | SUB-SAHARAN  | 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 00         |  |   |   |  |
| Additional and the second and the se |   | AFRICA   | пБАЬТН                                  | *TC/*C0    |  | • 0   | **************************************  |  |
|  | ei                                      | THE CONTRACT OF THE CONTRACT O |   |            |  |   |   |  |
| 3 2  |   | SUB-SARARIN<br>AFRICA  | HEALTH                                  | 82,752,    |  | 0   |   |  |
| 2  | 1.1                                     |  |   |            |  |   |   |  |
|  | 2 · · · · · · · · · · · · · · · · · · · | SUB-SAHARAN  |   |            |  |   |   |  |
| 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 0   |   | AFRICA   | неагтн                                  | 78,448.    | A STATE OF THE STA | 0   |   | WILLIAM TO THE PARTY OF THE PAR |
|  |   |  |   |            |  |   |   |  |
|  |   | AFRICA   | неагтн                                  | 72,666.    |  | 0   |   |  |
|  |   | SUB-SAHARAN  |   |            |  |   |   |  |
|  |   | AFRICA   | HEALTH                                  | 71,527.    |  | 0   |   |  |
|  | 54<br>- 54<br>- 1                       | SUB-SAHARAN  |   |            |  |   |   |  |
|  |   | AFRICA   | нвагтн                                  | 64,712.    |  | 0   | *************************************** | ***************************************  |
|  |   | SUB-SAHARAN  |   |            |  |   |   |  |
| 12. Commonwealth of the common territory of the common |   | AFRICA   | HEALTH                                  | 63,951.    |  | 0   |   |  |
|  |   | SUB-SAHARAN<br>AFRICA  | неагли                                  | 61.549     |  | G   |   |  |
|  |   |  |   |            |  | , A. C. C. C. C. C. C. C. C. C. C. C. C. C. |   |  |
|  | •                                       | SUB-SAHARAN  |   |            |  |   |   |  |
|  |   | AFRICA   | HEALTH                                  | 59,250.    |  | 0   |   |  |

| ni dapini ni apini ni |                       |  |   |  | non-cash   | of non-cash  | valuation (book, FMV   |
|--|-----------------------|--|---|--|--|--|--|
|  |                       | grant  | of cash grant   | cash disbursement  | assistance   | assistance   | appraisal, other)  |
|  | STIR-SAHARAN          |  |   |  |  |  |  |
|  | AFRICA                | НВАГТН   | 59,249.   |  | 0  |  |  |
|  |                       |  |   |  |  |  |  |
|  | SUB SAHARAN           | ******   | L<br>L  |  |  |  |  |
|  |                       | ньялтн   | 1050,050  | To the state of th | 2  | MARINE MINISTER PROPERTY OF THE MARIN | and a second sec |
| -<br>-<br>-<br>-<br>-<br>-   |                       | -  |   |  |  |  |  |
|  | SUB SAHAKAN<br>AFRICA | HEALTH   | 55,267,   |  | 0  |  |  |
|  |                       |  |   |  |  |  |  |
|  | STIB_ CAHADAN         |  |   |  |  |  |  |
|  | AFRICA                | неагтн   | 52,844.   |  | 0  |  |  |
|  |                       |  |   |  |  |  |  |
|  | SIIR-SAHARAN          | •  |   |  |  |  |  |
|  | AFRICA                | нвагтн   | 52,554.   | 200 A  | 0  | **************************************   |  |
|  | = ' F                 |  |   |  |  |  |  |
|  | WAGEHAD GITH          |  |   |  |  |  |  |
|  | AFRICA                | HEALTH   | 52,448.   |  | 0  |  |  |
|  |                       |  |   |  | Management of the second of th | THE PROPERTY OF THE PROPERTY O | The state of the s |
| ,  | CITE OF THE PARTY     |  |   |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  | AFRICA                | HEALTH   | 48 610  |  | C  |  |  |
|  |                       | ALL ALL ALL ALL ALL ALL ALL ALL ALL ALL  | - Live - | 7  |  |  |  |
| F-8 4.   | test to the contract  | -  |   |  |  |  |  |
| *  | SUB-SAHAKAN<br>AFRICA | НЕАТ. ТН   | 46 456  |  | C  |  |  |
|  |                       | And the state of t | *   |  |  | Dogwood and the second  |  |
|  | SIIB-SAHARAN          |  |   |  |  |  |  |
|  | AFRICA                | нвагтн   | 46,113,   |  | 0  |  |  |

| ഥ  | CLINT  | CLINTON HEALTH ACCESS  | CESS INITIATIVE,   | INC.                        | 27-1414646                      | 14646                             |  | Page 2  |
|--|--|------------------------|--|-----------------------------|---------------------------------|-----------------------------------|--|---|
| Part II Continuation of  | of Grants and Other                          | Assistance to Organiza | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | United States.              | (Schedule F (Form 9)            | 90), Part II, line 1)             |  |   |
| 1<br>(a) Name of organization  | (b) IRS code section and EIN (if applicable) | (c) Region             | (d) Purpose of<br>grant  | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|  |  | SUB-SAHARAN<br>AFRICA  | нваглн   | 43 433                      |                                 | 0                                 |  |   |
| The second secon |  |                        | нвалтн   | 40.052.                     |                                 | O                                 |  |   |
|  |  | 1                      |  | 37,614.                     |                                 | 0                                 |  |   |
| 8  |  |                        | НЕАТЛН   | 36,000,                     |                                 | 0                                 |  |   |
|  |  | SUB-SAHARAN<br>AFRICA  | нБАГРН   | 35,527.                     |                                 | 0                                 |  | ·   |
|  | 120  | SUB-SAHARAN<br>AFRICA  | НЕАЦТН   | 34,875.                     |                                 | 0                                 |  |   |
|  |  |                        | НЕАТТН   | 34,379.                     |                                 | . 0                               |  |   |
|  |  | SUB-SAHARAN<br>AFRICA  | НЕАГТН   | 33,397.                     |                                 | . 0                               |  |   |
|  |  | SUB-SAHARAN<br>AFRICA  | неаттн   | 31,735.                     |                                 | 0                                 |  |   |

| Schedule F (Form 990)  Part II   Continuation o  | CLINT of Grants and Other   | CLINTON HEALTH AC<br>nd Other Assistance to Organiza | (Form 990) CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | , INC.<br>United States.    | 27-1414646<br>(Schedule F (Form 990), Part I | 14646<br>90), Part II, line 1     |  | Page 2  |
|--|---|--|---|-----------------------------|--|-----------------------------------|--|---|
| 1<br>(a) Name of organization  | (b) IRS code section<br>and EIN (if applicable)   | (c) Region   | (d) Purpose of grant  | (e) Amount<br>of cash grant | (f) Manner of cash disbursement              | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|  | 7 % 1<br>4 % 1<br>4 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1<br>1 % 1 % | SUB-SAHARAN<br>AFRICA                                | нвагтн  | 29.274.                     |  | .0                                |  |   |
|  |   | IARAN  | нвагтн  | 28,752.                     |  | 0                                 |  |   |
|  | 1   | SUB-SAHARAN<br>AFRICA                                | нвагтн  | 28,423.                     |  | 0                                 |  |   |
|  |   | SUB-SAHARAN<br>AFRICA                                | неалтн  | 28,375.                     |  | 0                                 |  |   |
|  |   | SUB-SAHARAN<br>AFRICA                                | нвацтн  | 27,685.                     |  | 0.                                |  |   |
| and the state of t |   | SUB-SAHARAN<br>AFRICA                                | нвагтн  | 27,025.                     |  | 0                                 |  |   |
|  |   | IARAN  | неагтн  | 24,904.                     |  | • 0                               |  |   |
|  |   | SUB-SAHARAN<br>AFRICA                                | нвагтн  | 21,503,                     |  | 0                                 |  |   |
|  |   | SUB-SAHARAN<br>AFRICA                                | неалтн  | 20.000.                     |  | 0                                 |  |   |
| 432182<br>05-01-14   |   |  | 48  |                             |  |                                   |  |   |

|  |  | 1000                  | The state of the state of gaing and the state of the stat | כ כווונכת כומוכפי           |   | 30), Falt II, III E 1)                 | OT THE PERSON NAMED IN COLUMN  |  |
|--|--|-----------------------|--|-----------------------------|---|--|--|--|
| 1<br>(a) Name of organization  | (b) IRS code section and EIN (if applicable)   | (c) Region            | (d) Purpose of<br>grant  | (e) Amount<br>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)  |
|  |  | SIIB - SAHARAN        |  |                             |   |  |  |  |
| Harden Addition of the Control of th |  |                       | HEALTH   | 19,611.                     |   | 0                                      |  |  |
|  | i.   |                       |  |                             |   |  |  |  |
|  |  | SUB-SAHARAN           |  | 1                           |   |  |  |  |
| THE PARTY OF THE P | The state of the s | AFRICA                | HEALTH   | 18,750.                     |   | 0                                      | LEATHER THE PROPERTY OF THE PR |  |
|  |  |                       |  |                             |   |  |  |  |
|  |  | SUB-SAHARAN<br>AFRICA | НЕАГТН   | 18 344                      |   | C                                      |  |  |
|  |  |                       | THE MANAGEMENT OF THE PROPERTY |                             |   |  |  |  |
| 100  |  |                       |  |                             |   |  |  |  |
|  |  | SUB-SAHARAN<br>AFRICA | HEALTH   | 18 117.                     |   | C                                      |  |  |
|  |  |                       |  |                             |   |  |  |  |
|  |  | SUB-SAHARAN           |  |                             |   | ************************************** |  |  |
|  |  | AFRICA                | HEALTH   | 17,591.                     | *************************************** | 0.                                     | ***************************************  | - The second sec |
|  | 1<br>2<br>2 1 1 1  | SUB-SAHARAN           |  |                             |   |  |  |  |
| And the second s |  | AFRICA                | HEALTH   | 16,500.                     |   | 0                                      |  |  |
|  |  | SUB-SAHARAN           |  |                             |   |  |  |  |
| A CONTRACTOR OF THE PROPERTY O |  | AFRICA                | НЕАГТН   | 16,365.                     |   | 0                                      |  |  |
| , i  |  |                       |  |                             |   |  |  |  |
| -  |  | SUB-SAHARAN<br>AFRICA | НЕАГЛН   | 15 741                      |   | c                                      |  | ***************************************  |
|  |  | SUB-SAHARAN           |  |                             |   | •                                      |  |  |
|  | :  | AFRICA                | НЕАГТН   | 15 717.                     |   | 0                                      |  |  |
|  |  |                       |  |                             |   |  |  |  |
| 432182<br>05-01-14   |  |                       | 49   |                             |   |  |  |  |
|  |  |                       |  |                             |   |  |  |  |

