

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

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	C Name of organization CLINTON HEALTH ACCESS INITIATIVE, INC.		D Employer identification number 27-1414646
	Doing business as		E Telephone number 617-774-0110
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	383 DORCHESTER AVENUE		G Gross receipts \$ 206,072,344.
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02127		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶

F Name and address of principal officer: **JOY PHUMAPHI**
SAME AS C ABOVE

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**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 350
	6 Total number of volunteers (estimate if necessary) 6 74
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 189,199,931. Prior Year 197,783,983. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 755,376. 264,237.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 82,382. 39,034.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 190,037,689. 198,087,254.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 93,014,170. 106,523,740.	
16 a Professional fundraising fees (Part IX, column (A), line 11e) 33,150. 29,040.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 538,820.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 70,082,503. 65,796,068.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 187,496,062. 198,671,545.	
19 Revenue less expenses. Subtract line 18 from line 12 2,541,627. -584,291.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 102,370,576. Beginning of Current Year 116,560,796. End of Year
	21 Total liabilities (Part X, line 26) 91,584,913. 106,359,424.
	22 Net assets or fund balances. Subtract line 21 from line 20 10,785,663. 10,201,372.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JOY PHUMAPHI, INTERIM CO-CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CRAIG KLEIN	Preparer's signature	Date 11/15/21	Check if self-employed <input type="checkbox"/>	PTIN P00734640
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 26-3753134	Phone no. 617-761-0600		
Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116					

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 \$ 92,845,792. including grants of \$ 15,328,071.) (Revenue \$) OUR PROGRAMS AIM TO SAVE LIVES AND REDUCE DISEASE, WHILE HELPING GOVERNMENTS CREATE SUSTAINABLE HEALTH SYSTEMS. WE OPERATE 13 PROGRAMS ACROSS FOUR HEALTH AREAS, WITH A GLOBAL TEAM OF SCIENCE, BUSINESS, AND TECHNICAL EXPERTS SUPPORTING THE ENTIRE ORGANIZATION.

INFECTIOUS DISEASES: SEE SCHEDULE O FOR CONTINUATION

4b (Code:) (Expenses \$ 48,606,650. including grants of \$ 6,381,193.) (Revenue \$) WOMEN & CHILDREN'S HEALTH: SEE SCHEDULE O FOR CONTINUATION

4c (Code:) (Expenses \$ 18,865,999. including grants of \$ 877,497.) (Revenue \$) NON-COMMUNICABLE DISEASES: SEE SCHEDULE O FOR CONTINUATION

4d Other program services (Describe on Schedule O.) (Expenses \$ 22,532,435. including grants of \$ 3,735,936.) (Revenue \$)

4e Total program service expenses 182,850,876.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 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>	26	X
27 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>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 54	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c 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 filings, and organizational details.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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.
 Own website Another's website 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 **RASHA HIBRI - 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) DR. IAIN BARTON CHIEF EXECUTIVE OFFICER	40.00 0.00			X				458,333.	0.	43,838.
(2) IRA MAGAZINER CEO (UNTIL 5/1)/CRNT FOUNDING EXEC.	40.00 0.00			X				413,475.	0.	43,590.
(3) DAVID RIPIN EVP, INFECTIOUS DISEASES/CHIEF SCIEN	40.00 0.00				X			313,949.	0.	50,896.
(4) ALICE KANG'ETHE CHIEF OPERATING OFFICER	40.00 0.00			X				332,394.	0.	22,176.
(5) YOUNG (JOSHUA) CHU EVP, GLOBAL VACCINES & CANCER	40.00 0.00				X			319,665.	0.	22,483.
(6) KELLY MCCRYSTAL CHIEF STRATEGY OFF./EVP/INTERIM CFO	40.00 0.00			X				314,157.	0.	22,338.
(7) OWENS WIWA EVP, GLOBAL RESOURCES	40.00 0.00				X			246,871.	0.	27,562.
(8) GERALD MACHARIA VP, EAST & SOUTHERN AFRICA/COUNTRY	40.00 0.00				X			235,144.	0.	20,810.
(9) VISHAL BRIJLAL SENIOR ADVISOR TO MINISTER OF HEALTH	40.00 0.00					X		215,675.	0.	25,945.
(10) ALAN STAPLE VP, GLOBAL MARKETS	40.00 0.00					X		201,731.	0.	38,594.
(11) JUSTIN COHEN VP, GLOBAL MALARIA	40.00 0.00					X		196,345.	0.	38,256.
(12) PAUL DOMANICO SENIOR DIR. GLOBAL HEALTH SERVICES	40.00 0.00					X		190,528.	0.	37,924.
(13) YIGEREMU ABEBE ASEMERIE VP, COUNTRY DIRECTOR, ETHIOPIA	40.00 0.00					X		209,916.	0.	3,259.
(14) PALESA MOHASOA FMR INTERIM CFO/CRNT INTL CONTROLLER	40.00 0.00						X	152,972.	0.	21,453.
(15) MPHU RAMATLAPENG EVP, IMPLEMENTATION	40.00 0.00				X			160,000.	0.	12,859.
(16) RASHA HIBRI CHIEF FINANCIAL OFFICER	40.00 0.00			X				46,746.	0.	0.
(17) RAYMOND CHAMBERS BOARD MEMBER	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) CHELSEA CLINTON BOARD MEMBER	10.00 0.00	X						0.	0.	0.
(19) WILLIAM J. CLINTON BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(20) ALIKO DANGOTE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) DAME SALLY DAVIES BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) MARK DYBUL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) PAUL FARMER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) MALA GAONKAR BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) BRUCE LINDSEY BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(26) JOY PHUMAPHI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								4,007,901.	0.	431,983.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,007,901.	0.	431,983.

