

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CLINTON HEALTH ACCESS INITIATIVE, INC.</b>		<b>D</b> Employer identification number <b>27-1414646</b>
	Doing business as		<b>E</b> Telephone number <b>617-774-0110</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>383 DORCHESTER AVENUE</b>	<b>400</b>	<b>G</b> Gross receipts \$ <b>211,893,072.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02127</b>		
<b>F</b> Name and address of principal officer: <b>DR. IAIN BARTON</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.CLINTONHEALTHACCESS.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2009** **M** State of legal domicile: **AR**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE CLINTON HEALTH ACCESS INITIATIVE, INC. (CHAI) IS A GLOBAL HEALTH ORGANIZATION COMMITTED TO</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>307</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>77</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>175,296,053.</b>	<b>189,199,931.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>963,184.</b>	<b>755,376.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>18,994.</b>	<b>82,382.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>176,278,231.</b>	<b>190,037,689.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>16,856,890.</b>	<b>24,366,239.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>80,773,845.</b>	<b>93,014,170.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>30,600.</b>	<b>33,150.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>587,306.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>61,107,117.</b>	<b>70,082,503.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>158,768,452.</b>	<b>187,496,062.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>17,509,779.</b>	<b>2,541,627.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>105,927,123.</b>	<b>End of Year</b> <b>102,370,576.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>33,498,960.</b>	<b>91,584,913.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>72,428,163.</b>	<b>10,785,663.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>DR. IAIN BARTON, CHIEF EXECUTIVE OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CRAIG KLEIN</b>	Preparer's signature	Date <b>11/23/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00734640</b>
	Firm's name ▶ <b>CBIZ MHM, LLC</b>	Firm's EIN ▶ <b>26-3753134</b>	Phone no. <b>617-761-0600</b>		
Firm's address ▶ <b>500 BOYLSTON STREET</b> <b>BOSTON, MA 02116</b>					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CHAI'S MISSION IS TO SAVE LIVES AND REDUCE THE BURDEN OF DISEASE IN LOW-AND MIDDLE-INCOME COUNTRIES AROUND THE WORLD. WE AIM TO STRENGTHEN THE GOVERNMENT AND INDIGENEOUS PRIVATE HEALTH SYSTEMS TO CREATE AND SUSTAIN HIGH-QUALITY HEALTH SYSTEMS IN THE COUNTRIES WHERE WE WORK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [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 \$ 72,949,983. including grants of \$ 12,025,376. ) (Revenue \$ ) OUR PROGRAMS AIM TO SAVE LIVES AND REDUCE DISEASE, WHILE HELPING GOVERNMENTS CREATE SUSTAINABLE HEALTH SYSTEMS. WE OPERATE 11 PROGRAMS ACROSS FOUR HEALTH AREAS, WITH A GLOBAL TEAM OF SCIENCE, BUSINESS, AND TECHNICAL EXPERTS SUPPORTING THE ENTIRE ORGANIZATION.

INFECTIOUS DISEASES:

FOUR INFECTIOUS DISEASES: HIV & AIDS, MALARIA, TUBERCULOSIS AND HEPATITIS CAUSE THE MAJORITY OF DEATHS IN THE LOW- AND- MIDDLE INCOME COUNTRIES AROUND THE WORLD. CHAI HAS BUILT ON THE EXPERTISE OF STAFF, AND EXPERIENCE DEVELOPED WITH OUR HIV WORK, TO ADDRESS EACH OF THESE DISEASES IN PARTNERSHIP WITH GOVERNMENTS, DONORS, AND OTHER KEY

4b (Code: ) (Expenses \$ 54,899,830. including grants of \$ 7,010,289. ) (Revenue \$ ) WOMEN & CHILDREN'S HEALTH: WOMEN AND CHILDREN SUFFER THE GREATEST BURDEN FROM DISEASE GLOBALLY. CHAI HAS SIGNIFICANTLY INCREASED ACCESS TO RECOMMENDED TREATMENTS FOR DIARRHEA AND PNEUMONIA, THE LARGEST KILLERS OF CHILDREN UNDER FIVE; MADE CRITICAL VACCINES THAT PROTECT AGAINST CHILDHOOD ILLNESSES MORE AFFORDABLE; IS COMBATTING CHRONIC MALNUTRITION; AND IS DRAMATIALLY AND SUSTAINABLY REDUCING MATERNAL AND NEWBORN DEATHS AND ENSURING WOMEN HAVE ACCESS TO THE TOOLS THEY NEED TO SAFELY PLAN THEIR FAMILIES TO IMPROVE HEALTH OUTCOMES AND ECONOMIC WELL-BEING. THROUGH THIS WORK, CHAI HAS SIGNIFICANTLY INCREASED ACCESS TO LIFESAVING TREATMENTS FOR DIARRHEA (ZINC AND ORAL REHYDRATION SALTS) AND PNEUMONIA, INCLUDING OPTIMAL MEDICATIONS AND OXYGEN THERAPY, AS WELL AS TOOLS FOR DIAGNOSIS. CHAI'S WORK TO SAVE THE LIVES OF WOMEN AND

4c (Code: ) (Expenses \$ 22,979,537. including grants of \$ 1,814,430. ) (Revenue \$ ) NON-COMMUNICABLE DISEASES: EACH YEAR, 15 MILLION PEOPLE DIE FROM NON-COMMUNICABLE DISEASES BETWEEN THE AGES OF 30 AND 69. OVER 85 PERCENT OF THESE DEATHS OCCUR IN LOW-AND MIDDLE-INCOME COUNTRIES. CARDIOVASCULAR DISEASES ACCOUNT FOR THE MOST DEATHS, FOLLOWED BY CANCERS, RESPIRATORY DISEASES, AND DIABETES. CHAI BEGAN WORK IN THIS AREA WITH THE LAUNCH OF OUR CANCER PROGRAM IN 2015. CANCER IS A GROWING ISSUE IN SUB-SAHARAN AFRICA, WHERE INCIDENCE IS PROJECTED TO INCREASE BY 85 PERCENT IN THE NEXT 15 YEARS. CHAI IS WORKING WITH THE AMERICAN CANCER SOCIETY TO LOWER THE COST OF LIFESAVING CHEMOTHERAPIES, INCREASE ACCESS TO DIAGNOSIS AND TREATMENT, AND HELP GOVERNMENTS DEVELOP PLANS TO COMPREHENSIVELY MANAGE THE DISEASE. CHAI'S WORK HAS HELPED TO LOWER THE COSTS OF 20 ESSENTIAL

4d Other program services (Describe on Schedule O.) (Expenses \$ 23,717,067. including grants of \$ 3,516,144. ) (Revenue \$ )

4e Total program service expenses 174,546,417.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included on line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CT, FL, IL, MA, NJ, NY, PA, WA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records PALESA MOHASOA - 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