| (a) Name of organization and EIN (if applicable)   |                       |   | •                        |   | 30 to 100 0 100                           |  | And the state of t |
|--|-----------------------|---|--------------------------|---|---|--|--|
|  | icable) (c) Region    | (a) Furpose or grant                    | (e) Amount of cash grant | (f) Manner of cash disbursement         | (g) Alliouin of<br>non-cash<br>assistance | (n) Description of non-cash assistance   | (I) wetriod of valuation (book, FMV, appraisal, other)   |
|  | GIIB-CAHABAN          |   |                          |   |   |  |  |
| To the second se | AFRICA                | НБАГТН                                  | 14,218.                  |   | 0   | THE PROPERTY OF THE PROPERTY O | **************************************   |
|  | ,.!                   | .,,                                     |                          |   |   |  |  |
|  | SUB-SAHARAN<br>AFRICA | НЕАГТН                                  | 13,768.                  |   | 0   |  |  |
|  |                       |   |                          |   |   |  | THE CASE OF THE CA |
| <del></del>  | SUB-SAHARAN           | ከውያኒ መከ                                 |                          |   | c   |  |  |
|  | j.                    |   |                          |   |   | Manual Annual An |  |
|  | SUB-SAHARAN           |   |                          |   |   | ,  |  |
|  | AFRICA                | НЕАГЛН                                  | 13,284.                  | *************************************** | 0   | ***************************************  |  |
|  | SUB-SAHARAN           |   |                          |   |   |  |  |
|  | AFRICA                | HEALTH                                  | 12,937.                  |   | 0   |  |  |
| . · · · · · · · · · · · · · · · · · · ·  | SUB-SAHARAN           |   |                          |   | ,   |  |  |
|  | AFRICA                | НЕАГТН                                  | 12,854.                  |   | 0   | THE PERSON IN COLUMN THE PERSO | OCCUPATION AND ADDRESS OF THE PROPERTY OF THE  |
|  | SUB-SAHARAN           | 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to | ,<br>,<br>,              |   | C   |  |  |
|  | GO TATA               | 412841111                               | 100,41                   |   | • 0                                       | THE TAXABLE PROPERTY OF TAXABLE PROPERTY OF TAXABLE PROPER | and the state of t |
|  | SUB-SAHARAN           |   |                          |   |   |  |  |
|  | AFRICA                | HEALTH                                  | 12,400,                  |   | 0   |  |  |
|  | SUB-SAHARAN           | -                                       |                          |   |   |  |  |
|  | AFRICA                | неагтн                                  | 12,000.                  |   | 0   |  |  |

| The state of the state of the state of gaing and the state of the stat |  |                       |                      |                             |  |   |  |  |
|--|--|-----------------------|----------------------|-----------------------------|--|---|--|--|
| 1<br>(a) Name of organization  | (b) IRS code section and EIN (if applicable)   | (c) Region            | (d) Purpose of grant | (e) Amount<br>of cash grant | (f) Manner of cash disbursement  | (g) Amount of<br>non-cash<br>assistance | (h) Description of non-cash assistance   | (i) Method of valuation (book, FMV, appraisal, other)  |
|  | 1  | SIIR-SAHARAN          |                      |                             | Torontal Action Medical Control of the Control of t |   | TOTAL  |  |
| The state of the s | The state of the s | AFRICA                | HEALTH               | 11,236.                     |  | 0                                       |  |  |
|  |  | SUB-SAHARAN           |                      |                             |  |   |  |  |
| 2 - 2 - 2  | ***************************************  | AFRICA                | HEALTH               | 11,000.                     | Address values and address of the second sec | 0                                       | ***************************************  | and a second second second second second second second second second second second second second second second   |
|  |  | SUB-SAHARAN           | **.*                 | 6                           |  | . (                                     |  |  |
|  |  | AFRICA                | нкАцти               | 10,000                      |  | • 0                                     | A STATE OF THE PROPERTY OF THE | And the second s |
|  |  | SUB-SAHARAN           |                      |                             |  |   |  |  |
|  |  | AFRICA                | нваглн               | 9,683.                      |  | 0                                       |  | THE PERSON NAMED IN COLUMN NAM |
|  |  | SUB SAHARAN           |                      |                             |  |   |  |  |
| **************************************   |  | AFRICA                | HEALTH               | 9,248,                      | WWW.   | 0                                       | ***************************************  |  |
|  |  | SUB-SAHARAN           |                      |                             |  |   |  |  |
| .:   |  | AFRICA                | нвацти               | 8,641.                      | ***************************************  | 0                                       | PATTER STATE ASSESSMENT ASSESSMEN | 107-(A1975)  |
|  |  | SUB-SAHARAN<br>AFRICA | неалтн               | 8 494                       |  | 0                                       |  |  |
|  |  | SUB-SAHARAN           |                      |                             |  |   |  |  |
|  | A.P.   | AFRICA                | НЕАГТН               | 7,875.                      |  | 0                                       | 7,000  |  |
|  |  | SUB-SAHARAN           |                      |                             |  |   |  |  |
|  |  | AFRICA                | HEALTH               | . 570                       |  |   |  |  |

|  | dients and Oale   | Assistance to Olganiza   | Commission of chairs and Other Assistance to Organizations of Littles Other Children States, (Octobrough 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | Cilled States,           |                                 | 20), Fait II, IIIG 1)  |  |  |
|--|---|--|--|--------------------------|---------------------------------|--|--|--|
| f<br>(a) Name of organization  | (b) IRS code section<br>and EIN (if applicable)   | (c) Region   | (d) Purpose of<br>grant  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance  | (h) Description<br>of non-cash<br>assistance   | (i) Method of<br>valuation (book, FMV,<br>appraisal, other)  |
|  |   |  |  |                          |                                 | And Anguerry and A |  |  |
| 1  | With the second | SUB-SAHARAN<br>AFRICA  | неастн   | 7,401.                   |                                 | • 0  | ***************************************  | g de la constantina della cons |
|  |   | SUB-SAHARAN  |  |                          |                                 |  |  |  |
|  |   | AFRICA   | неалтн   | 6,967.                   |                                 | 0  | ***************************************  | The state of the s |
|  |   | SUB-SAHARAN  |  |                          |                                 | ,  |  |  |
| The second secon |   | AFRICA   | нвалтн   | 6,680.                   |                                 | 0  |  |  |
|  | e e e e e e e e e e e e e e e e e e e   | SUB-SAHARAN  |  |                          |                                 |  |  |  |
| The state of the s |   | AFRICA   | НЕАГТН   | 6,525.                   |                                 | 0  |  |  |
|  |   | SUB-SAHARAN<br>AFRICA  | н Баглн  | 6<br>723                 |                                 | C  |  |  |
|  |   |  | TRANSPORTED TO THE TRANSPORTED T |                          |                                 |  | THE REAL PROPERTY OF THE PERSON OF THE PERSO |  |
|  | 1   | SUB-SAHARAN  | מייז זי עם מיי   |                          |                                 |  |  |  |
|  |   | The state of the s | праци  | 0,089.                   | 7/2/74                          | <b>D</b>   |  | THE PARTY OF THE P |
|  |   | SUB-SAHARAN<br>AFRICA  | неастн   | 6,027.                   |                                 | 0  |  |  |
|  |   | SUB-SAHARAN  |  |                          |                                 | .:   |  |  |
|  |   | AFRICA   | НЕАГТН   | 5,804.                   |                                 | 0  | ***************************************  |  |
|  | 3   | SUB-SAHARAN<br>AFRICA  | HEALTH   | 5, 522.                  |                                 | 0  |  |  |
|  |   |  |  |                          |                                 |  |  |  |
| 432182   |   |  | i i  |                          |                                 |  |  |  |
| 05-01-14   |   |  | 52   |                          |                                 |  |  |  |

| (a) Name of organization | Grants and Other A                           | Assistance to Organiza | continuation of crants and other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | o United States.         | Schedule F (Form 9              | 90), Part II, IIne 1)             |  |   |
|--------------------------|--|------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          | (b) IRS code section and EIN (if applicable) | (c) Region             | (d) Purpose of<br>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) |
|                          |  | SUB-SAHARAN<br>AFRICA  | HRAI "H  | . r                      |                                 | C                                 |  |   |
|                          |  |                        |  | • 0                      |                                 | >                                 |  |   |
| Table 1                  |  |                        |  |                          |                                 |                                   |  |   |
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| 432182<br>05-01-14       |  |                        | 53   |                          |                                 |                                   |  |   |

27-1414646 CLINTON HEALTH ACCESS INITIATIVE, INC.