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 **155**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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>	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>		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	1,272,206.
OPTION2 DBA EDGEX LLC, 1721 BROADWAY, SUITE 201, OAKLAND, CALIFORNIA, INDIA	PROFESSIONAL HEALTHCARE SERVICES	402,450.
ACCELERATED HEALTH SOLUTION, SUITE B10, TSWANYA CENTRE, MOHAMMADU, BUHARI WAY,	PROFESSIONAL HEALTHCARE SERVICES	244,415.
MINSITRY OF HEALTH PO BOX CY 1122, CAUSEWAY, ZIMBABWE	PROFESSIONAL HEALTHCARE SERVICES	143,258.
LUIS MIGUEL PEREZ LOS CIPRESES, QUITO, ECUADOR N63-19	PROFESSIONAL HEALTHCARE SERVICES	130,400.

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 **14**

SEE PART VII, SECTION A CONTINUATION SHEETS

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	82,919,860.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	114,864,123.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,985,090.				
	h Total. Add lines 1a-1f			197,783,983.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		321,178.			321,178.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	7,928,149.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	7,985,090.				
c Gain or (loss)	7c	-56,941.					
d Net gain or (loss)			-56,941.		-56,941.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISC. REVENUE	Business Code	900099	39,034.		39,034.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			39,034.			
12 Total revenue. See instructions			198,087,254.	0.	0.	303,271.	

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 ...	5,070,550.	5,070,550.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,243.	11,243.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,240,904.	21,240,904.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,111,698.	2,203,230.	879,591.	28,877.
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	75,072,499.	67,918,032.	6,811,613.	342,854.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,489,025.	4,094,381.	374,952.	19,692.
9 Other employee benefits	19,712,943.	15,317,369.	4,343,734.	51,840.
10 Payroll taxes	4,137,575.	3,596,241.	514,542.	26,792.
11 Fees for services (nonemployees):				
a Management				
b Legal	593,747.	322,618.	270,249.	880.
c Accounting	815,815.	358,684.	457,131.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	29,040.			29,040.
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.)	9,408,069.	9,048,282.	353,216.	6,571.
12 Advertising and promotion				
13 Office expenses	3,740,145.	3,806,896.	-71,923.	5,172.
14 Information technology				
15 Royalties				
16 Occupancy	2,451,068.	1,964,709.	479,838.	6,521.
17 Travel	16,636,963.	16,479,860.	151,611.	5,492.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,257,694.	4,249,416.	8,154.	124.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	170,915.	28,999.	141,916.	
23 Insurance	338,944.	219,334.	119,589.	21.
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 SUBCONTRACTS & PURCHASE	13,619,530.	13,593,065.	26,297.	168.
b PROCUREMENT & SHIPPING	10,606,631.	10,606,091.	540.	
c TELEPHONE	1,611,784.	1,478,626.	128,859.	4,299.
d PRINTING & PUBLICATIONS	1,132,559.	877,241.	244,841.	10,477.
e All other expenses	412,204.	365,105.	47,099.	
25 Total functional expenses. Add lines 1 through 24e	198,671,545.	182,850,876.	15,281,849.	538,820.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	11,076,829.	2	17,310,119.
	3 Pledges and grants receivable, net	7,173,112.	3	3,381,471.
	4 Accounts receivable, net	725,767.	4	1,222,518.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,552,041.	9	1,488,518.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,732,204.		
	b Less: accumulated depreciation	10b 2,538,429.	305,224.	10c 193,775.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	80,537,603.	15	92,964,395.
16 Total assets. Add lines 1 through 15 (must equal line 33)	102,370,576.	16	116,560,796.	
Liabilities	17 Accounts payable and accrued expenses	11,670,219.	17	13,732,103.
	18 Grants payable		18	
	19 Deferred revenue	79,914,694.	19	92,627,321.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	91,584,913.	26	106,359,424.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,162,753.	27	9,864,298.
	28 Net assets with donor restrictions	622,910.	28	337,074.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,785,663.	32	10,201,372.
	33 Total liabilities and net assets/fund balances	102,370,576.	33	116,560,796.