**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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAYMOND CHAMBERS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(2) CHELSEA CLINTON BOARD MEMBER	10.00 0.00	X						0.	0.	0.
(3) WILLIAM J. CLINTON BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(4) AWA MARIE COLL-SECK BOARD MEMBER (UNTIL 6/19)	1.00 0.00	X						0.	0.	0.
(5) ALIKO DANGOTE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(6) DAME SALLY DAVIES BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(7) MARK DYBUL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(8) PAUL FARMER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(9) MALA GAONKAR BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(10) BRUCE LINDSEY BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(11) ROBERT W. SELANDER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(12) ALAN SCHWARTZ BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(13) ANN VENEMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) TACHI YAMADA CHAIR OF THE BOARD	1.00 0.00	X						0.	0.	0.
(15) IRA MAGAZINER CHIEF EXECUTIVE OFFICER	40.00 0.00			X				379,389.	0.	54,466.
(16) ALICE KANG'ETHE CHIEF OPERATING OFFICER	40.00 0.00			X				266,733.	0.	6,363.
(17) LINDA DENICOLA CHIEF FINANCIAL OFFICER (UNTIL 9/19)	40.00 0.00			X				259,180.	0.	23,952.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KELLY MCCRYSTAL CHIEF STRATEGY OFF./EVP/INTERIM CFO	40.00 0.00			X				283,990.	0.	21,940.
(19) DAVID RIPIN EVP, INFECTIOUS DISEASES/CHIEF SCIEN	40.00 0.00				X			283,799.	0.	48,472.
(20) OWENS WIWA EVP, GLOBAL RESOURCES	40.00 0.00				X			219,414.	0.	14,756.
(21) YOUNG (JOSHUA) CHU EVP, GLOBAL VACCINES & CANCER	40.00 0.00				X			224,000.	0.	7,734.
(22) GERALD MACHARIA VP, EAST AND SOUTHERN AFRICA/COUNTRY	40.00 0.00				X			192,260.	0.	8,420.
(23) MPHU RAMATLAPENG EVP, IMPLEMENTATION	40.00 0.00				X			160,000.	0.	3,208.
(24) ALAN STAPLE VP, GLOBAL MARKETS	40.00 0.00					X		182,569.	0.	36,690.
(25) JUSTIN COHEN DIRECTOR, GLOBAL MALARIA	40.00 0.00					X		174,194.	0.	36,131.
(26) PAUL DOMANICO SENIOR DIRECTOR, GLOBAL HEALTH SCIEN	40.00 0.00					X		169,007.	0.	35,817.
<b>1b Subtotal</b>								2,794,535.	0.	297,949.
<b>c Total from continuation sheets to Part VII, Section A</b>								581,463.	0.	35,121.
<b>d Total (add lines 1b and 1c)</b>								3,375,998.	0.	333,070.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 135

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GLOBAL HUMAN ACCESS RESOURCES LIMITED, 1-2SB BLOCK ESTATE MANAGEMENT OFFICE	PROFESSIONAL HEALTHCARE SERVICES	461,422.
CALIBER OUTSOURCING SERVICES, D 51, SHANTIKUNJ BUSINESS CENTRE, NEW DELHI,	PROFESSIONAL HEALTHCARE SERVICES	255,025.
KPMG, BADENERSTRAUSS 172, POSTFACH, ZURICH, SWITZERLAND 1872	CONSULTING	190,000.
AFRICAN ENVIRONMENTAL AND HUMAN DEVELOPMENT PLOT 1675 B05, TUNDE IDIAGBON ST, UTAKO, AB	PROFESSIONAL HEALTHCARE SERVICES	180,512.
ZEEVO GROUP LLC, 701 FIFTH AVENUE, 42ND FLOOR, SEATTLE, WA 98104-5119	PROFESSIONAL HEALTHCARE SERVICES	173,243.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 13

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOSEPH HARWELL CLINICAL SENIOR DIRECTOR	40.00 0.00					X		178,946.	0.	11,973.
(28) YIGEREMU ABEBE ASEMERIE VP, COUNTRY DIRECTOR, ETHIOPIA	40.00 0.00					X		259,486.	0.	3,208.
(29) PALESA MOHASOA FMR INTERIM CFO/CRNT INTL CONTROLLER	40.00 0.00						X	143,031.	0.	19,940.
Total to Part VII, Section A, line 1c .....								581,463.		35,121.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	74,602,714.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	114,597,217.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 17,452,634.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		189,199,931.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		1,217,068.		1,217,068.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	21,384,999.	8,692.		
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses		21,855,383.	0.		
	<b>7 c</b>	Gain or (loss)		-470,384.	8,692.		
<b>d</b>	Net gain or (loss)		-461,692.		-461,692.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>8 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MISC. REVENUE	900099	82,382.		82,382.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		82,382.			
<b>12</b>	<b>Total revenue.</b> See instructions		190,037,689.	0.	0.	837,758.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,244,255.	4,244,255.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	20,121,984.	20,121,984.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	2,922,609.	2,085,670.	781,253.	55,686.
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 .....	66,721,183.	60,317,373.	6,059,639.	344,171.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,098,779.	3,732,131.	348,722.	17,926.
9 Other employee benefits .....	15,443,169.	13,848,185.	1,548,824.	46,160.
10 Payroll taxes .....	3,828,430.	3,378,375.	423,862.	26,193.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	711,780.	382,562.	329,218.	
c Accounting .....	512,932.	389,657.	123,275.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17	33,150.			33,150.
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	7,788,012.	6,968,764.	817,817.	1,431.
12 Advertising and promotion .....				
13 Office expenses .....	3,594,300.	3,629,604.	-41,281.	5,977.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	2,393,205.	1,969,251.	423,954.	
17 Travel .....	29,582,615.	28,891,190.	646,481.	44,944.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	6,287,340.	6,218,835.	67,071.	1,434.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	170,883.	31,198.	139,685.	
23 Insurance .....	351,952.	286,282.	65,660.	10.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUBCONTRACTS AND BULK P</b>	11,696,930.	11,651,056.	45,845.	29.
b <b>POSTAGE &amp; SHIPPING</b>	3,749,319.	3,749,319.		
c <b>TELEPHONE</b>	1,689,790.	1,544,704.	140,433.	4,653.
d <b>EQUIPMENT AND INFRAS</b>	1,109,760.	755,833.	348,535.	5,392.
e All other expenses	443,685.	350,189.	93,346.	150.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	187,496,062.	174,546,417.	12,362,339.	587,306.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	7,232,644.	<b>2</b>	11,076,829.
	<b>3</b> Pledges and grants receivable, net .....	3,431,213.	<b>3</b>	7,173,112.
	<b>4</b> Accounts receivable, net .....	886,001.	<b>4</b>	725,767.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	3,564,635.	<b>9</b>	2,552,041.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,672,737.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,367,513.	139,291.	<b>10c</b> 305,224.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	90,673,339.	<b>15</b>	80,537,603.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	105,927,123.	<b>16</b>	102,370,576.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,910,968.	<b>17</b>	11,670,219.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	23,587,992.	<b>19</b>	79,914,694.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	33,498,960.	<b>26</b>	91,584,913.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,342,816.	<b>27</b>	10,162,753.
	<b>28</b> Net assets with donor restrictions .....	67,085,347.	<b>28</b>	622,910.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	72,428,163.	<b>32</b>	10,785,663.
	<b>33</b> Total liabilities and net assets/fund balances .....	105,927,123.	<b>33</b>	102,370,576.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	190,037,689.
2	Total expenses (must equal Part IX, column (A), line 25)	2	187,496,062.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,541,627.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72,428,163.
5	Net unrealized gains (losses) on investments	5	286,598.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-64,470,725.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,785,663.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number
27-1414646