Schedule F (Form 990) 2014

Page 3

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.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

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for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2014

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## 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/form 990.

OMB No. 1545-0047

Inspection

**QU Q** 

| Name of the organization   |  |   |                          |  | Employer ide   | ntification number                                      |
|--|--|---|--------------------------|--|--|---|
|  | N HEALTH ACCESS IN   |   |                          |  | 27-1414  |   |
| Part I Fundraising Activitie required to complete this part  | <b>S.</b> Complete if the organization answart.  | ered "\                                       | 'es" to                  | Form 990, Part IV, I                       | ne 17. Form 990-EZ   | filers are not  |
| <ul> <li>1 Indicate whether the organization rate</li> <li>a Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written</li> </ul> | e X Solicita f X Solicita g Specia   | ition of<br>ition of<br>I fundra              | non-g<br>gover<br>aising | overnment grants<br>nment grants<br>events |  |   |
|  | Part VII) or entity in connection with production with production or entities (fundraisers) pure | orofess                                       | ional t                  | undraising services?                       | X Yes  |   |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity  | (iii)<br>fundr<br>have c<br>or cor<br>contrib | ustody                   | (iv) Gross receipts from activity          | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
| THE HELEN BROWN GROUP LLC -  |  | Yes   | No                       |  |  |   |
| 18 SUMMER ST., SUITE 2,  | PROSPECTING  |   | X                        | 1,675,000.                                 | 17,256.  | 1,657,744.  |
|  |  |   |                          |  |  |   |
|  |  |   |                          |  |  |   |
|  |  |   |                          |  |  |   |
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|  |  |   |                          |  |  |   |
| otal   |  | <u> </u>                                      | <b>•</b>                 | 1,675,000.                                 | 17,256.  | 1,657,744.  |
| 3 List all states in which the organization licensing.   |  |   | utions                   | or has been notified                       | it is exempt from re   | gistration  |
| AR,CA,CT,FL,IL,NJ,NY   | ,PA,RI,WA,MA   |   |                          |  |  |   |
|  |  |   |                          |  |  |   |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2014

|                 |           | of fundraising event contributions and gr        | (a) Event #1            |  |   | ipis greater than \$5,000                 |
|-----------------|-----------|--|-------------------------|--|---|---|
|                 |           |  | (a) ⊏vent #1            | <b>(b)</b> Event #2                              | (c) Other events                        | (d) Total events<br>(add col. (a) through |
| _               |           |  | (event type)            | (event type)                                     | (total number)                          | col. (c))                                 |
| ยาน             |           |  |                         |  | (10.10)                                 |   |
| Revenue         | 1         | Gross receipts                                   |                         |  |   |   |
| <u>.</u>        |           |  |                         | ·  |   |   |
|                 | 2         | Less: Contributions                              |                         |  |   |   |
|                 | 3         | Gross income (line 1 minus line 2)               |                         |  |   |   |
|                 |           | Ocale asimo                                      |                         |  |   |   |
|                 | 4         | Cash prizes                                      |                         |  |   |   |
|                 | 5         | Noncash prizes                                   |                         |  |   |   |
| ses             |           |  |                         |  |   |   |
| Direct Expenses | 6         | Rent/facility costs                              |                         |  |   |   |
| Δ               | -         | Tood and haverees                                |                         |  |   |   |
| )irec           | 7         | Food and beverages                               |                         |  |   |   |
| _               | 8         | Entertainment                                    |                         |  |   |   |
|                 | 9         | Other direct expenses                            |                         |  | ···                                     |   |
|                 | 10        | Direct expense summary. Add lines 4 through      |                         |  | <b>&gt;</b>                             |   |
|                 | 11        | Net income summary. Subtract line 10 from li     | ne 3, column (d)        |  |   |   |
| a               | rt l      | <b>II Gaming.</b> Complete if the organization a | answered "Yes" to Fori  | m 990, Part IV, line 19, or r                    | eported more than                       |   |
|                 |           | \$15,000 on Form 990-EZ, line 6a.                |                         |  |   |   |
| ne              |           |  | (a) Bingo               | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming                        | (d) Total gaming (add                     |
| Revenue         |           |  |                         | Dirigo/progressive birigo                        |   | col. (a) tillough col. (c                 |
| 2               | 4         | Gross revenue                                    |                         |  |   |   |
|                 |           |  |                         |  |   |   |
| က္က             | 2         | Cash prizes                                      |                         |  |   |   |
| Suse            |           |  |                         |  |   |   |
| хb              | 3         | Noncash prizes                                   |                         |  |   |   |
| Direct Expenses | A         | Pont/facility costs                              |                         |  |   |   |
| ैं              | 4         | Rent/facility costs                              |                         |  |   |   |
|                 | 5         | Other direct expenses                            |                         |  |   |   |
|                 |           |  | Yes %                   | Yes%   | Yes %                                   |   |
| 1               | 6         | Volunteer labor                                  | No                      | No   | No                                      |   |
|                 |           |  |                         |  |   |   |
|                 | 7         | Direct expense summary. Add lines 2 through      | 1 5 in column (d)       |  |   |   |
|                 | Ω         | Net gaming income summary. Subtract line 7       | from line 1 column (d)  |  | <b>.</b>                                |   |
| 1               | 0         | iver gaming income summary. Subtract line /      | irom line 1, column (a) |  | ,,,, <b>&gt;</b>                        |   |
| 9               | Ent       | er the state(s) in which the organization condu  | cts gaming activities:  |  |   |   |
|                 |           | ne organization licensed to conduct gaming ac    |                         |  |   |   |
|                 |           | No," explain:                                    |                         |  | *************************************** |   |
|                 |           |  |                         |  |   |   |
|                 |           |  |                         |  |   |   |
| 10a             |           | re any of the organization's gaming licenses re  |                         |  |   | Yes No                                    |
|                 |           | /es * explain:                                   |                         |  |   |   |
|                 | If "\     | /es," explain:                                   |                         |  |   |   |
|                 | If "\<br> | oo, oxpanii                                      |                         |  |   |   |
|                 | If "\<br> | oo, Ospiani.                                     |                         |  |   |   |

Schedule G (Form 990 or 990-EZ) 2014 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 2

|       |  | (m                                      |                                       | Page 3                                  |
|-------|--|---|---------------------------------------|---|
|       | Does the organization conduct gaming activities with nonmembers?   |   | Yes                                   | No                                      |
|       | 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?   | L                                       | Yes                                   | L∐ No                                   |
|       | Indicate the percentage of gaming activity conducted in:   | 1                                       | 1                                     |   |
| a     | The organization's facility  | 13a                                     | <u> </u>                              | 9                                       |
| b     | An outside facility  | 13b                                     | <u> </u>                              | 9,                                      |
| 14    | Enter the name and address of the person who prepares the organization's gaming/special events books and records:  |   |                                       |   |
|       | Ntamas No.   |   |                                       |   |
|       | Name   |   |                                       | *************************************** |
|       | Address >  |   |                                       |   |
| 15a   | Does the organization have a contract with a third party from whom the organization receives gaming revenue?   |   | Yes                                   | ☐ No                                    |
| h     | If "Vag " ontar the amount of gaming revenue received by the argenization.   |   |                                       |   |
| IJ    | If "Yes," enter the amount of garning revenue received by the organization ▶ \$ and the amount of garning revenue retained by the third party ▶ \$           |   |                                       |   |
|       | If "Yes," enter name and address of the third party:   |   |                                       |   |
| C     | in res, entername and address of the third party.  |   |                                       |   |
|       | Name ►   |   |                                       |   |
|       |  |   |                                       |   |
| ,     | Address >  |   | · · · · · · · · · · · · · · · · · · · |   |
| 16    | Gaming manager information:  |   |                                       |   |
| ~     | warring realingst intermediation   |   |                                       |   |
|       | Name >   |   |                                       |   |
|       |  |   |                                       |   |
|       | Gaming manager compensation 🕨 \$   |   |                                       |   |
|       |  |   |                                       |   |
|       | Description of services provided   |   |                                       |   |
|       |  |   |                                       |   |
| ,     |  | <del></del>                             |                                       |   |
|       |  |   |                                       |   |
|       | Director/officer Employee Independent contractor   |   |                                       |   |
| 17    | Mandatany diatributions  |   |                                       |   |
|       | Mandatory distributions:<br>Is the organization required under state law to make charitable distributions from the gaming proceeds to                        |   |                                       |   |
|       |  |   | V                                     |   |
| h     | retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |   | res                                   | L NO                                    |
|       | organization's own exempt activities during the tax year > \$  |   |                                       |   |
|       | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line                                    | nes 9                                   | 9h 10                                 | )h 15h                                  |
|       | 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).   | 100 0,                                  | 35, 10                                | , 100,                                  |
|       |  |   |                                       |   |
| SCF   | EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER  | S:                                      |                                       |   |
|       |  |   |                                       |   |
|       |  |   |                                       |   |
| (I)   | NAME OF FINIDATORD. MUR URIEN DROWN CROWN IT C   |   |                                       |   |
|       | NAME OF FUNDRAISER: THE HELEN BROWN GROUP LLC  |   |                                       |   |
| (I)   | ADDRESS OF FUNDRAISER: 48 SUMMER ST., SUITE 2, WATERTOWN, MA   | ٥                                       | 247                                   | 2                                       |
|       | TO DOLLER DIE, BOLLE Z, WATERIOWN, MA  |   | 44/                                   | <u> </u>                                |
|       |  |   |                                       |   |
|       |  |   |                                       |   |
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|       |  |   |                                       |   |
|       |  |   |                                       |   |
| 32083 | 08-28-14 Schedule G (Form  | 990 c                                   | r 990                                 | EZ) 2014                                |

| Schedule G                              | (Form 990 or 990-EZ)                          | CLINTON          | <u>HEALTH</u> | ACCESS | INITIATIVE,                           | INC.                                    | <u> 27-1414646</u>                      | Page 4 |
|---|---|------------------|---------------|--------|---------------------------------------|---|---|--------|
| Part IV                                 | (Form 990 or 990-EZ) <b>Supplemental Info</b> | rmation (continu | ued)          |        |                                       |   |   |        |
|   |   |                  |               |        |                                       |   |   |        |
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## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