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	198,087,254.
2	Total expenses (must equal Part IX, column (A), line 25)	2	198,671,545.
3	Revenue less expenses. Subtract line 2 from line 1	3	-584,291.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,785,663.
5	Net unrealized gains (losses) on investments	5	
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,201,372.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	142749140	127234079	175296053	189199931	197783983	832263186
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	142749140	127234079	175296053	189199931	197783983	832263186
5 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)						533710841
6 Public support. Subtract line 5 from line 4.						298552345

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	142749140	127234079	175296053	189199931	197783983	832263186
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	88,986.	55,337.	668,503.	1217068.	321,178.	2351072.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,901.	111,878.	18,994.	82,382.	39,034.	264,189.
11 Total support. Add lines 7 through 10						834878447
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	35.76 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	35.82 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a 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 line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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>	Yes	No	
b Did the activities described in line 2a, above, 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>			
2a			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If "Yes" or "No" provide details in Part VI.</i>			
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>			
3a			
3b			

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. 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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

2020

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

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

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 (entering "N/A" in column (b) instead of the contributor name and address), 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 CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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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	_____ _____ _____	\$ <u>61,924,285.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>18,015,034.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>38,303,032.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>5,382,676.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>13,329,974.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>7,985,090.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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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	_____ _____ _____	\$ <u>4,084,395.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>6,937,179.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>4,889,019.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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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
6	VARIOUS STOCK _____ _____ _____	\$ <u>7,985,090.</u>	<u>12/31/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE D (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 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: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 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? (Yes/No); 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)? (Yes/No); 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.

Table with 2 columns: \$. Rows include: 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.; 1b 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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.	409,473.	57,165.
d Equipment		2,265,566.	2,128,956.	136,610.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 193,775.

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)		
Total. (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)		
Total. (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	92,964,395.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	92,964,395.

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)	
Total. (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.

1	Total revenue, gains, and other support per audited financial statements	1	202,860,523.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	4,773,269.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,773,269.
3	Subtract line 2e from line 1	3	198,087,254.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	198,087,254.

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.

1	Total expenses and losses per audited financial statements	1	203,444,814.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,773,269.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,773,269.
3	Subtract line 2e from line 1	3	198,671,545.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	198,671,545.

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.

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **CLINTON HEALTH ACCESS INITIATIVE, INC.** Employer identification number **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	20	959	PROGRAM SERVICES	HEALTH	131,745,442.
EAST ASIA AND THE PACIFIC	6	209	PROGRAM SERVICES	HEALTH	8,482,069.
SOUTH ASIA	1	332	PROGRAM SERVICES	HEALTH	8,816,846.
CENTRAL AMERICA AND THE CARIBBEAN	4	32	PROGRAM SERVICES	HEALTH	5,154,595.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	34	PROGRAM SERVICES	HEALTH	1,836,868.
NORTH AMERICA	0	14	PROGRAM SERVICES	HEALTH	492,359.
SUB-SAHARAN AFRICA	0	0	GRANTS	HEALTH	11,891,302.
SOUTH ASIA	0	0	GRANTS	HEALTH	4,031,361.
3 a Subtotal	31	1580			172,450,842.
b Total from continuation sheets to Part I	0	0			5,318,241.
c Totals (add lines 3a and 3b)	31	1580			177,769,083.

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

Schedule F (Form 990) 2020

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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS	HEALTH	2,729,689.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS	HEALTH	1,901,093.
EAST ASIA AND THE PACIFIC	0	0	GRANTS	HEALTH	632,459.
NORTH AMERICA	0	0	GRANTS	HEALTH	55,000.
Totals					5,318,241.

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	1862652.		0.		
		SUB-SAHARAN AFRICA	HEALTH	1498694.		0.		
		SUB-SAHARAN AFRICA	HEALTH	1350000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	1072980.		0.		
		SUB-SAHARAN AFRICA	HEALTH	641,310.		0.		
		SUB-SAHARAN AFRICA	HEALTH	640,121.		0.		
		SUB-SAHARAN AFRICA	HEALTH	400,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	325,000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 **147**