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 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.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	170688566	142749140	127234079	175296053	189199931	805167769
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	170688566	142749140	127234079	175296053	189199931	805167769
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						515927664
<b>6 Public support.</b> Subtract line 5 from line 4.						289240105

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	170688566	142749140	127234079	175296053	189199931	805167769
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	98,827.	88,986.	55,337.	668,503.	1217068.	2128721.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	47,352.	11,901.	111,878.	18,994.	82,382.	272,507.
<b>11 Total support.</b> Add lines 7 through 10						807568997
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	35.82 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	36.90 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			



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. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

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 not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

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

Name of organization  <b>CLINTON HEALTH ACCESS INITIATIVE, INC.</b>	Employer identification number  <b>27-1414646</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>63,497,832.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>18,372,141.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>28,988,131.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>6,297,079.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>6,749,891.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>9,939,546.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CLINTON HEALTH ACCESS INITIATIVE, INC.</b>	Employer identification number  <b>27-1414646</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>17,452,634.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>4,908,480.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>4,277,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>CLINTON HEALTH ACCESS INITIATIVE, INC.</b>	Employer identification number  <b>27-1414646</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	VARIOUS STOCK _____ _____ _____	\$ 17,452,634.	12/31/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>CLINTON HEALTH ACCESS INITIATIVE, INC.</b>	Employer identification number  <b>27-1414646</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** CLINTON HEALTH ACCESS INITIATIVE, INC. **Employer identification number** 27-1414646

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		466,638.	287,738.	178,900.
d Equipment		2,206,099.	2,079,775.	126,324.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>305,224.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE FOR PROGRAMMATIC PURPOSES	80,537,603.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	80,537,603.

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	192,245,625.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	286,598.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,921,338.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,207,936.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	190,037,689.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	190,037,689.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	189,417,400.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,921,338.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,921,338.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	187,496,062.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	187,496,062.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

CHAI ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. CHAI HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AND ITS DETERMINATION OF ITS REVENUES BEING RELATED OR UNRELATED AS ITS ONLY SIGNIFICANT TAX POSITIONS AND HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. CHAI'S U.S. FEDERAL

**Part XIII** Supplemental Information *(continued)*

AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE FILING OF THE RELATED RETURN. CHAI'S FOREIGN TAX RETURNS ARE SUBJECT TO EXAMINATION BY LOCAL GOVERNMENT AUTHORITIES UNDER APPLICABLE LOCAL LAW. CHAI IS NOT AWARE OF ANY PENDING EXAMINATION BY ANY SUCH AUTHORITY.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

Employer identification number

CLINTON HEALTH ACCESS INITIATIVE, INC.

27-1414646

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	19	954	PROGRAM SERVICES	HEALTH	119,035,892.
EAST ASIA AND THE PACIFIC	5	187	PROGRAM SERVICES	HEALTH	8,725,497.
SOUTH ASIA	1	266	PROGRAM SERVICES	HEALTH	8,590,292.
CENTRAL AMERICA AND THE CARIBBEAN	2	29	PROGRAM SERVICES	HEALTH	5,984,974.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	20	PROGRAM SERVICES	HEALTH	2,463,299.
NORTH AMERICA	0	14	PROGRAM SERVICES	HEALTH	693,125.
SUB-SAHARAN AFRICA	0	0	GRANTS	HEALTH	8,147,241.
EAST ASIA AND THE PACIFIC	0	0	GRANTS	HEALTH	1,134,782.
<b>3 a</b> Subtotal .....	27	1470			154,775,102.
<b>b</b> Total from continuation sheets to Part I .....	0	0			10,839,960.
<b>c Totals</b> (add lines 3a and 3b) .....	27	1470			165,615,062.

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Schedule F (Form 990) 2019



**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTS	HEALTH	4,579,061.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS	HEALTH	1,020,604.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS	HEALTH	5,014,655.
NORTH AMERICA	0	0	GRANTS	HEALTH	225,640.
<b>Totals</b> .....					10,839,960.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	1337226.		0.		
		SUB-SAHARAN AFRICA	HEALTH	916,361.		0.		
		SUB-SAHARAN AFRICA	HEALTH	780,502.		0.		
		SUB-SAHARAN AFRICA	HEALTH	706,418.		0.		
		SUB-SAHARAN AFRICA	HEALTH	576,776.		0.		
		SUB-SAHARAN AFRICA	HEALTH	252,117.		0.		
		SUB-SAHARAN AFRICA	HEALTH	194,574.		0.		
		SUB-SAHARAN AFRICA	HEALTH	171,499.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **0**