I

OMB No. 1545-0047

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

Employer identification number 27-1414646 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 CLINTON HEALTH ACCESS INITIATIVE, INC. Part I General Information on Grants and Assistance Name of the organization

2 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance? 2 Desc

| 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (g) or government cash grant | (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<br>non-cash assistance  | (h) Purpose of grant or assistance |
|---|----------------------|-------------------------------|--------------------------|--|--|--|------------------------------------|
| FAMILY HEALTH INTERNATIONAL 359 BLACKWELL STRRET SHITTE 200   |                      |                               |                          | The state of the s | THE PARTY OF THE P |  |                                    |
| DURHAM, NC 27701  | 23-7413005           | 501(C)(3)                     | 457,678.                 | 0  | **************************************   |  | нвагтн                             |
| PARTNERS IN HEALTH<br>888 COMMONWEALTH AVENUE, 3RD FLOOR  |                      |                               |                          |  |  |  |                                    |
| BOSTON, MA 02115  | 04-3567502           | 501(C)(3)                     | 434 207.                 | 0.   |  |  | неаг,тн                            |
| YALE UNIVERSITY P.O. BOX 1873   |                      |                               |                          |  |  |  |                                    |
| NEW HAVEN, CT 06508   | 06-0646973           | 501(C)(3)                     | 382,798.                 | 0  | ***************************************  |  | HEALTH                             |
| NEW YORK UNIVERSITY   |                      |                               |                          |  |  |  |                                    |
| 70 WASHINGTON SQUARE  |                      |                               |                          |  |  |  |                                    |
| NEW YORK, NY 10012  | 13-5562308           | 501(C)(3)                     | 192,945.                 | 0  | A PARTY NAMED AND A PARTY NAME | 7777   | TEALTH                             |
| SCYNEXIS INC.   |                      |                               |                          |  |  |  |                                    |
| P.O. BOX 12878  |                      |                               | 2                        |  |  |  |                                    |
| RESEARCH TRIANGLE PARK, NC 27709  | 56-2181648           |                               | 169,129,                 | 0  |  |  | ТЕАГТН                             |
| CONCERN WORLDWIDE   |                      |                               |                          |  |  |  |                                    |
| 355 LEXINGTON AVENUE, 19TH FLOOR  |                      |                               |                          |  |  |  |                                    |
| NEW YORK, NY 10017  | 13-3712030 501(C)(3) | 501(C)(3)                     | 151,358,                 | 0  |  |  | IEALTH                             |
| 2 Enter total number of section 501(c)(3) and government organizations list                               | nd government or     | ganizations listed in the     | ed in the line 1 table   |  |  | Annual Control of the | <b>A</b>                           |
| 3 Enter total number of other organizations listed in the line 1 table                                    | s listed in the line | table                         |                          | ,  |  |  |                                    |

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

Schedule I (Form 990) (2014)

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Page 1

Schedule | (Form 990) CLINTON HEALTH ACCESS INITIATIVE, INC.

| Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of (b) EIN (c) IRC section or government or government (b) EIN (c) IRC section or ganization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (f) or (f) Method of (f) Method | (b) EIN    | (c) IRC section<br>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 |
|---|------------|----------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| POPULATION SERVICES INTERNATIONAL 1120 19TH STREET NW, SUITE 600 WASHINGTON, DC 20036   | 56-0942853 | 501(C)(3)                        | 118,490.                 | 0                                 |   |  | неагтн                             |
| AMERICAN SOCIETY OF REGIONAL ANESTHESIA AND PAIN MEDICINE - 239 FOURTH AVENUE, SUITE 12714 - PITTSBURGH, PA 15222   | 51-016322  | 501(C)(3)                        | 106.159.                 |                                   |   |  | нвастн                             |
| REGENTS OF CALIFORNIA  BOX 0897 UNIVERSITY OF CALIFORNIA  SAN FRANCISCO - SAN FRANCISCO, CA 94143   |            | 501(C)(3)                        | .0770.                   | 0                                 |   |  | НЕАЬТН                             |
| VILLAGE REACH<br>2900 EASTLAKE AVENUE E, SUITE 230<br>SEATTLE, WA 98102   | 91-2083484 | 501(C)(3)                        | . 64,896,                | .0                                |   |  | нвагтн                             |
| NORTH CAROLINA STATE UNIVERSITY<br>2701 SULLIVAN DRIVE<br>RALEIGH, NC 27695-7214  | 56-6000756 | 501(C)(3)                        | 62,071.                  | 0                                 |   |  | нвагтн                             |
| HARVARD UNIVERSITY<br>MASSACHUSETTS HALL<br>CAMBRIDGE, MA 02138   | 04~2103580 | 501(C)(3)                        | 53,000.                  | .0                                |   |  | НЕАГТН                             |
| PATHFINDER INTERNATIONAL<br>9 GALEN STREET, #217<br>WATERTOWN, MA 02372   | 53-0235320 | 501(C)(3)                        | 47,603.                  | 0                                 |   |  | HEALTH                             |
| SUPPLY CHAIN WIZARD<br>3304 ROSE RIDGE<br>ATLANTA, GA 30340   | 46-494448  |                                  | 39,600.                  | .0                                |   |  | <b>НЕАТТН</b>                      |
| DIMAGI, INC.<br>585 MASSACHUSETTS AVENUE, SUITE 3<br>CAMBRIDGE, MA. 02139   | 83-0343298 |                                  | 37,746.                  | .0                                |   |  | HEALTH Schodulo I (Corn 000)       |
|   |            |                                  |                          |                                   |   |  | Schedule I (Form 990)              |

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Page 1

Schedule I (Form 990) CLINTON HEALTH ACCESS INITITATIVE, INC.

| Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of (b) EIN (c) IRC section organization or government if applicable cash grant assistance (book, FMV, assistance appraisal, other)   | (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<br>or assistance   |
|---|------------|--|--------------------------|--|--|--|---|
| MASSACHUSETTS GENERAL HOSPITAL<br>50 STANIFORD ST., 9TH FLOOR<br>BOSTON, MA 02114   | 04-2697983 | 501(C)(3)  | 37,500.                  | .0   |  |  | неал.тн   |
| GOBEE GROUP, LLC<br>227 BEELEVUE WAY NE, #270<br>BELLEVUE, WA 98004   | 27-2767701 |  | . 29,090.                | 0  |  |  | нваллн  |
| FLORIDA STATE UNIVERSITY<br>600 W COLLEGE AVENUE<br>TALLAHASSEE, FL 32306   | 59-1961248 | 501(C)(3)  | 27,075,                  | 0  |  |  | неагтн  |
| MCCANN REGAN CAMPBELL WARD<br>622 THIRD AVENUE, FLOOR 22<br>NEW YORK, NY 10017  | 22-3547329 |  | 21,220.                  | 0  |  |  | НВАГТН  |
| CARMINHA TO'S SOLUTIONS, LLC<br>1224 GLENVIEW CIR.<br>FAIRFIELD, IA 52556   | 46-3387671 |  | ,670,6                   | 0  |  |  | ндагдн  |
| PRINCETON IN AFRICA<br>194 NASSUA STREET, SUITE 219<br>PRINCETON, NH 08542  | 22-3824520 | 501(C)(3)  | 5,000,                   | 0  |  | . Vis                                  | НЕАГТН  |
|   |            |  |                          |  |  |  |   |
|   |            |  |                          |  |  |  | CONTRACTOR OF THE PROPERTY OF |
|   |            |  |                          |  |  |  |   |
| TOTAL |            | Transmitted to the control of the co |                          | Transfer Commence Com | The same of the sa |  | Schedule I (Form 990)   |

(Form 990) (2014) CLINTON HEALTH ACCESS INITIATIVE, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2014)