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	254,207.		0.		
		SUB-SAHARAN AFRICA	HEALTH	250,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	218,694.		0.		
		SUB-SAHARAN AFRICA	HEALTH	161,141.		0.		
		SUB-SAHARAN AFRICA	HEALTH	160,385.		0.		
		SUB-SAHARAN AFRICA	HEALTH	156,640.		0.		
		SUB-SAHARAN AFRICA	HEALTH	150,051.		0.		
		SUB-SAHARAN AFRICA	HEALTH	143,125.		0.		
		SUB-SAHARAN AFRICA	HEALTH	129,487.		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	124,467.		0.		
		SUB-SAHARAN AFRICA	HEALTH	123,130.		0.		
		SUB-SAHARAN AFRICA	HEALTH	120,485.		0.		
		SUB-SAHARAN AFRICA	HEALTH	118,256.		0.		
		SUB-SAHARAN AFRICA	HEALTH	108,783.		0.		
		SUB-SAHARAN AFRICA	HEALTH	95,238.		0.		
		SUB-SAHARAN AFRICA	HEALTH	86,762.		0.		
		SUB-SAHARAN AFRICA	HEALTH	79,360.		0.		
		SUB-SAHARAN AFRICA	HEALTH	75,000.		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	68,681.		0.		
		SUB-SAHARAN AFRICA	HEALTH	64,644.		0.		
		SUB-SAHARAN AFRICA	HEALTH	60,346.		0.		
		SUB-SAHARAN AFRICA	HEALTH	59,475.		0.		
		SUB-SAHARAN AFRICA	HEALTH	59,357.		0.		
		SUB-SAHARAN AFRICA	HEALTH	53,058.		0.		
		SUB-SAHARAN AFRICA	HEALTH	52,609.		0.		
		SUB-SAHARAN AFRICA	HEALTH	51,750.		0.		
		SUB-SAHARAN AFRICA	HEALTH	47,369.		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	45,169.		0.		
		SUB-SAHARAN AFRICA	HEALTH	41,433.		0.		
		SUB-SAHARAN AFRICA	HEALTH	40,825.		0.		
		SUB-SAHARAN AFRICA	HEALTH	38,651.		0.		
		SUB-SAHARAN AFRICA	HEALTH	36,750.		0.		
		SUB-SAHARAN AFRICA	HEALTH	35,254.		0.		
		SUB-SAHARAN AFRICA	HEALTH	33,287.		0.		
		SUB-SAHARAN AFRICA	HEALTH	32,233.		0.		
		SUB-SAHARAN AFRICA	HEALTH	31,876.		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	30,151.		0.		
		SUB-SAHARAN AFRICA	HEALTH	30,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	29,152.		0.		
		SUB-SAHARAN AFRICA	HEALTH	28,150.		0.		
		SUB-SAHARAN AFRICA	HEALTH	27,986.		0.		
		SUB-SAHARAN AFRICA	HEALTH	22,799.		0.		
		SUB-SAHARAN AFRICA	HEALTH	22,660.		0.		
		SUB-SAHARAN AFRICA	HEALTH	22,406.		0.		
		SUB-SAHARAN AFRICA	HEALTH	22,293.		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	20,240.		0.		
		SUB-SAHARAN AFRICA	HEALTH	19,993.		0.		
		SUB-SAHARAN AFRICA	HEALTH	19,752.		0.		
		SUB-SAHARAN AFRICA	HEALTH	19,650.		0.		
		SUB-SAHARAN AFRICA	HEALTH	18,891.		0.		
		SUB-SAHARAN AFRICA	HEALTH	18,361.		0.		
		SUB-SAHARAN AFRICA	HEALTH	16,125.		0.		
		SUB-SAHARAN AFRICA	HEALTH	15,960.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,419.		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	14,186.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,046.		0.		
		SUB-SAHARAN AFRICA	HEALTH	13,155.		0.		
		SUB-SAHARAN AFRICA	HEALTH	11,773.		0.		
		SUB-SAHARAN AFRICA	HEALTH	11,474.		0.		
		SUB-SAHARAN AFRICA	HEALTH	10,852.		0.		
		SUB-SAHARAN AFRICA	HEALTH	10,269.		0.		
		SUB-SAHARAN AFRICA	HEALTH	10,196.		0.		
		SUB-SAHARAN AFRICA	HEALTH	10,134.		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	10,025.		0.		
		SUB-SAHARAN AFRICA	HEALTH	10,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,563.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,151.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,074.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,521.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,429.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,355.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,148.		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	8,139.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,064.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,790.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,243.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,200.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,846.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,691.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,432.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,390.		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	5,974.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,973.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,688.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,337.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,133.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,130.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	333,764.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	312,203.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	300,756.		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	296,600.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	156,029.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	119,587.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	105,661.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	96,941.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	31,098.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	29,500.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	24,763.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	23,700.		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	20,752.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	14,626.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	13,498.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	5,400.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	114,797.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	103,843.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	40,754.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	69,922.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	61,510.		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	41,277.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	34,720.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	32,323.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	28,928.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	25,805.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	23,224.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	21,959.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	16,042.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	14,935.		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	2181612.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	325,734.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	113,634.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	76,000.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	20,000.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	5,200.		0.		
		NORTH AMERICA	HEALTH	55,000.		0.		
		SOUTH ASIA	HEALTH	914,742.		0.		
		SOUTH ASIA	HEALTH	750,015.		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)
		SOUTH ASIA	HEALTH	551,221.		0.		
		SOUTH ASIA	HEALTH	467,810.		0.		
		SOUTH ASIA	HEALTH	447,132.		0.		
		SOUTH ASIA	HEALTH	247,845.		0.		
		SOUTH ASIA	HEALTH	178,965.		0.		
		SOUTH ASIA	HEALTH	153,507.		0.		
		SOUTH ASIA	HEALTH	82,134.		0.		
		SOUTH ASIA	HEALTH	66,531.		0.		
		SOUTH ASIA	HEALTH	60,627.		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	36,166.		0.		
		SOUTH ASIA	HEALTH	32,798.		0.		
		SOUTH ASIA	HEALTH	18,029.		0.		
		SOUTH ASIA	HEALTH	14,400.		0.		
		SOUTH ASIA	HEALTH	9,440.		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 F, PART IV, LINE 6:

FORM 5713 IS REQUIRED TO BE FILED WHEN AN ORGANIZATION HAS OPERATIONS WITH A NATIONAL OF A BOYCOTTING COUNTRY. FOR THIS PURPOSE, LEBANON IS CONSIDERED A BOYCOTTING COUNTRY. BEGINNING IN 2020, CHAI EMPLOYS ONE INDIVIDUAL WHO IS A NATIONAL OF LEBANON.

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	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 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		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization 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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 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 for the latest information.**

OMB No. 1545-0047

2020

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVARRA, INC. 6940 COLUMBIA GATEWAY DRIVE, SUITE COLUMBIA, MD 21046	31-1358981		9,980.	0.			HEALTH
AKROS INC. PO BOX 457 LARAMIE, WY 82073	26-3668995		305,788.	0.			HEALTH
AKROS, INC. 3350 LAZERA RANCI ROAD CHEYENNE, WY 82007	26-3668995		48,861.	0.			HEALTH
DIMAGI, INC. 585 MASSACHUSETTS AVENUE, SUITE 4 CAMBRIDGE, MA 02139			50,000.	0.			HEALTH
ELIZABETH GLAZER PEDIATRIC AIDS FOUNDATION DBA EGPAF - 1140 CONNECTICUT AVE., NW, SUITE 200 - WASHINGTON, DC 20036	95-4191698	501(C)(3)	1,288,284.	0.			HEALTH
FAMILY HEALTH INTERNATIONAL 2224 E NC HWY 54 DURHAM, NC 27713	82-5145951	501(C)(3)	58,310.	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 **10.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FHI PARTNERS, LLC 359 BLACKWELL STREET, SUITE 200 DURHAM, NC 27701	82-5145951		171,874.	0.			HEALTH
GLOBAL TAX NETWORK US, LLC. 7950 MAIN STREET N., SUITE 200 MAPLE GROVE, MN 55369	26-1631226		11,874.	0.			HEALTH
INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) - 53 STATE STRRET, 19TH FLOOR - BOSTON, MA 02109	38-3017223	501(C)(3)	21,756.	0.			HEALTH
INTERNATIONAL FUTURES, LLC 1501 E MADISON SEATTLE, WA 98122	27-2530489		15,000.	0.			HEALTH
JHPIEGO CORPORATION 1615 THANMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	215,000.	0.			HEALTH
JSI RESEARCH & TRAINING INSTITUTE, INC. - 2733 CRYSTAL DRIVE, 4TH FLOOR - ARLINGTON, VA 22202	04-2679824	501(C)(3)	113,045.	0.			HEALTH
NORTH CAROLIA STATE UNIVERSITY CAMPUS BOX 7214 RALEIGH, NC 27695-7214	56-6000756	501(C)(3)	56,767.	0.			HEALTH
ONA SYSTEMS INC. 126 E 12TH ST., SUITE 4A NEW YORK, NY 10003-5320	38-3940780		88,451.	0.			HEALTH
OPTION2 DBA EDGEX LLC 1830 EMBARCADERO 106 OAKLAND, CA 94606	81-2178029	501(C)(3)	339,200.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	148,217.	0.			HEALTH
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	187,500.	0.			HEALTH
POPULATION SERVICES INTERNATIONAL 1120 19TH STREET NM, SUITE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	99,960.	0.			HEALTH
TERRAFRAME, INC PO BOX 7597 BROOMFIELD, CO 80021			240,149.	0.			HEALTH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, 5TH FLOOR - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	19,497.	0.			HEALTH
TRUSTEES OF BOSTON UNIVERSITY DBA BOSTON UNIVERSITY - 25 BUICK STREET, 2ND FLOOR - BOSTON, MA 02215	04-2103547	501(C)(3)	40,000.	0.			HEALTH
TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK CITY, NY 10087	13-5598093	501(C)(3)	98,095.	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)	745,637.	0.			HEALTH
VITAL WAVE, INC. 555 BRYANT STREET #226 PALO ALTO, CA 94301	20-3208079		690,427.	0.			HEALTH

Schedule I (Form 990)

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
HEALTH CARE	2	11,243.	0.		