3 Enter total number of other organizations or entities ..... **165**

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	167,605.		0.		
		SUB-SAHARAN AFRICA	HEALTH	148,415.		0.		
		SUB-SAHARAN AFRICA	HEALTH	122,517.		0.		
		SUB-SAHARAN AFRICA	HEALTH	114,605.		0.		
		SUB-SAHARAN AFRICA	HEALTH	110,512.		0.		
		SUB-SAHARAN AFRICA	HEALTH	104,272.		0.		
		SUB-SAHARAN AFRICA	HEALTH	103,871.		0.		
		SUB-SAHARAN AFRICA	HEALTH	100,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	91,680.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	89,855.		0.		
		SUB-SAHARAN AFRICA	HEALTH	86,053.		0.		
		SUB-SAHARAN AFRICA	HEALTH	80,125.		0.		
		SUB-SAHARAN AFRICA	HEALTH	79,343.		0.		
		SUB-SAHARAN AFRICA	HEALTH	78,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	64,744.		0.		
		SUB-SAHARAN AFRICA	HEALTH	64,113.		0.		
		SUB-SAHARAN AFRICA	HEALTH	63,782.		0.		
		SUB-SAHARAN AFRICA	HEALTH	63,545.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	61,533.		0.		
		SUB-SAHARAN AFRICA	HEALTH	57,677.		0.		
		SUB-SAHARAN AFRICA	HEALTH	53,096.		0.		
		SUB-SAHARAN AFRICA	HEALTH	47,853.		0.		
		SUB-SAHARAN AFRICA	HEALTH	46,623.		0.		
		SUB-SAHARAN AFRICA	HEALTH	45,959.		0.		
		SUB-SAHARAN AFRICA	HEALTH	45,787.		0.		
		SUB-SAHARAN AFRICA	HEALTH	45,236.		0.		
		SUB-SAHARAN AFRICA	HEALTH	43,246.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	40,552.		0.		
		SUB-SAHARAN AFRICA	HEALTH	37,985.		0.		
		SUB-SAHARAN AFRICA	HEALTH	36,435.		0.		
		SUB-SAHARAN AFRICA	HEALTH	35,294.		0.		
		SUB-SAHARAN AFRICA	HEALTH	33,995.		0.		
		SUB-SAHARAN AFRICA	HEALTH	31,914.		0.		
		SUB-SAHARAN AFRICA	HEALTH	30,600.		0.		
		SUB-SAHARAN AFRICA	HEALTH	27,775.		0.		
		SUB-SAHARAN AFRICA	HEALTH	27,697.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	21,608.		0.		
		SUB-SAHARAN AFRICA	HEALTH	21,414.		0.		
		SUB-SAHARAN AFRICA	HEALTH	20,055.		0.		
		SUB-SAHARAN AFRICA	HEALTH	19,916.		0.		
		SUB-SAHARAN AFRICA	HEALTH	19,721.		0.		
		SUB-SAHARAN AFRICA	HEALTH	18,804.		0.		
		SUB-SAHARAN AFRICA	HEALTH	18,067.		0.		
		SUB-SAHARAN AFRICA	HEALTH	18,017.		0.		
		SUB-SAHARAN AFRICA	HEALTH	17,659.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	17,659.		0.		
		SUB-SAHARAN AFRICA	HEALTH	17,659.		0.		
		SUB-SAHARAN AFRICA	HEALTH	17,659.		0.		
		SUB-SAHARAN AFRICA	HEALTH	17,659.		0.		
		SUB-SAHARAN AFRICA	HEALTH	16,490.		0.		
		SUB-SAHARAN AFRICA	HEALTH	15,924.		0.		
		SUB-SAHARAN AFRICA	HEALTH	15,632.		0.		
		SUB-SAHARAN AFRICA	HEALTH	15,329.		0.		
		SUB-SAHARAN AFRICA	HEALTH	15,269.		0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	14,819.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,523.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,199.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,009.		0.		
		SUB-SAHARAN AFRICA	HEALTH	13,893.		0.		
		SUB-SAHARAN AFRICA	HEALTH	13,766.		0.		
		SUB-SAHARAN AFRICA	HEALTH	13,286.		0.		
		SUB-SAHARAN AFRICA	HEALTH	12,063.		0.		
		SUB-SAHARAN AFRICA	HEALTH	11,972.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	11,037.		0.		
		SUB-SAHARAN AFRICA	HEALTH	10,028.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,908.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,797.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,396.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,162.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,021.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,020.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,015.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	8,682.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,500.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,412.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,235.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,153.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,004.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,600.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,471.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,118.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	6,097.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,998.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,884.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,491.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,250.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,125.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,011.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,000.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	287,842.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HEALTH	222,635.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	210,413.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	151,548.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	93,839.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	49,795.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	35,109.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	34,509.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	31,498.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	27,269.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HEALTH	20,706.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	13,835.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	12,813.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	12,154.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	11,873.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	11,055.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	10,290.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	8,494.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	8,341.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HEALTH	6,416.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	5,595.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	5,263.		0.		
		SOUTH ASIA	HEALTH	656,952.		0.		
		SOUTH ASIA	HEALTH	639,654.		0.		
		SOUTH ASIA	HEALTH	558,809.		0.		
		SOUTH ASIA	HEALTH	350,354.		0.		
		SOUTH ASIA	HEALTH	344,395.		0.		
		SOUTH ASIA	HEALTH	343,580.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HEALTH	308,328.		0.		
		SOUTH ASIA	HEALTH	279,108.		0.		
		SOUTH ASIA	HEALTH	201,607.		0.		
		SOUTH ASIA	HEALTH	183,665.		0.		
		SOUTH ASIA	HEALTH	150,000.		0.		
		SOUTH ASIA	HEALTH	143,457.		0.		
		SOUTH ASIA	HEALTH	121,666.		0.		
		SOUTH ASIA	HEALTH	92,838.		0.		
		SOUTH ASIA	HEALTH	50,000.		0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HEALTH	46,900.		0.		
		SOUTH ASIA	HEALTH	41,259.		0.		
		SOUTH ASIA	HEALTH	25,000.		0.		
		SOUTH ASIA	HEALTH	21,266.		0.		
		SOUTH ASIA	HEALTH	20,144.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	347,655.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	295,415.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	90,873.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	79,537.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	66,767.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	61,100.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	28,980.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	12,605.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	9,523.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	9,254.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	5,110.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	1991000.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	1456293.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	701,527.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	403,927.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	126,550.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	114,780.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	100,000.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	50,499.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	31,714.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	31,629.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	31,100.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	7,265.		0.		
		NORTH AMERICA	HEALTH	170,640.		0.		
		NORTH AMERICA	HEALTH	55,000.		0.		
		NORTH AMERICA	HEALTH	13,402.		0.		



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART I, LINE 2:**

FOR GRANTS OUTSIDE THE U.S., EVERY MONTH EACH COUNTRY OR PROGRAM TEAM REQUESTS ITS CASH NEEDS FROM THE GLOBAL CHAI OFFICE IN BOSTON. AFTER THE AMOUNTS ARE VERIFIED, THE FUNDS ARE DISBURSED FROM BOSTON TO THE COUNTRY OR PROGRAM TEAMS. AT THE END OF EACH MONTH, THE EXPENSES FOR EACH TEAM ARE REVIEWED TO EVALUATE HOW FUNDING WAS USED AND ACCOUNTED.

**SCHEDULE F, PART II, LINE 3:**

THE GRANTEES COUNTED ON LINE THREE CONSIST OF GOVERNMENT MINISTRIES OF HEALTH, HOSPITALS, AND OTHER ORGANIZATIONS IN FURTHERANCE OF CHAI'S MISSION TO SAVE LIVES. MANY OF THE GRANTEES MAY BE RECOGNIZED AS CHARITIES WITHIN THEIR LOCAL COUNTRY.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**CLINTON HEALTH ACCESS INITIATIVE, INC.**

Employer identification number

**27-1414646**

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE HELEN BROWN GROUP LLC - 48 SUMMER ST., SUITE 2,	RESEARCH		X	0.	33,150.	0.
<b>Total</b> .....					33,150.	

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

**CA, CT, FL, IL, NJ, NY, PA, MA, WA**



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....					