Part III Grants and Other

| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant               | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance   |
|--|--------------------------|--|---------------------------------------|---|--|
|  |                          |  |                                       |   |  |
|  |                          |  |                                       |   |  |
|  |                          |  |                                       |   |  |
|  |                          |  |                                       |   |  |
|  |                          |  |                                       |   |  |
| Part IV   Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  PART I, LINE 2: | uired in Part I, lin     | e 2, Part III, column                  | (b), and any other ac                 | iditional information.                                |  |
| BRANTS INSIDE THE US, EACH   | COUNTRY OR 1             | OR PROGRAM TEAMS                       | AMS REQUESTS                          | TS THEIR CASH   |  |
| NEEDS EACH MONTH WITH AP. AFTER THESE  |                          | AMOUNTS ARE VERIFED,                   | ERIFED, THE                           | <b>H</b>  |  |
| HEADQUARTERS TEAM DISBURES THE FUNDS   |                          | E COUNTRY/                             | TO THE COUNTRY/PROGRAM TEAMS.         | AMS. AT THE   |  |
| END OF EACH MONTH, THE EXPENSES FOR  | R EACH TI                | SAM ARE RE                             | EACH TEAM ARE REVIEWED TO SEE WHERE   | SEE WHERE   |  |
| FUNDS WERE USED AND WHAT PROJECT WAS   | AS CHARGED.              | ED.                                    |                                       |   |  |
|  |                          | ************************************** |                                       |   |  |
|  |                          |  |                                       |   | And the second s |

Schedule I (Form 990) (2014)

### **SCHEDULE J** (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CLINTON HEALTH ACCESS INITIATIVE, INC. Part I Questions Regarding Compensation

Employer identification number 27-1414646

| نستسني   |  |          | V           | N        |
|----------|--|----------|-------------|----------|
| 1a       | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,   | <u> </u> | Yes         | No       |
|          | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   | 1        |             |          |
|          | First-class or charter travel  Housing allowance or residence for personal use   |          |             |          |
|          | Travel for companions  Payments for business use of personal residence   |          |             |          |
|          | Tax indemnification and gross-up payments  Tax indemnification and gross-up payments  Tax indemnification and gross-up payments  |          |             |          |
|          | · · · · · · · · · · · · · · · · · · ·  |          | 1 4         |          |
|          | Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  |          |             |          |
| <b>L</b> | If any of the haves on the 1- are shorted did the sure in the fitting of the fitt |          |             |          |
| D        | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  |          |             |          |
| ^        | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | 1b       | X           | 100 0    |
| 2        | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,   | 4 1      |             |          |
|          | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  | 2        | X           | ļ        |
| _        |  | 1 19     |             | 1 6      |
| 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   |          | - 5         |          |
|          | establish compensation of the CEO/Executive Director, but explain in Part III.   |          |             |          |
|          | Compensation committee Written employment contract   | 44.      | 1.          |          |
|          | Independent compensation consultant  X Compensation survey or study  |          |             |          |
|          | Form 990 of other organizations  X 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   |          | .2          |          |
|          | organization or a related organization:  |          |             |          |
|          | Receive a severance payment or change-of-control payment?  | 4a       | ł           | 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.  |          | '           |          |
|          |  |          | 8<br>7<br>7 |          |
|          | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   | 1        | -           |          |
| 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:   |          |             |          |
| а        | The organization?  | 5a       |             | X        |
| b        | Any related organization?  | 5b       |             | X        |
|          | If "Yes" to line 5a or 5b, describe in Part III.   | : B      |             | ¥ , [    |
| 6        | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  | 3        | ŀ           |          |
|          | contingent on the net earnings of:   | į        | 1           |          |
| а        | The organization?  | 6a       |             | Х        |
| b        | Any related organization?  | 6b       |             | X        |
|          | If "Yes" to line 6a or 6b, describe in Part III.   |          | 7           |          |
| 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        | -           | Х        |
| 8        | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  | •        | <u> </u>    |          |
|          | 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        |             |          |
|          |  | <u> </u> |             | <u> </u> |

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

Schedule J (Form 990) 2014

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.

| The state of the s |            | (B) Breakdown of         | (B) Breakdown of W-2 and/or 1099-MISC compensation | 3C compensation                           | (C) Retirement and   | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|--|------------|--------------------------|--|---|--|----------------|----------------------|--|
| (A) Name and Title   |            | (i) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation   | Denems         | (a)-(j)(a)           | in column (B)<br>reported as deferred<br>in prior Form 990 |
| (1) BRUCE LINDSEY  | ε          | 0                        | 0  | 0.  | 0.   | 0.             | 0                    | 0  |
| 5  | <b>E</b>   | 361,407.                 | 0  | 0   | 8,400.   | 25,653.        | 395,460.             | 0  |
| (2) IRA MAGAZINER  | 8          | 288,808.                 | 0  | .0  | 0.   | 19,299.        | 308,107.             | 0  |
| CEO/VICE-CHAIR OF THE BOARD  | (3)        | 0                        | •0   | 0   | 0  | 0.             | 0                    | 0.   |
| (3) MUSTAPHA LEAVENWORTH BAKALI  | ε          | 264,188.                 | 0  | 0   | 0.   | 16,596.        | 280,784.             | 0  |
| 000  | (ii)       | 0.                       | 0.   | 0.  | 0.   | 0              | 0                    | 0  |
| (4) JULIE B. FEDER   | 8          | 285,000.                 | 0.   | 0.  | 8,550.   | 23,231.        | 316,781.             | 0  |
| CFO  | <b>(E)</b> | 0.                       | 0.   | 0.  | 0  | .0             | 0                    | 0  |
| (5) DAVID RIPIN  | €          | 187,500.                 | ·  | 0   | 10,852.  | 23,798.        | 222,150.             | • 0  |
| EVP, ACCESS PROGRAMS   | (ii)       | 0.                       | .0   | 0.  | 0.   | 0.             | .0                   | 0  |
| (6) ALICE KANGETHE   | 8          | 159,159.                 | 0  | • 0                                       | • 0  | 3,538.         | 162,697.             | • 0  |
| EVP, VACCINE DEL./MATERNAL CHILD   | ⊜          | 0                        | .0   | 0   | 0  | 0              |                      | 0  |
| (7) OWENS WIWA   | 8          | 180,000.                 | 0.   | 0.  | 0  | 16,596.        | 196,596.             | 0  |
| EVP, COUNTRY DIRECTOR  | €          | •0                       | • 0  | 0   | 0  | Ċ              | 0                    | 0  |
| (8) KELLY MCCRYSTAL  | Ξ          | -                        | 0.   | 0   | 10,800.  | 5,588.         | 196,388.             | • 0  |
| EVP, NEW INITIATIVES   | €          | 25,000.                  | 0.0  | 0.  | 0.   | 0.             | 25,000.              | 0.   |
| (9) LINDA MICHALOPOULOS  | (9)        | 179,922.                 | 0.   | 0   | 11,215.  | 16,220.        | 207,357.             | 0.   |
| SENIOR HUMAN RESOURCES DIRECTOR  | Ξ          | 0                        | 0  | 0   | 0  | ·              | .0                   | .0   |
| (10) MPHU RAMATLAPENG  | Ξ          | 180,000.                 | 0.   | 0.  | 12,185.  | 8,829.         | 201,014.             | 0.   |
| EVP HIV/AIDS & TB PROGRAMS   | Œ          | 0                        | .0   | 0.  | 0  | 0              | 0.                   | 0  |
| (11) GERALD MACHARIA   | Ξ          | 152,869.                 | .0   | 0   | 0  | 9,521.         | 162,390.             | • 0  |
| EVP, COUNTRY DIRECTOR  | ₿          | 0                        | 0  | 0   | 0  | 0.             | 0                    | .0   |
| (12) ELYA TAGAR  | 8          | 151,484.                 | 0.   | 0.  | 9,295.   | 22,575.        | 183,354.             | .0   |
| SENIOR DIRECTOR, HIV PROGRAMS  | (1)        | •0                       | • 0  | 0   | 0  | o              | 0                    | • 0  |
| (13) JOAN MUASA  | Ξ          | 150,000.                 | 0.   | 0.  | .000,6   | 23,798.        | 182,798.             | 0  |
| SR. DIR., INST. RELATIONS AND PROG.  | (ii)       | 0                        | 0  | 0.  | 0.   | 0.             | 0.                   | .0   |
| (14) COLLEEN CONNELL   | =          | 140,750.                 | 0.   | 0.  | 8,370.   | 8,855.         | 157,975.             | 0  |
| VP, ACCESS DISEASE STRATEGY  | 1          | - 1                      | 0  | 0   | 0  | •              | 0                    | 0  |
| (15) ANDREW MUSOKE   | 3          | 138,786.                 | 0.   | 0.  | 6,991.   | 20,409.        | 166,186.             | 0  |
| SR. DIR. FINANCE AND OPERATIONS  | ())        | 0.                       | 0.   | 0   | 0  | 0.             | 0                    | 0  |
|  | 3          |                          | ***************************************            |   | The state of the s |                |                      |  |
|  | ∄          |                          |  |   |  |                |                      |  |

Schedule J (Form 990) 2014

432113 10-13-14

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## SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