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

2020

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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) DR. IAIN BARTON CHIEF EXECUTIVE OFFICER	(i)	458,333.	0.	0.	32,625.	11,213.	502,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) IRA MAGAZINER CEO (UNTIL 5/1)/CRNT FOUNDING EXEC.	(i)	413,475.	0.	0.	17,100.	26,490.	457,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID RIPIN EVP, INFECTIOUS DISEASES/CHIEF SCIEN	(i)	313,949.	0.	0.	17,100.	33,796.	364,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALICE KANG'ETHE CHIEF OPERATING OFFICER	(i)	332,394.	0.	0.	15,692.	6,484.	354,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) YOUNG (JOSHUA) CHU EVP, GLOBAL VACCINES & CANCER	(i)	319,665.	0.	0.	13,901.	8,582.	342,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KELLY MCCRYSTAL CHIEF STRATEGY OFF./EVP/INTERIM CFO	(i)	314,157.	0.	0.	17,100.	5,238.	336,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) OWENS WIWA EVP, GLOBAL RESOURCES	(i)	246,871.	0.	0.	16,198.	11,364.	274,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GERALD MACHARIA VP, EAST & SOUTHERN AFRICA/COUNTRY	(i)	235,144.	0.	0.	12,228.	8,582.	255,954.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VISHAL BRIJLAL SENIOR ADVISOR TO MINISTER OF HEALTH	(i)	215,675.	0.	0.	14,930.	11,015.	241,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALAN STAPLE VP, GLOBAL MARKETS	(i)	201,731.	0.	0.	12,104.	26,490.	240,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JUSTIN COHEN VP, GLOBAL MALARIA	(i)	196,345.	0.	0.	11,766.	26,490.	234,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PAUL DOMANICO SENIOR DIR. GLOBAL HEALTH SERVICES	(i)	190,528.	0.	0.	11,434.	26,490.	228,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) YIGEREMU ABEBE ASEMERIE VP, COUNTRY DIRECTOR, ETHIOPIA	(i)	209,916.	0.	0.	0.	3,259.	213,175.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) PALESA MOHASOA FMR INTERIM CFO/CRNT INTL CONTROLLER	(i)	152,972.	0.	0.	9,152.	12,301.	174,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MPHU RAMATLAPENG EVP, IMPLEMENTATION	(i)	160,000.	0.	0.	9,600.	3,259.	172,859.	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

2020

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 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 7,985,090.	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 V, Donee Acknowledgement	29	0	
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?		Yes	No
b	If "Yes," describe the arrangement in Part II.			X
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) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER SHOWN IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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 for the latest information.

OMB No. 1545-0047

2020

**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:

THE CLINTON HEALTH ACCESS INITIATIVE, INC. (CHAI) IS A GLOBAL HEALTH ORGANIZATION COMMITTED TO 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 LOCAL PRIVATE SECTOR 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, CANCER, AND NOW COVID-19, ACCELERATE THE ROLLOUT OF LIFESAVING VACCINES, REDUCE MATERNAL, INFANT, AND CHILD MORTALITY, COMBAT CHRONIC MALNUTRITION, AND STRENGTHEN HEALTH SYSTEMS. WE OPERATE IN OVER 35 COUNTRIES AROUND THE WORLD AND MORE THAN 125 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 1,717 PEOPLE AROUND THE GLOBE.

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INFECTIOUS DISEASES: COVID-19: FOR YEARS, FOUR INFECTIOUS DISEASES DROVE MOST ILLNESS AND DEATH WORLDWIDE- HIV, HEPATITIS, TUBERCULOSIS (TB), AND MALARIA. IN 2020, A NEW ILLNESS, COVID-19, OVERTOOK THESE DISEASES AS THE LARGEST CAUSE OF GLOBAL MORTALITY BY AN INFECTIOUS DISEASE.

CURRENTLY CHAI IS WORKING WITH GOVERNMENT PARTNERS AND THE GLOBAL HEALTH COMMUNITY TO QUICKLY RESPOND TO THE PANDEMIC WHILE ENSURING THAT OTHER LIFESAVING HEALTH SERVICES CONTINUE.

THE RAPID SPREAD OF COVID-19 REQUIRED QUICK RESPONSE FROM PUBLIC HEALTH INSTITUTIONS TO UNDERSTAND THE VIRUS AND PROVIDE GUIDANCE AND ASSISTANCE TO COUNTRIES AND GOVERNMENTS WHO NEEDED SUPPLIES TO PREVENT OUTBREAKS AND TREAT THE DISEASE. TO SUPPORT THIS RESPONSE, CHAI SECURED DOZENS OF STAFF TO MINISTRIES OF HEALTH AT VARIOUS GOVERNMENT'S REQUEST. IN SOUTH AFRICA, WE HELPED DEPLOY A FREE DIGITAL COVID-19 INFORMATION SERVICE TO DELIVER AUTOMATED MESSAGES TO THE PUBLIC WITH MILLIONS OF USERS. THE SERVICE HAS BEEN ADOPTED IN MULTIPLE COUNTRIES AND BY THE WHO. TO INCREASE ACCESS TO TESTING, CHAI HELPED NEGOTIATE AGREEMENTS TO MAKE 120 MILLION AFFORDABLE, HIGH-QUALITY COVID-19 ANTIGEN RAPID TESTS AVAILABLE TO LOW- AND MIDDLE-INCOME COUNTRIES. CHAI WORKED WITH PARTNERS AND GOVERNMENTS TO SUSTAINABLY INCREASE ACCESS TO OXYGEN TREATMENT, WITH AN AVERAGE INCREASE OF 32 PERCENT IN OXYGEN THERAPY IN COUNTRIES WHERE CHAI WORKS. TO ENSURE OTHER HEALTHCARE SERVICES CONTINUED, WE COLLABORATED WITH GOVERNMENTS TO DEVELOP CREATIVE SOLUTIONS SUCH AS HIV SELF-TESTING AND MULTI-MONTH MEDICATION DISPENSING, ALONG WITH VIRTUAL TRAININGS FOR HEALTH WORKERS.