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

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

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

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: THE HELEN BROWN GROUP LLC

(I) ADDRESS OF FUNDRAISER: 48 SUMMER ST., SUITE 2, WATERTOWN, MA 02472



**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **CLINTON HEALTH ACCESS INITIATIVE, INC.** Employer identification number **27-1414646**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
PRINCETON IN AFRICA 194 NASSUA STREET, SUITE 219 PRINCETON, NJ 08542	22-3824520	501(C)(3)	5,600.	0.			HEALTH
JSI RESEARCH & TRAINING INSTITUTE, INC. - 2733 CRYSTAL DRIVE - ARLINGTON, VA 22202	04-2679824	501(C)(3)	80,007.	0.			HEALTH
THE FOUNDATION FOR AIDS RESEARCH DBA AMFAR - 120 WALL STREET, 13TH FLOOR - NEW YORK, NY 10005	13-3163817	501(C)(3)	10,388.	0.			HEALTH
VITAL WAVE, INC. 555 BRYANT STREET, #226 PALO ALTO, CA 94301	20-3208079		690,695.	0.			HEALTH
TERRAFRAME, INC 75 WANEKA PARKWAY LAFAYETTE, CO 80026	20-5098254		75,634.	0.			HEALTH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILDELPHIA, PA 19104	23-1352685	501(C)(3)	41,337.	0.			HEALTH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **14.**
- 3** Enter total number of other organizations listed in the line 1 table **13.**

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

Schedule I (Form 990) (2019)

**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 organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH INTERNATIONAL 2224 E NC HWY 54 DURHAM, NC 27713	23-7413005	501(C)(3)	17,000.	0.			HEALTH
HUMANITARIAN OPENSTREETMAP TEAM USA - 1100 VERMONT AVENUE - WASHINGTON, DC 20005	27-3166713	501(C)(3)	18,426.	0.			HEALTH
ADVARRA, INC. 6940 COLUMBIA GATEWAY DR, SUITE 110 COLUMBIA, MD 21046	31-1358981		30,475.	0.			HEALTH
INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) - 53 STATE STRRET, 19TH FLOOR - BOSTON, MA 02109	38-3017223	501(C)(3)	58,752.	0.			HEALTH
WATSI, INC, DBA WATSI 2132 FOLSOM STREET SAN FRANCISCO, CA 94110	45-3236734		629,920.	0.			HEALTH
PRONTO INTERNATIONAL 5419 GREENWOOD AVE N SEATTLE, WA 98103	46-1318242	501(C)(3)	70,000.	0.			HEALTH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL DBA OFFICE OF SPONSORED RESEARCH - 104 AIRPORT DR., SUITE 2200 CB# 1350 - CHAPEL	56-6001393	501(C)(3)	443,213.	0.			HEALTH
OPTION2 DBA EDGEX LLC 1830 EMBARCADERO, SUITE 106 OAKLAND, CA 94606	81-2178029	501(C)(3)	146,025.	0.			HEALTH
EYELLIANCE 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	84-2711222	501(C)(3)	51,592.	0.			HEALTH

Schedule I (Form 990)

**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 organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATH 2201 WESTLAKE AVENUE SEATTLE, WA 98121	91-1157127	501(C)(3)	329,427.	0.			HEALTH
REGENTS OF UNIVERSITY OF CALIFORNIA - 3333 CALIFORNIA STREET, SUITE 315 - SAN FRANCISCO, CA 94143	94-6036493	GOV'T	10,000.	0.			HEALTH
MCKINSEY & COMPANY, INC. - UNITED STATES - 55 E 2ND STREET - NEW YORK, NY 10022	13-3796161		650,000.	0.			HEALTH
ONA SYSTEMS INC. 126 E 12TH STREET, SUITE 4A NEW YORK, NY 10003	38-3940780		262,243.	0.			HEALTH
AKROS INC. PO BOX 457 LARMINE, WY 82073	26-3668995		144,061.	0.			HEALTH
FHI PARTNERS, LLC 359 BLACKWELL STREET DURHAM, NC 27701	82-5145951		99,915.	0.			HEALTH
ANCHOR WORLDWIDE, LLC DBA ANCHOR WORLDWIDE - 333 HUDSON STREET, SUITE 201 - NEW YORK, NY 10013	81-1311605		32,680.	0.			HEALTH
AIMPOINT DIGITAL LP 6371 BUSINESS BLVD, SUITE 200 LAKEWOOD RANCH, FL 34240	82-1557759		7,000.	0.			HEALTH
METHODSENSE ONE COPLEY PARKWAY, SUITE 410 MORRISVILLE, NC 27560	27-0623118		6,625.	0.			HEALTH

Schedule I (Form 990)

**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 organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JHPIEGO CORPORATION 1615 THAMES STREET BALTIMORE, MD 21321	23-7424444	501(C)(3)	106,173.	0.			HEALTH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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:

FOR GRANTS INSIDE THE U.S., EVERY MONTH EACH PROGRAM TEAM REQUESTS ITS CASH  
NEEDS WITH ACCOUNTS PAYABLE. AFTER AMOUNTS ARE VERIFIED, THEY ARE DISBURSED  
TO PROGRAM TEAMS. AT THE END OF EACH MONTH, THE EXPENSES FOR EACH TEAM ARE  
REVIEWED TO EVALUATE HOW FUNDS WERE USED AND ACCOUNTED.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CLINTON HEALTH ACCESS INITIATIVE, INC.** Employer identification number **27-1414646**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) IRA MAGAZINER CHIEF EXECUTIVE OFFICER	(i)	379,389.	0.	0.	29,643.	24,823.	433,855.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALICE KANG'ETHE CHIEF OPERATING OFFICER	(i)	266,733.	0.	0.	0.	6,363.	273,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LINDA DENICOLA CHIEF FINANCIAL OFFICER (UNTIL 9/19)	(i)	259,180.	0.	0.	12,577.	11,375.	283,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KELLY MCCRYSTAL CHIEF STRATEGY OFF./EVP/INTERIM CFO	(i)	283,990.	0.	0.	16,800.	5,140.	305,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID RIPIN EVP, INFECTIOUS DISEASES/CHIEF SCIEN	(i)	283,799.	0.	0.	16,800.	31,672.	332,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) OWENS WIWA EVP, GLOBAL RESOURCES	(i)	219,414.	0.	0.	0.	14,756.	234,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) YOUNG (JOSHUA) CHU EVP, GLOBAL VACCINES & CANCER	(i)	224,000.	0.	0.	0.	7,734.	231,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GERALD MACHARIA VP, EAST AND SOUTHERN AFRICA/COUNTRY	(i)	192,260.	0.	0.	0.	8,420.	200,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MPHU RAMATLAPENG EVP, IMPLEMENTATION	(i)	160,000.	0.	0.	0.	3,208.	163,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALAN STAPLE VP, GLOBAL MARKETS	(i)	182,569.	0.	0.	11,867.	24,823.	219,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JUSTIN COHEN DIRECTOR, GLOBAL MALARIA	(i)	174,194.	0.	0.	11,308.	24,823.	210,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PAUL DOMANICO SENIOR DIRECTOR, GLOBAL HEALTH SCIEN	(i)	169,007.	0.	0.	10,994.	24,823.	204,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JOSEPH HARWELL CLINICAL SENIOR DIRECTOR	(i)	178,946.	0.	0.	11,011.	962.	190,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) YIGEREMU ABEBE ASEMERIE VP, COUNTRY DIRECTOR, ETHIOPIA	(i)	259,486.	0.	0.	0.	3,208.	262,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PALESA MOHASOA FMR INTERIM CFO/CRNT INTL CONTROLLER	(i)	143,031.	0.	0.	8,565.	11,375.	162,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINE 1A:**

STAFF MEMBERS WHO ARE ENROLLED IN THE CHAI DOMESTIC MEDICAL PLAN ARE ELIGIBLE FOR REIMBURSEMENT OF THEIR GYM MEMBERSHIP UP TO \$250 PER CALENDAR YEAR. THE REIMBURSEMENT IS CONSIDERED TAXABLE INCOME.