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 CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number 27-1414646

| Pai  | t   Types of Property  |                               |  |  |   |   |  |                                       |
|--|--|-------------------------------|--|--|---|---|--|---------------------------------------|
| <b>Control of the Control > |  | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 | (d<br>Method of d<br>noncash contrib    | etermi                                  | _                                      | ts                                    |
| 1  | Art · Works of art   |                               | TOTAL CONTINUESCO                                | 1 Onn OOO, 1 art VIII, like it   | 1                                       |   | ••••••••••                             |                                       |
| 2  | Art - Historical treasures   |                               |  |  |   |   |  |                                       |
| 3  | Art - Fractional interests   |                               |  |  |   |   |  |                                       |
| 4  | Books and publications   |                               |  |  |   |   |  |                                       |
| 5  | Clothing and household goods   |                               |  |  |   | ·                                       |  |                                       |
| 6  | Cars and other vehicles  |                               |  |  |   |   |  |                                       |
| 7  | Boats and planes   |                               |  |  |   |   | ······································ |                                       |
| 8  | Intellectual property  |                               |  |  |   | ·                                       |  |                                       |
| 9  | Securities - Publicly traded   | X                             | 2  | 352,150.   | FAIR MARKE                              | ד זא                                    | TITE                                   | •                                     |
| 10   | Securities - Closely held stock  |                               |  | 002,100.   | TITIL EMILICIA                          | L V.E.                                  | 1101                                   | 1                                     |
| 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   | <u> </u>                      |  |  |   |   |  |                                       |
| 17   | Real estate - Other  |                               |  |  |   |   |  |                                       |
| 18   | Collectibles   |                               |  |  |   |   |  |                                       |
| 19   | Food inventory   |                               |  |  |   |   |  |                                       |
| 20   | Drugs and medical supplies   |                               |  |  |   | • |  |                                       |
| 21   |  |                               |  |  |   |   |  |                                       |
| 22   | Taxidermy Historical artifacts   |                               |  |  |   |   |  |                                       |
| 23   |  |                               |  |  |   |   |  |                                       |
|  | Scientific specimens   |                               |  |  |   | ······································  |  |                                       |
| 24   | Archeological artifacts  Other ( )   |                               |  |  |   |   |  |                                       |
| 25<br>oc   |  |                               |  |  |   |   |  |                                       |
| 26   |  |                               |  |  |   |   |  |                                       |
| 27   | Other ()   |                               |  |  |   |   |  |                                       |
| 28<br>29   | Other ( ) Number of Forms 8283 received by the organize  | action during                 |  |  |   |   |  |                                       |
| 20   | for which the organization completed Form 82   |                               |  |  |   |   | _                                      |                                       |
|  | to which the organization completed rolli 62   | 00, Pail IV, I                | Jonee Acknowled(                                 | gement 29  |   |   | 0                                      | T                                     |
| 20-  | Suring the year did the every time year in his   | مائس مائست مما                |  | and the Share State of the state of                                      | 1.00                                    | <u> </u>                                | Yes                                    | No                                    |
| oua  | During the year, did the organization receive by   |                               |  |  | •                                       |   |  |                                       |
|  | must hold for at least three years from the date<br>exempt purposes for the entire holding period? |                               | ·  | ,  |   | 1 "                                     | ) b                                    | -                                     |
| <b>L</b>   |  | ·                             |  |  | *************************************** | 30a                                     |  | X                                     |
|  | If "Yes," describe the arrangement in Part II.   | liau - 4h - + va              | nanina da mania                                  | -£   |   |   | 1,4                                    |                                       |
| 31   | Does the organization have a gift acceptance p   |                               |  |  |   | 31                                      |  | X                                     |
| o∠a  | Does the organization hire or use third parties  |                               | =  |  |   | 1                                       |  |                                       |
|  |  |                               |  |  | **/**                                   | 32a                                     | -                                      | X                                     |
|  | If "Yes," describe in Part II.   |                               |  | , , , , , , , , , , , , , , , , , , ,                                    |   |   |  |                                       |
| 33   | If the organization did not report an amount in  | column (c) to                 | or a type of proper                              | ту тог which column (a) is с   | necked,                                 |   |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|  | describe in Part II.   | #I 1 ·                        |  |  |   | <u> </u>                                |  |                                       |
| LHA  | For Paperwork Reduction Act Notice, see  | the instruct                  | uons tor I-orm 990                               | J.   | Schedule M                              | (Form                                   | 990)                                   | 2014)                                 |

| SCHEDULE M, PART I, COLUMN (B):  THE NUMBER SHOWN IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS. |
|---|
| THE NUMBER SHOWN IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.                                  |
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Schedule M (Form 990) (2014)

432142 08-12-14

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2014 Open to Public

Open to Public Inspection

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number 27-1414646

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:   |
|--|
| EXPAND ACCESS TO HIGH-QUALITY CARE AND TREATMENT FOR HIV/AIDS, MALARIA   |
| AND OTHER DISEASES.  |
|  |
| FORM 990, PART I, LINE 5:  |
| THE NUMBER REPORTED ON PART I, LINE 5 REFLECTS THE NUMBER OF PEOPLE  |
| REPORTED ON FORM W-3. CHAI EMPLOYS 1,324 PEOPLE AROUND THE GLOBE.  |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:   |
| CHAI APPLIES THE RIGOROUS THINKING, ANALYSIS AND URGENCY OF THE  |
| BUSINESS WORLD TO SAVE LIVES AND STRENGTHEN HEALTH SYSTEMS RAPIDLY AND   |
| MORE EFFICIENTLY. IN ADDITION TO RETAINING ITS INITIAL FOCUS ON  |
| HIV/AIDS CARE AND TREATMENT, CHAI IMPLEMENTS PROGRAMS ON VACCINES,   |
| MALARIA, HEALTH SYSTEMS STRENGTHENING, AND MATERNAL AND CHILD HEALTH IN  |
| MORE THAN 25 COUNTRIES.  |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:   |
| VACCINES: CHAI WORKS ACROSS FOUR STRATEGIC OBJECTIVES TO SUPPORT   |
| GOVERNMENTS TO INCREASE ACCESS TO IMMUNIZATION, ENSURING THAT MORE   |
| CHILDREN ARE PROTECTED FROM VACCINE-PREVENTABLE DISEASES. THESE INCLUDE  |
| GOALS TO INCREASE THE SPEED AND EFFICIENCY WITH WHICH NEW VACCINES ARE   |
| INTRODUCED; IMPROVE THE EFFICIENCY OF VACCINES COLD CHAIN AND LOGISTICS  |
| SYSTEMS, ENHANCE PLANNING, RESOURCING, AND IMPLEMENTATION OF   |
| IMMUNIZATION STRATEGY, AND LOWER PRICES OF KEY VACCINES AND COLD CHAIN   |
| EQUIPMENT. CHAI WORKED WITH VACCINE MANUFACTURERS, THE BILL & MELINDA  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2014)  432211 08-27-14 |

Name of the organization Employer identification number CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 TO MOVE TOWARDS ELIMINATION AND REACH AN ALL-TIME LOW MALARIA INCIDENCE OF 84 LOCALLY-ACQUIRED CASES IN 2013-2014, AND WORKED TO INTRODUCE MRDTS TO ACCREDITED DRUG DISPENDING OUTLETS IN TANZANIA, WHICH HAS THE POTENTIAL TO DRAMATICALLY INCREASE MALARIA TESTING BEFORE TREATMENT IN THAT COUNTRY. EXPENSES \$ 8,056,668. INCLUDING GRANTS OF \$ 377,849. REVENUE \$ 0. UNITAID EXPENSES \$ 1,589. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. OTHER PROGRAM SERVICES EXPENSES \$ 2,189,988. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: CAMBODIA, CAMEROON, ETHIOPIA, INDIA, INDONESIA, JAMAICA, KENYA, LESOTHO, LIBERIA, MALAWI, MOZAMBIQUE, NIGERIA, PAPUA NEW GUINEA, RWANDA, SOUTH AFRICA, SWAZILAND, TANZANIA, UKRAINE, UGANDA, VIETNAM, ZAMBIA, ZIMBABWE, LAOS, BURMA FORM 990, PART VI, SECTION A, LINE 2: WILLIAM J. CLINTON AND CHELSEA CLINTON HAVE A PARENT/CHILD RELATIONSHIP. BUSINESS RELATIONSHIP. BRUCE LINDSEY IS EMPLOYED BY THE CLINTON FOUNDATION, WHERE BOTH WILLIAM J. CLINTON AND CHELSEA CLINTON SERVE AS DIRECTORS. FORM 990, PART VI, SECTION A, LINE 6:

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization Employer identification number CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 UNDER CHAI'S BYLAWS THE BILL, HILLARY, & CHELSEA CLINTON FOUNDATION HAS THE POWER TO DESIGNATE FIVE (5) SUCCESSOR MEMBERS OF THE BOARD, TWO OF WHOM SHALL BE PRESIDENT WILLIAM J. CLINTON, WHO SHALL SERVE AS DIRECTOR AND CHAIR OF THE BOARD UNTIL SUCH TIME AS HE RESIGNS, DIES OR BECOMES INCAPACITATED, AND IRA C MAGAZINER, WHO SHALL SERVE AS A DIRECTOR AND VICE CHAIR OF BOARD SO LONG AS HE REMAINS AN EMPLOYEE OR CONSULTANT OF THE CORPORATION OR UNTIL SUCH TIME AS HE RESIGNS, DIES OR BECOMES INCAPACITATED. FORM 990, PART VI, SECTION A, LINE 7A: UNDER CHAI'S BYLAWS THE BILL, HILLARY, & CHELSEA CLINTON FOUNDATION HAS THE POWER TO DESIGNATE FIVE (5) SUCCESSOR MEMBERS OF THE BOARD, TWO OF WHOM SHALL BE PRESIDENT WILLIAM J. CLINTON, WHO SHALL SERVE AS DIRECTOR AND CHAIR OF THE BOARD UNTIL SUCH TIME AS HE RESIGNS, DIES OR BECOMES INCAPACITATED, AND IRA C MAGAZINER, WHO SHALL SERVE AS A DIRECTOR AND VICE CHAIR OF BOARD SO LONG AS HE REMAINS AN EMPLOYEE OR CONSULTANT OF THE CORPORATION OR UNTIL SUCH TIME AS HE RESIGNS, DIES OR BECOMES INCAPACITATED. FORM 990, PART VI, SECTION B, LINE 11: THE SENIOR ACCOUNTING MANAGER COLLECTS AND CONSOLIDATES THE INFORMATION AFTER THE 2014 AUDIT IS COMPLETED. THE RETURN IS PREPARED BY OUR EXTERNAL TAX ADVISOR. THE CFO REVIEWS THE FORM 990, WHICH IS SUBSEQUENTLY REVIEWED