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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CHAI WORKED WITH PARTNERS AND GOVERNMENTS TO HELP PREPARE FOR COVID-19 VACCINES, ACCELERATING VACCINE INTRODUCTION PROCESSES THAT WOULD OTHERWISE TAKE YEARS TO MONTHS. CHAI HAS SUPPORTED COVAX TO ENSURE ACCESS TO VACCINES FOR LOW- AND MIDDLE-INCOME COUNTRIES.

HIV/AIDS: CHAI WAS FOUNDED WITH THE MISSION OF SAVING THE LIVES OF MILLIONS OF PEOPLE LIVING WITH HIV/AIDS. THIS WORK HAS HELPED SAVE THE LIVES OF OVER 11 MILLION PEOPLE WHO OTHERWISE WOULD HAVE DIED FROM THE DISEASE. TODAY OVER 21 MILLION PEOPLE LIVING WITH HIV ARE RECEIVING TREATMENT, MAKING IT A CHRONIC ILLNESS AS OPPOSED TO A DEATH SENTENCE; 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. IN 2020, CHAI REACHED A LANDMARK PRICING AGREEMENT TO LAUNCH THE FIRST-EVER GENERIC PEDIATRIC VERSION OF DOLUTEGRAVIR (DTG), THE RECOMMENDED TREATMENT AT THE COST OF US\$36 PER CHILD, PER YEAR; A 75 PERCENT REDUCTION FROM THE EXTISTING STANDARD OF CARE. THE AGREEMENT LOWERED THE TOTAL COST OF PEDIATRIC HIV TREATMENT FROM US\$480 PER CHILD, PER YEAR TO LESS THAN US\$120.

MALARIA AND OTHERS: CHAI'S EFFORTS TO TRACK AND TREAT MALARIA CASES, WITH THE GOAL OF ELMINATION, HAS HELPED LEAD TO SIGNIFICANT DECLINES IN MALARIA PREVALENCE. CHAI HAS HELPED TO SIGNIFICANTLY REDUCE THE COSTS OF LIFESAVING TREATMENTS FOR TUBERCULOSIS AND HEPATITIS, INCLUDING UP TO 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.

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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 NEWBORNS THROUGH INTEGRATING HEALTH SYSTEMS AND INCREASING ACCESS TO LIFESAVING CARE HAS CONTRIBUTED TO SUSTAINED AND SIGNIFICANT 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 GOVERNMENTS DECREASE CHRONIC MALNUTRITION THROUGH DEVELOPMENT OF LOCALLY-BASED, FORTIFIED FOODS, IMPROVING NUTRITION PROGRAMS, AND REDUCING ANEMIA. THIS WORK HAS REACHED NEARLY THREE MILLION WOMEN AND CHILDREN IN INDIA AND OVER 100,000 IN RWANDA. CHAI HAS ALSO 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 ESTIMATED 157,000 DEATHS

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

PER YEAR HAVE BEEN AVERTED THROUGH THE ROLLOUT OF ROTAVIRUS AND
PENTAVALENT VACCINES.

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

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 INCLUDING ADDRESSING PAEDIATRIC CANCER. CHAI'S WORK HAS HELPED

TO LOWER THE COSTS OF 20 ESSENTIAL 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 KITS 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:

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

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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EXPENSES \$ 5,022,687. INCLUDING GRANTS OF \$ 1,800,825. 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 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, INCREASED 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 \$ 17,509,748. INCLUDING GRANTS OF \$ 1,935,111. 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,
 UGANDA, VIETNAM, ZAMBIA, ZIMBABWE,
 LAOS, SIERRA LEONE, HAITI, CONGO, DEM REP,
 BURMA, CANADA, FRANCE, BURKINA FASO,
 MALI, SENEGAL, UNITED KINGDOM

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

FORM 990, PART VI, SECTION A, LINE 5:

IN EARLY 2021, CHAI BECAME AWARE OF CERTAIN PAYROLL TAX AND RELATED WITHHOLDINGS IN ONE OF ITS OPERATING COUNTRIES THAT HAD BEEN PAID TO ITS PAYROLL PROVIDER BUT NOT CREDITED AND RECEIVED BY GOVERNMENT AUTHORITIES IN 2018, 2019 AND 2020. CHAI HAS ACCRUED A LOSS OF \$2.5 MILLION FOR THIS AND IS ACTIVELY INVESTIGATING THE MATTER. MANAGEMENT IS WORKING WITH THE STATE GOVERNMENTS AND WILL PAY ALL AGREED-UPON AMOUNTS WHILE IT INVESTIGATES AND PURSUES RECOVERY OF SUCH AMOUNTS FROM ITS CONTRACTORS, INSURANCE OR OTHER PARTIES THAT MAY BE DETERMINED TO BE RESPONSIBLE.

FORM 990, PART VI, SECTION B, LINE 11B:

CHAI'S ASSOCIATE DIRECTOR OF ACCOUNTING COLLECTS AND CONSOLIDATES INFORMATION AFTER THE ANNUAL STATUTORY AUDIT IS COMPLETE. THE RETURN IS PREPARED BY AN EXTERNAL TAX ADVISOR. CHAI'S INTERNATIONAL CONTROLLER & THREE 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:

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

THE COMPENSATION OF THE CEO, OTHER OFFICERS AND SENIOR MANAGEMENT IS DETERMINED BY REVIEWING INFORMATION CONCERNING COMPARABLE SALARY LEVELS FOR COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. THE CEO & CFO WERE BOTH RECRUITED IN 2020 UTILIZING A COMPETITIVE RECRUITMENT PROCESS LED BY AN INDEPENDENT EXECUTIVE SEARCH FIRM. THEIR COMPENSATION LEVELS WERE DETERMINED IN CONJUNCTION WITH THE SEARCH FIRM'S RECOMMENDATIONS OF COMPARABLE MARKET COMPENSATION, WHICH IS COMPARABLE TO THEIR POSITIONS. THE BOARD OF DIRECTORS REVIEWED THE PROPOSED COMPENSATION LEVELS AND APPROVED THE OFFERS ON THAT BASIS.

THE CEO REFERENCED ABOVE LEFT CHAI IN JULY 2021. SINCE THEN, JOY PHUMAPHI & ANN VENEMAN, WHO ARE BOTH SERVING AS BOARD MEMBERS, WERE APPOINTED AS INTERIM CO-CEOS. CHAI IS CURRENTLY WORKING WITH A SEARCH FIRM TO RECRUIT A CEO.

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

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

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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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 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 \$75.1 MILLION (OTHER SALARIES AND WAGES), \$67.9 MILLION (90.4 PERCENT) ARE DIRECTLY RELATED TO CARRYING OUT PROGRAMS TO SAVE LIVES; \$6.8 MILLION (9.1 PERCENT) ARE FOR GENERAL MANAGEMENT AND \$343K THOUSAND (0.5 PERCENT) ARE 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 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

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

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	12,415,611.	3,697,715.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE 3RD FLOOR, TIMAU PLAZA, ARGWINGS KODHEK RD. NAIROBI, KENYA	HEALTH	KENYA	7,465,079.	83,617.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE MAQALIKA, DR. PHORORO'S RESIDENCE MASERU, LESOTHO	HEALTH	LESOTHO	780,619.	32,596.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316363, 7, GANGES STREET, MAITAMA DISTRICT ABUJA, NIGERIA	HEALTH	NIGERIA	21,766,675.	388,926.	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.

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

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	7,913,202.	649,777.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316357, MBABANE OFFICE PARK, BUILDING 1, 3RD FL., MBABANE, ESWATINI, SWAZILAND	HEALTH	SWAZILAND	1,006,899.	1,879.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE-BOTSWANA N/A	HEALTH	BOTSWANA	0.	335.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE RDC DE LA PAIX, GAL. PRES APP 22 NO. 1 KINSHASA, DEMOCRATIC REPUBLIC OF THE CONGO,	HEALTH	CONGO (KINSHASA)	908,411.	37,677.	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	30,290.	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
CLINTON HEALTH ACCESS INITIATIVE - GHANA NO. 5 FINCHLEY COURT AJIRIGANOR, ACCRA, GHANA	HEALTH	GHANA	746,810.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - UK C/O CHAI, 383 DORCHESTER AVENUE, #400 BOSTON, MA 02127	HEALTH	UNITED KINGDOM	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE INDIA PRIVATE LIMITED COMPANY, HOUSE NO. E7/83, ARERA COLONY, BHOPAL, INDIA	HEALTH	INDIA	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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(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 AND ADDRESS OF DISREGARDED ENTITY:

CLINTON HEALTH ACCESS INITIATIVE RDC

DE LA PAIX, GAL. PRES APP 22 NO. 1

KINSHASA, DEMOCRATIC REPUBLIC OF THE CONGO, CONGO (KINSHASA)

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