CHAI APPLIES A TAX 'GROSS UP' ON EDUCATIONAL ALLOWANCE PAYMENTS IN ORDER TO ENSURE THAT THE EMPLOYEE RECEIVES THE FULL BENEFIT OF THE ALLOWANCE, WITHOUT THE IMPACT OF TAXATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CLINTON HEALTH ACCESS INITIATIVE, INC.** Employer identification number **27-1414646**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	17,452,634.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

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

Schedule M (Form 990) 2019



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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:

SAVING LIVES AND REDUCING THE BURDEN OF DISEASE IN LOW- AND  
MIDDLE-INCOME COUNTRIES.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHAI IS A GLOBAL HEALTH ORGANIZATION COMMITTED TO SAVING LIVES AND  
REDUCING THE BURDEN OF DISEASE IN LOW-AND MIDDLE-INCOME COUNTRIES. WE  
WORK WITH OUR PARTNERS TO STRENGTHEN THE CAPABILITIES OF GOVERNMENTS  
AND THE INDIGENEOUS PRIVATE HEALTH SYSTEMS TO CREATE AND SUSTAIN  
HIGH-QUALITY HEALTH SYSTEMS THAT CAN SUCCEED WITHOUT OUR ASSISTANCE.

CHAI WAS FOUNDED IN 2002 WITH A TRANSFORMATIONAL GOAL: HELP SAVE THE  
LIVES OF MILLIONS OF PEOPLE LIVING WITH HIV/AIDS. TODAY, ALONG WITH  
HIV, WE WORK WITH PARTNERS TO PREVENT AND TREAT MALARIA, TUBERCULOSIS,  
HEPATITIS, AND CANCER, ACCELERATE THE ROLLOUT OF LIFESAVING VACCINES,  
REDUCE MATERNAL, INFANT, AND CHILD MORTALITY, COMBAT CHRONIC  
MALNUTRITION, AND STRENGTHEN HEALTH SYSTEMS. WE OPERATE IN OVER 30  
COUNTRIES AROUND THE WORLD AND MORE THAN 80 COUNTRIES HAVE ACCESS TO  
CHAI-NEGOTIATED DEALS ON MEDICATIONS, DIAGNOSTICS, VACCINES, AND OTHER  
HEALTH TOOLS.

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 1,693 PEOPLE AROUND THE GLOBE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
--	--

STAKEHOLDERS. THIS WORK HAS HELPED SAVE THE LIVES OF OVER 11 MILLION PEOPLE WHO OTHERWISE WOULD HAVE DIED FROM HIV/AIDS. TODAY OVER 19 MILLION PEOPLE LIVING WITH THE DISEASE ARE RECEIVING TREATMENT, AN INCREASE OF OVER 150 PERCENT OVER THE PAST DECADE. OVER 900,000 CHILDREN ARE RECEIVING TREATMENT, FROM LESS THAN 100,000 WHEN CHAI'S WORK BEGAN, AND THE COST OF MEDICATIONS HAS FALLEN SIGNIFCANTLY. CHAI'S EFFORTS TO TRACK AND TREAT MALARIA CASES, WITH THE GOAL OF ELMINATION, HAS HELPED LEAD TO SIGNIFICANT DECLINES IN MALARIA PREVALENCE. OVER THE LAST FIVE YEARS (SINCE CHAI BEGAN OPERATIONS IN THE REGIONS), MALARIA HAS BEEN REDUCED BY 67 PERCENT IN THE GREATER MEKONG AND 50 PERCENT IN OUR FOCUS COUNTRIES IN CENTRAL AMERICA. CHAI HAS HELPED TO SIGNIFICANTLY REDUCE THE COSTS OF LIFESAVING TREATMENTS FOR TUBERCULOSIS AND HEPATITIS, INCLUDING A 97 PERCENT REDUCTION IN COST-PER-PATIENT TREATED FOR HEPATITIS C. OVER 100,000 PATIENTS HAVE BEEN TREATED FOR HEPATITIS C WITH CHAI SUPPORT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

NEWBORNS THROUGH INTEGRATING HEALTH SYSTEMS AND INCREASING ACCESS TO LIFESAVING CARE HAS CONTRIBUTED TO SUSTAINED AND SIGNFICANT REDUCTIONS IN DEATH IN COUNTRIES WHERE WE WORK, INCLUDING A NEARLY 40 PERCENT REDUCTION IN MATERNAL MORTALITY AND A 43 PERCENT REDUCTION IN NEWBORN DEATHS IN A 12- MONTH PERIOD IN TARGET STATES OF NORTHERN NIGERIA. CHAI HAS ALSO HELPED TO SIGNIFICANTLY LOWER THE COST OF LIFESAVING MEDICAL EQUIPMENT AND FAMILY PLANNING TO SAVE THE LIVES OF WOMEN AND IS HELPING GOVERMENTS DECREASE CHRONIC MALNUTRITION THROUGH DEVELOPMENT OF LOCALLY-BASED, FORTIFIED FOODS, IMPROVING NUTRITION PROGRAMS AND REDUCING ANEMIA. THIS WORK HAS REACHED NEARLY 3 MILLION WOMEN AND CHILDREN IN INDIA AND OVER 100,000 IN RWANDA. CHAI HAS ALSO

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

SIGNIFICANTLY DECREASED THE COSTS OF LIFESAVING CHILDHOOD VACCINATIONS INCLUDING THE ROTAVIRUS VACCINE (67 PERCENT COST REDUCTION, PENTAVALENT VACCINE (45 PERCENT COST REDUCTION), AND THE INACTIVATED POLIO VACCINE (57 PERCENT COST REDUCTION). AN ESIMATED 157,000 DEATHS PER YEAR HAVE BEEN AVERTED THROUGH THE ROLLLOUT OF ROTAVIRUS AND PENTAVALENT VACCINES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CANCER TREATMENTS BY 59 PERCENT. IN ETHIOPIA, TREATMENT RATES FOR CANCER PATIENTS HAS MORE THAN DOUBLED. CHAI ALSO LAUNCHED A PROGRAM TO REDUCE DEATHS FROM CERVICAL CANCER IN 2019. WITHIN SIX MONTHS OF LAUNCHING THE PROGRAM, CHAI NEGOTIATED A PRICE REDUCTION FOR TWO LIFESAVING TOOLS: HPV TEST KIDS FOR SCREENING AND PORTABLE THERMAL ABLATION DEVICES FOR TREATMENT. THE AGREEMENTS ENABLED POINT-OF-CARE TREATMENT AT LESS THAN US\$0.50 PER WOMAN TREATED, ASSUMING A DEVICE CAN BE USED AT LEAST 2,000 TIMES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

EXPENSES \$ 2,072,775. INCLUDING GRANTS OF \$ 20,035. REVENUE \$ 0.