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

990 AT A MEETING PRIOR TO THE FILING OF THE 990.

INTERESTED PERSONS MUST DISCLOSE ANY TRANSACTION OR ARRANGEMENT WHICH Schedule O (Form 990 or 990-EZ) (2014)

BY THE AUDIT COMMITTEE. THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization Employer identification number CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 RESULTS IN A CONFLICT OF INTEREST TO THE BOARD OR COMMITTEE OF WHICH THEY ARE A MEMBER. THE BOARD MEETS, REVIEWS AND DISCUSSES ANY DISCLOSED CONFLICT OF INTEREST. CHAI SHALL TAKE APPROPRIATE DISCIPLINARY ACTIONS, AS DETERMINED BY THE BOARD, WITH RESPECT TO AN INTERESTED PERSON WHO HAS VIOLATED THE CONFLICT OF INTEREST POLICY. THIS APPLIES TO DIRECTORS, OFFICERS, KEY EMPLOYEES, OR COMMITTEE MEMBERS AND ALL OTHERS WHO ARE PERMITTED TO VOTE AT BOARD OF DIRECTOR MEETINGS. FORM 990, PART VI, SECTION B, LINE 15: CHAI CONTRACTED WITH AN OUTSIDE CONSULTANT IN 2011 TO CONDUCT AN INDEPENDENT STUDY TO HELP ASSIST IN DETERMINING CEO COMPENSATION. PRESIDENT & COO COMPENSATION WAS DETERMINED IN 2012 WHEN THE CURRENT PRESIDENT & COO JOINED THE ORGANIZATION. CFO COMPENSATION WAS MOST RECENTLY DETERMINED IN 2013. CEO, PRESIDENT & COO, AND CFO COMPENSATION HAVE BEEN APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REOUEST. FORM 990, PART VII: THE COMPENSATION REPORTED ON PART VII FOR IRA MAGAZINER REPRESENTS COMPENSATION FOR HIS SERVICES TO CHAI AS CEO. SEPARATELY, THE BILL, HILLARY, & CHELSEA CLINTON FOUNDATION HAS A CONSULTING AGREEMENT WITH SJS ADVISORS, OF WHICH IRA MAGAZINER IS A PRINCIPAL. THE BILL, HILLARY, & CHELSEA CLINTON FOUNDATION PAID SJS ADVISORS \$114,565 FOR SERVICES RELATED TO THE BILL, HILLARY, & CHELSEA CLINTON FOUNDATION'S CLINTON CLIMATE INITIATIVE.

# SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▼ Attach to Form 990.

Open to Public Inspection 2014

OMB No. 1545-0047

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

Employer identification number 27-1414646

> INC. INITIATIVE, CLINTON HEALTH ACCESS

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

CLINTON HEALTH ACCESS CLINTON HEALTH ACCESS CLINTON HEALTH ACCESS CLINTON HEALTH ACCESS Direct controlling entity INITIATIVE 1.057.470.INITIATIVE 1,767,881,INITIATIVE 268,270, INITIATIVE End-of-year assets **©** 1,430,147. 0 7,762,367 5 383 294 Total income ਉ Legal domicile (state or foreign country) BOTSWANA LESOTHO KENYA INDIA Primary activity 3 HEAL TH HEALTH HEAL TH TEALTH 3RD FLOOR, TIMAU PLAZA, ARGWINGS KODHEK RD CLINTON HEALTH ACCESS INITIATIVE-BOTSWANA CLINTON HEALTH ACCESS INITIATIVE INDIA Name, address, and EIN (if applicable) 26 OKHLA INDUSTRIAL ESTATE PHASE III MAQALIKA, DR. PHORORO'S RESIDENCE CLINTON HEALTH ACCESS INITIATIVE CLINTON HEALTH ACCESS INITIATIVE of disregarded entity NEW DELHI INDIA MASERU LESOTHO NAIROBI KENYA BOTSWANA

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. PartII

| organizations against the say year.  |                      |                          |             |                    |          |                                  |
|--|----------------------|--------------------------|-------------|--------------------|----------|----------------------------------|
| (a)  | (q)                  | (0)                      | (p)         | (e)                | Ψ        | (6)                              |
| Name, address, and EIN   | Primary activity     | Legal domicile (state or | Exempt Code | Public charity     | Dire     | Section 512(b)(13)<br>controlled |
| of related organization  |                      | foreign country)         | section     | status (if section | entity   | entity?                          |
| Annual Control of the |                      |                          | -           | 501(c)(3))         |          | Yes No                           |
| BILL, HILLARY & CHELSEA CLINTON FOUNDATION   |                      |                          |             |                    |          |                                  |
| 31-1580204, 1200 PRESIDENT CLINTON AVENUE,   |                      |                          |             |                    |          |                                  |
| LITTLE ROCK, AR 72201  | ECONOMIC DEVELOPMENT | ARKANSAS                 | 501(C)(3)   | LINE 7             | N/A      | ×                                |
| BILL, HILLARY & CHELSEA CLINTON FOUNDATION   |                      |                          |             |                    |          | *****                            |
| UK, 610 PRESIDENT CLINTON AVE, 2ND FLOOR,  |                      |                          |             |                    |          |                                  |
| LITTLE ROCK, AR 72201  | FUNDRAISING          | UNITED KINGDOM           | N/A         | N/A                | BHCC FDN | ×                                |
| CLINTON FOUNDATION INSALINGSSTIFTELSE  | •                    |                          |             |                    |          |                                  |
| TORNGREN MAGNELL VAST TRADGARD   |                      |                          |             |                    |          |                                  |
| STOCKHOLM, SWEDEN  | FUNDRAISING          | SWEDEN                   | N/A         | N/A                | BHCC FDN | ×                                |
|  | ٠                    |                          |             |                    |          |                                  |
|  |                      |                          |             |                    |          |                                  |
|  |                      |                          |             |                    |          |                                  |

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

432161 08-14-14 LHA

Schedule R (Form 990) 2014

Part I | Continuation of Identification of Disregarded Entities

| (a) Name, address, and EIN of disregarded entity                                  | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f) Direct controlling entity                               |
|---|-------------------------|---|---------------------|---------------------------|---|
| CLINTON HEALTH ACCESS INITIATIVE 7, GANGES STREET MAITAMA DISTRICT ABUJA, NIGERIA | HEALTH                  | NIGERIA                                       | 16.672.696.         | 1 226 375.                | CLINTON HEALTH ACCESS                                       |
| ARD STREET BLOCK B. ENG, SOUTH AFRICA MITIATIVE TILDING 1 3RD R1.                 | нБАІ.ТН                 | SOUTH AFRICA                                  | 2,949,802.          |                           | 200,221,INITIATIVE  |
| s UGANDA  | HEALTH<br>HEALTH        | SWAZILAND                                     | 2,876,482.          | 102,484.                  | 102,484,INITIATIVE CLINTON HEALTH ACCESS 458 094,INITIATIVE |
| IBALTH ACCESS INITIATIVE-UK NGDOM   | HEALTH                  | UNITED KINGDOM                                | .0                  | 0                         | CLINTON HEALTH ACCESS                                       |
|   |                         |   |                     |                           |   |
|   |                         |   |                     |                           |   |
|   |                         |   |                     |                           |   |
|   |                         |   |                     |                           |   |

27-1414646

Page 2

Schedule R (Form 990) 2014 CLINTON HEALTH ACCESS INITIATIVE,

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

| (a)   | (q)                   | (0)   | (p)                            | (a)  | €)                    | (6)                               | (F)                           | (E)     | 8 | (k)   |
|---|-----------------------|---|--------------------------------|--|-----------------------|-----------------------------------|-------------------------------|---------|---|---|
| Name, address, and EIN<br>of related organization                                       | Primary activity      | Legal<br>domicile<br>(state or<br>foreign<br>country) | Direct controlling<br>entity   | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total income | Share of<br>end-of-year<br>assets | Disproportionate allocations? | X Sanor |   | General or Percentage managing ownership pariner? |
| HAITI DEVELOPMENT FUND LLC -<br>45-3819678, 1271 AVE OF<br>AMERICAS, NEW YORK, NY 10020 | INVESTMENT            | DE  | N/A                            | RELATED  | 0                     | 0                                 | ×                             | N/A     | × | *00   |
| ACCESO FUND LLC - 27-2075171<br>1271 AVE OF AMERICAS<br>NEW YORK, NY 10020              | INVESTMENT            | DE  | N/A                            | RELATED  |                       | •0                                | ×                             | N/A     | × | *00*  |
| ACCESO OFERTO LOCAL-PRODUCTOS  CALLE EL MIRADOR Y 93 AVENIDA FRUIT & VEG  EL SALVADOR   | FRUIT & VEG<br>SUPPLY | EL<br>SALVADO   | EL ACCESO<br>SALVADO WORLDWIDE | RELATED  | 0.                    | 0                                 | ×                             | N/A     | × | \$00°   |
|   |                       |   |                                | ·  |                       |                                   |                               |         |   |   |