CROSS-CUTTING EXPERTS: CHAI WORKS WITH GOVERNMENTS AND COMPANIES AROUND THE WORLD TO FUNDAMENTALLY CHANGE THE ECONOMICS OF GLOBAL HEALTH. USING A HOLISTIC, BUSINESS-MINDED APPROACH TO SECURE LOWER PRICES FOR KEY COMMODITIES SUCH AS MEDICATION AND DIAGNOSTICS, IMPROVE LABORATORIES, AND CONNECT DECISION-MAKERS WITH THE HIGH-QUALITY EVIDENCE THEY NEED TO INFORM HEALTH POLICY IN LOW- AND MIDDLE-INCOME COUNTRIES, CHAI HELPS PATIENTS ACCESS THE CARE AND TREATMENT THEY NEED. OUR SCIENCE AND



Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
--	--

BUSINESS EXPERTS WORK ACROSS THE ORGANIZATION TO SUPPORT OUR PROGRAM AND COUNTRY TEAMS.

CHAI WORKS ON BOTH THE SUPPLY AND DEMAND SIDES OF THE MARKET TO LOWER COSTS AND INCREASE AVAILABILITY OF THE BEST HEALTH PRODUCTS FOR LOW-AND MIDDLE-INCOME COUNTRIES. WORKING WITH THE PUBLIC AND PRIVATE SECTOR, WE HELP SHAPE MARKETS AND REALIZE SAVINGS FOR DRUGS, DEVICES, AND DIAGNOSTICS IN ALL AREAS OF OUR WORK. CHAI HAS NEGOTIATED 135 GLOBAL AGREEMENTS TO LOWER PRICES OF CRITICAL MEDICATIONS AND OTHER HEALTH TOOLS BY 50-90 PERCENT. TWENTY-SEVEN MILLION PEOPLE LIVING WITH HIV HAVE BEEN REACHED BY ONE SUCH AGREEMENT LOWERING THE COST OF THE OPTIMAL HIV TREATMENT TLD-- A SAVINGS OF OVER \$500 MILLION. THROUGH THE GLOBAL HEALTH SCIENCES TEAM, CHAI AIMS TO REDUCE COSTS, IMPROVE QUALITY, AND INCREASE ACCESS TO TREATMENT BY HELPING TO DEVELOP LESS EXPENSIVE AND MORE EFFECTIVE VERSIONS OF CRITICAL MEDICATIONS FOR ADULTS AND CHILDREN; DEVELOPING TECHNIQUES AND TECHNOLOGIES THAT ADVANCE OUR UNDERSTANDING AND MANAGEMENT OF DISEASES; AND IMPROVE PATIENT CARE. THIS WORK HAS HELPED ACCELERATE BY OVER TWO YEARS DEVELOPMENT, MANUFACTURE, REGULATORY APPROVAL AND COMMERCIALIZATION OF KEY PEDIATRIC HIV PRODUCTS, AND SAVED BILLIONS IN COSTS TO GOVERNMENTS FOR CRITICAL TREATMENTS.

EXPENSES \$ 5,074,367. INCLUDING GRANTS OF \$ 932,851. REVENUE \$ 0.

ACHIEVING UNIVERSAL COVERAGE:

CHAI'S FOUNDING MISSION AND ULTIMATE GOAL IS TO HELP COUNTRIES CREATE HIGH-QUALITY, SUSTAINABLE HEALTH CARE SYSTEMS THAT PROVIDE UNIVERSAL HEALTH COVERAGE FOR ALL PEOPLE. TO ACHIEVE THIS, WE WORK WITH GOVERNMENTS TO STRENGTHEN NATIONAL FINANCING SYSTEMS, INCLUDING

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

ESTABLISHING NATIONAL HEALTH INSURANCE PLANS, THAT CAN BE SUSTAINED FOR YEARS TO COME. WE ALSO HELP DEVELOP SYSTEMS TO EDUCATE HEALTHCARE PROFESSIONALS AT ALL LEVELS AND TO BUILD SUFFICIENT PHYSICAL INFRASTRUCTURE TO DELIVER HEALTH SERVICES. THROUGH THIS WORK CHAI HAS SUPPORTED GOVERNMENTS TO SECURE OVER US\$4 BILLION FOR HEALTH SYSTEMS STRENGTHENING, IMPROVED DATA BASED DECISION-MAKING, IMPROVED SYSTEM EFFICIENCIES, AND REDUCED COSTS. CHAI HAS HELPED GOVERNMENTS SUSTAINABLY TRAIN AND DEPLOY THOUSANDS OF HEALTH WORKERS IN THE COUNTRIES WHERE WE WORK TO IMPROVE LIFESAVING CARE AND REDUCE GAPS IN THE HEALTH SYSTEM.

EXPENSES \$ 16,569,925. INCLUDING GRANTS OF \$ 2,563,258. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CAMBODIA, CAMEROON, ETHIOPIA, INDIA,

INDONESIA, KENYA, LESOTHO, LIBERIA,

MALAWI, MOZAMBIQUE, NIGERIA, PAPUA-NEW GUINEA,

RWANDA, SOUTH AFRICA, SWAZILAND, TANZANIA,

UKRAINE, UGANDA, VIETNAM, ZAMBIA,

ZIMBABWE, LAOS, SIERRA LEONE, HAITI,

CONGO, DEM REP, BURMA, BOTSWANA, CANADA,

FRANCE

FORM 990, PART VI, SECTION A, LINE 2:

WILLIAM J. CLINTON AND CHELSEA V. CLINTON HAVE A FAMILY RELATIONSHIP.

BUSINESS RELATIONSHIP: BRUCE LINDSEY, A BOARD MEMBER OF CHAI IS EMPLOYED BY THE BILL, HILLARY AND CHELSEA CLINTON FOUNDATION ("THE FOUNDATION"), WHERE BOTH WILLIAM J. CLINTON AND CHELSEA CLINTON SERVE AS DIRECTORS.

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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FORM 990, PART VI, SECTION B, LINE 11B:

CHAI'S SENIOR ACCOUNTING OFFICER COLLECTS AND CONSOLIDATES INFORMATION AFTER THE 2019 AUDIT IS COMPLETED. THE RETURN IS PREPARED BY AN EXTERNAL TAX ADVISOR. CHAI'S INTERNATIONAL CONTROLLER & TWO SENIOR LEADERSHIP TEAM MEMBERS REVIEW THE FORM 990, WHICH IS SUBSEQUENTLY REVIEWED BY THE AUDIT COMMITTEE, WHICH THEN MAKES A RECOMMENDATION FOR APPROVAL TO THE BOARD TO EITHER APPROVE OR REJECT THE FORM. THE BOARD OF DIRECTORS RECEIVE A FINAL COPY VIA EMAIL PRIOR TO FILING.

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

INTERESTED PERSONS MUST DISCLOSE ANY TRANSACTION OR ARRANGEMENT WHICH 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:

IN GENERAL CHAI PROVIDES ANNUAL COST OF LIVING ADJUSTMENTS. WHEN PEOPLE ARE PROMOTED TO NEW POSITIONS OR TAKE MORE RESPONSIBILITIES, THEY MAY BE GIVEN RAISES. CEO, COO, AND CFO COMPENSATION WAS LAST REVIEWED IN 2016. THE ONLY CHANGE TO THE THREE OFFICER'S REMUNERATION WAS A COST OF LIVING ADJUSTMENT WHICH WAS APPROVED FOR ALL EMPLOYEES OF CHAI.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A, COLUMN (B)

IN THIS SECTION WE REPORT AN AVERAGE OF CONTRACTED HOURS. HOWEVER, ACROSS THE ORGANIZATION, MANY PEOPLE IN CHAI WORK AN AVERAGE OF 50 HOURS PER WEEK.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

IMPACT OF CHANGE IN ACCOUNTING PRINCIPLES -64,470,725.

FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 7:

CHAI IS AN OPERATING CHARITY. CHAI'S STAFF DIRECTLY IMPLEMENTS PROGRAMS AND THEIR SALARIES ARE DEDICATED TO THAT WORK. OUT OF THE TOTAL FUNCTIONAL EXPENSES OF \$66.7 MILLION (OTHER SALARIES AND WAGES), \$60.3 MILLION (90 PERCENT) IS DIRECTLY RELATED TO CARRYING OUT PROGRAMS TO SAVE LIVES; \$6.1 MILLION (9 PERCENT) IS FOR GENERAL MANAGEMENT AND \$344 THOUSAND (1 PERCENT) IS DIRECTED TO FUNDRAISING.

FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 17:

CHAI'S MISSION IS TO SAVE LIVES AND REDUCE THE BURDEN OF DISEASE. TO DO SO WITH MAXIMUM IMPACT, WE CHOOSE TO WORK IN THE REGIONS OF COUNTRIES WHERE THE BURDEN OF DISEASE IS THE GREATEST AND THE MOST LIVES ARE BEING LOST. THESE AREAS ARE OFTEN VERY RURAL AND REMOTE AREAS OF COUNTRIES, FAR FROM CAPITAL CITIES. OUR WORK TO SUPPORT MINISTRIES OF HEALTH TO STRENGTHEN THEIR HEALTH SYSTEMS ENTAILS SIGNIFICANT FIELD WORK, TO WORK ALONGSIDE STATE, DISTRICT AND LOCAL HEALTH OFFICIALS AND HEALTH CARE WORKERS AND TO TRAIN AND MENTOR LOCAL

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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HEALTH PROFESSIONALS SUCH AS DOCTORS; NURSES AND COMMUNITY HEALTH WORKERS. FOR MAXIMUM IMPACT, THESE EDUCATIONAL ACTIVITIES ARE OFTEN CARRIED OUT ONSITE AT DISTRICT HOSPITALS OR PRIMARY HEALTH CARE CENTERS. COSTS ASSOCIATED WITH THESE TRAININGS AND MEETINGS ARE INCLUDED IN THIS CATEGORY AS WELL AS TRAVEL COSTS OF MENTORS AND PROGRAM MANAGERS, AND COSTS TO COLLECT DATA IN THE FIELD TO MONITOR AND EVALUATE PROGRAM EFFECTIVENESS. AROUND 93 PERCENT OF CHAI'S FUNDING IS DEDICATED DIRECTLY TO PROGRAMS TO SAVE LIVES. IN ADDITION, CHAI HAS NEGOTIATED OVER 150 AGREEMENTS THAT HAVE DRAMATICALLY LOWERED THE PRICE AND INCREASED THE AVAILABILITY OF DRUGS, DIAGNOSTICS, VACCINES AND OTHER HEALTH PRODUCTS IN LOW-AND MIDDLE-INCOME COUNTRIES. THE TRAVEL ASSOCIATED WITH NEGOTIATIONS WITH COMPANIES AROUND THE WORLD TO NEGOTIATE THESE AGREEMENTS IS ALSO INCLUDED IN THIS CATEGORY.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **CLINTON HEALTH ACCESS INITIATIVE, INC.** Employer identification number **27-1414646**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WILLIAM J CLINTON FOUNDATION INDIA 26 OKHLA INDUSTRIAL ESTATE PHASE III NEW DELHI, INDIA	HEALTH	INDIA	12,614,071.	813,452.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE 3RD FLOOR, TIMAU PLAZA, ARGWINGS KODHEK RD. NAIROBI, KENYA	HEALTH	KENYA	6,800,496.	221,956.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE MAQALIKA, DR. PHORORO'S RESIDENCE MASERU, LESOTHO	HEALTH	LESOTHO	715,909.	12,890.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316363, 7, GANGES STREET, MAITAMA DISTRICT ABUJA, NIGERIA	HEALTH	NIGERIA	18,350,930.	382,248.	CLINTON HEALTH ACCESS INITIATIVE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CLINTON HEALTH ACCESS INITIATIVE CANADA C/O ILER CAMPBELL, 150 STREET, 7TH FLOOR TORONTO, ONTARIO, CANADA M5V 3E3	HEALTH	CANADA			CLINTON HEALTH ACCESS INITIATIVE, INC.	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CLINTON HEALTH ACCESS INITIATIVE-SOUTH AFRICA, 1166 FRANCIS BAARD STREET, BLOCK B, 1ST FL., PRETORIA, GAUTENG, SOUTH AFRICA	HEALTH	SOUTH AFRICA	8,759,118.	2,047,619.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316357, MBABANE OFFICE PARK, BUILDING 1, 3RD FL., MBABANE, SWAZILAND	HEALTH	SWAZILAND	1,126,946.	5,126.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE-BOTSWANA N/A BOTSWANA	HEALTH	BOTSWANA	0.	431.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE RDC DE LA PAIX, GAL. PRES APP 22 NO. 1 KINSHASA, CONGO (KINSHASA)	HEALTH	CONGO (KINSHASA)	801,244.	28,715.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE AUSTRALIA 22B KARDINIA CRESCENT, UNIT 2 WARRANWOOD, AUSTRALIA VIC 3134	HEALTH	AUSTRALIA	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE FRANCE 6 AVENUE FRANKLIN D. ROOSEVELT PARIS, FRANCE 75008	HEALTH	FRANCE	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC. - 98-1316375, GUSTAVO MEJIA RICANT AVE., PIANTINI TOWER, SIXTH FLOOR, SANTA DOMINGO,	HEALTH	DOMINICAN REPUBLIC	0.	0.	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART I, IDENTIFICATION OF DISREGARDED ENTITIES:**

**NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:**

CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC.

EIN: 98-1316375

GUSTAVO MEJIA RICANT AVE., PIANTINI TOWER, SIXTH FLOOR

SANTA DOMINGO, DOMINICAN REPUBLIC