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. Part IV

| (a)   | <b>(2)</b>                             | <u></u>  | 9                            | (e)                                       | (1)                   | (6)  | 3                          | <b>(</b> )                                     |
|---|--|--|------------------------------|---|-----------------------|--|----------------------------|--|
| Name, address, and EIN<br>of related organization | Primary activity                       | Legal domicite<br>(state or<br>foreign<br>country) | Direct controlling<br>entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of<br>end-of-year<br>assets  | Percentage<br>ownership    | Section<br>612(b)(13)<br>controlled<br>entity? |
| ACACIA DEVELOPMENT CO                             | ************************************** |  |                              |   |                       | AND THE PROPERTY OF THE PROPER |                            | 1  |
| 1271 AVENUE OF AMERICAS                           |  |  |                              |   |                       |  |                            |  |
| NEW YORK, NY 10020                                | INVESTMENT                             | DE   | BHCC FDN                     | C CORP                                    |                       |  | 800°                       | <b>⋈</b>                                       |
| ACCESO WORLDWIDE FUND INC.                        |  |  |                              |   |                       | ***************************************  |                            |  |
| 1271 AVENUE OF AMERICAS                           |  |  |                              |   |                       |  | -                          |  |
| NEW YORK, NY 10020                                | INVESTMENT                             | DE   | BHCC FDN                     | C CORP                                    |                       |  | \$00°                      | ×  |
| ACCESO CASHEW ENTERPRISE LIMITED                  |  |  |                              |   |                       |  |                            |  |
| OFFICE NO 201                                     |  |  | ACCESO                       |   |                       |  |                            |  |
| KOHINOOR PARADISE AROGYA, INDIA                   | CASHEW PROCESSING                      | INDIA  | WORLDWIDE                    | C CORP                                    |                       |  | \$00.                      | ×  |
| TUKULA FARMING COMPANY LTD.                       | Ţ                                      | ***  |                              |   |                       |  |                            |  |
| PO BOX 5133, RLTY HSE, CHURCH HILL RD             |  |  | ACACIA DEVLP                 |   |                       |  |                            | •••••  |
| LIMBE, MALAWI                                     | SM HOLDER FARMING                      | MALAWI   | CO                           | C CORP                                    |                       |  | £00°                       | ×  |
| FIDUCIARIA BOGOTA TRUST                           |  |  |                              |   |                       |  |                            |  |
| CALLE 67 NO. 7-37 TERCER PISO OF BOGOTA           |  |  |                              |   |                       |  | •                          |  |
| BOGOTA, COLOMBIA                                  | PROGRAM INVESTMENT                     | COLOMBIA BHCC FDN                                  | BHCC FDN                     | TRUST                                     |                       |  | 008 X                      | ×  |
| 432162 08-14-14                                   |  | 77   |                              |   |                       | Sche   | Schedule R (Form 990) 2014 | 990) 2014                                      |

CLINTON HEALTH ACCESS INITIATIVE, INC.

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | Section<br>512(b)(13)<br>controlled<br>entity? |
|---|-------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|--|
| MOYO DEVELOPMENT COMPANY 1271 AVENUE OF AMERICAS NEW YORK, NY 16026             | INVESTMENT              | E<br>D                               | ACACIA DEVLP<br>CO            | C CORP  |                                 | Transport                                | *00                            |  |
| ACCESO PEANUT ENTERPRISE CORPORATION #11 RUE OGE PETION-VILLE MIRABELAIS, HAITI | PEANUT SUPPLY CHAIN     | TIVE                                 | C FDN                         | C CORP  | 7.00                            |  | \$00°                          | ×  |
|   |                         |                                      |                               |   |                                 |  | •                              |  |
|   |                         |                                      |                               |   | 77777                           |  |                                |  |
|   |                         |                                      |                               |   |                                 |  |                                | <del>!!\!</del>                                |
|   |                         |                                      |                               |   |                                 |  |                                |  |
|   |                         |                                      |                               |   |                                 |  |                                |  |
|   |                         |                                      |                               |   |                                 |  |                                |  |
|   |                         |                                      |                               |   |                                 |  |                                |  |
|   |                         |                                      |                               |   |                                 |  |                                |  |
|   |                         |                                      |                               |   |                                 |  |                                |  |

Page 3

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                                     | £  |
|--|---|---|--|---|---|----|
| 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?  | with one or more re   | kated organizations listed  | in Parts IFIV?   |   | 5                                       |    |
| Heceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  |   |   |  | <u>_</u>                                |   | ×  |
| Gift, grant, or capital contribution to related organization(s)  |   |   |  | 10                                      |   | ×  |
| Gift, grant, or capital contribution from related organization(s)  | :   |   |  | 2                                       |   | ×  |
|  |   |   |  | Ş                                       |   | ×  |
| Loans or loan guarantees by related organization(s)  |   |   |  | <u>,</u>                                |   | ×  |
|  |   | b   |  |   |   | 1  |
| Dividends from related organization(s)   |   |   |  | +                                       |   | ×  |
| Sale of assets to related organization(s)  |   |   |  | 1                                       |   | M  |
| Purchase of assets from related organization(s)  |   |   |  | =                                       |   | ×  |
| Exchange of assets with related organization(s)  |   |   |  | <b>=</b>                                |   | ×  |
| Lease of facilities, equipment, or other assets to related organization(s)   |   |   |  |   |   | ×  |
| Lease of facilities, equipment, or other assets from related organization(s)   |   |   |  | ÷                                       |   | ×  |
| Performance of services or membership or fundraising solicitations for related organization(s)   | ization(s)  |   |  | =                                       |   | ×  |
| Performance of services or membership or fundraising solicitations by related organization(s)  | ization(s)  |   |  | <u>E</u>                                |   | ×  |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | ın(s)   |   |  | 두                                       | ×                                       |    |
| Sharing of paid employees with related organization(s)   |   |   |  | ę                                       |   | ×  |
|  |   |   |  |   |   |    |
| Reimbursement paid to related organization(s) for expenses   |   |   |  | 1p                                      | ×                                       |    |
| Reimbursement paid by related organization(s) for expenses   |   |   |  | Ď                                       | ×                                       |    |
| Other transfer of cash or property to related organization(s)  |   |   |  | ÷                                       | . #                                     | ×  |
| Other transfer of cash or property from related organization(s)  |   | ANALYSIA ANANANANANA ANALYSIA ANALYSIA ANALYSIA ANALYSIA ANALYSIA ANALYSIA |  | Ť.                                      |   | ×  |
| 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  | to must complete the  | is line, including covered  | relationships and transaction thresholds.  |   |   |    |
| (a)<br>Name of related organization  | (b)<br>Transaction<br>type (a-s)  | (c)<br>Amount involved  | (d)<br>Method of determining amount involved   | pevlovi                                 |   |    |
|  |   |   |  |   | *************************************** |    |
|  |   | AAA AAA AAA AAAA AAAAA AAAAA AAAAA AAAAA  |  |   |   |    |
| Section 1997-17 - Annual Company (1997-1997) - Transport 1997-1997 - Transport 1997-1997 - Transport 1997-1997   |   | TOTAL |  |   |   | -  |
|  |   |   |  |   |   |    |
| A STATE OF THE STA | And Andreas Control of Annual | A   | - Charles and Char | *************************************** |   |    |
|  |   |   |  |   |   |    |
|  | 79  |   | Schedule R (Form 990) 2014   | R (Form                                 | (066                                    | 12 |

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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) (b) (c) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d   | Siluctions regarding excit   | Sidil of certain inve  | estment parmersings.                         |   |  |  | 5          |                   |
|--|--|--|--|---|--|--|------------|-------------------|
| Name, address, and EIN   | Primary activity   | micile   | Predominant income                           | Ale all Share of Solicity               |  | oper- Code V-UBI   | General or | (k)<br>Percentage |
| OI BRUKY   |  | (state or foreign<br>country)  | excluded from tax under<br>sections 512-514) | ves No income                           | end-of-year<br>assets  | allocations? of Schedule K-1 Partner? ownership  | Yes No     | ownership         |
|  |  |  |  |   | The state of the s |  |            |                   |
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| The state of the s |  |  |  |   | ***************************************  | <br>   |            |                   |
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| The second secon |  |  |  |   |  |  |            |                   |
| NAVA-LAL MARKET  |  |  |  |   |  |  |            |                   |
| 1/00   |  |  |  |   |  | <br>   |            |                   |
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|  |  |  |  |   |  | <br>   |            |                   |
| Market and the second s |  |  |  |   |  |  |            |                   |

Schedule R (Form 990) 2014

| Schedule R                              | R (Form 990) 2014  | CLINTON                                 | <u>HEALTH</u>   | ACCESS                                  | INITIATIVE,                            | INC.                                    | 27-1414646 Page 5 |
|---|--|---|-----------------|---|--|---|-------------------|
| Part VII                                | (Form 990) 2014<br>Supplemental Info   | rmation                                 |                 |   |  |   |                   |
|   | Provide additional inforn  |   | ses to auestion | ns on Schedule                          | R (see instructions).                  |   |                   |
|   |  |   |                 |   |  |   |                   |
|   |  |   |                 |   |  |   |                   |
|   |  |   |                 | ····                                    |  | *************************************** |                   |
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