

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)

**2021**

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

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CLINTON HEALTH ACCESS INITIATIVE, INC.</b>		<b>D</b> Employer identification number <b>27-1414646</b>
	Doing business as		<b>E</b> Telephone number <b>617-774-0110</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>383 DORCHESTER AVENUE</b>	<b>400</b>	<b>G</b> Gross receipts \$ <b>229,105,588.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02127</b>		
<b>F</b> Name and address of principal officer: <b>DR. NEIL SHAH</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

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

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

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

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>345</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>73</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 197,783,983.	<b>Current Year</b> 220,310,106.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	264,237.	61,364.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,034.	63,329.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	198,087,254.	220,434,799.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,322,697.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		106,523,740.	111,564,495.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		29,040.	31,680.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>714,647.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		65,796,068.	77,016,086.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		198,671,545.	217,818,438.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-584,291.	2,616,361.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 116,560,796.	<b>End of Year</b> 132,736,927.
	<b>21</b> Total liabilities (Part X, line 26)	106,359,424.	119,919,194.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	10,201,372.	12,817,733.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	DR. NEIL SHAH, CHIEF EXECUTIVE OFFICER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CRAIG KLEIN</b>	Preparer's signature <b>CRAIG KLEIN</b>	Date <b>11/11/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00734640</b>
	Firm's name ▶ <b>CBIZ MHM, LLC</b>	Firm's EIN ▶ <b>26-3753134</b>	Phone no. <b>617-761-0600</b>		
Firm's address ▶ <b>500 BOYLSTON STREET</b> <b>BOSTON, MA 02116</b>					

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FOR 20 YEARS, CHAI'S MISSION HAS BEEN 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 PRIVATE SECTOR 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 \$ 107,339,567. including grants of \$ 17,869,757. ) (Revenue \$ ) OUR PROGRAMS AIM TO SAVE LIVES AND REDUCE THE BURDEN OF DISEASE, WHILE HELPING GOVERNMENTS CREATE SUSTAINABLE HEALTH SYSTEMS. WE OPERATE IN OVER 35 COUNTRIES WITH 20 PROGRAMS ACROSS FOUR HEALTH AREAS. THE VAST MAJORITY OF OUR STAFF ARE LOCATED IN THE COUNTRIES WHERE WE WORK, OVERSEEING IMPLEMENTATION AND MANAGING RELATIONSHIPS WITH PARTNER GOVERNMENTS. THE TEAMS ON THE GROUND ARE COMPLEMENTED BY A GLOBAL TEAM OF SCIENCE, BUSINESS, AND TECHNICAL EXPERTS SUPPORTING THE ENTIRE ORGANIZATION AND BY MANAGEMENT, FINANCE, AND HUMAN RESOURCE TEAMS.

INFECTIOUS DISEASES: SEE SCHEDULE O FOR CONTINUATION

4b (Code: ) (Expenses \$ 44,925,270. including grants of \$ 6,729,529. ) (Revenue \$ ) WOMEN & CHILDREN'S HEALTH: SEE SCHEDULE O FOR CONTINUATION

4c (Code: ) (Expenses \$ 21,801,276. including grants of \$ 1,143,671. ) (Revenue \$ ) NON-COMMUNICABLE DISEASES: SEE SCHEDULE O FOR CONTINUATION

4d Other program services (Describe on Schedule O.) (Expenses \$ 27,738,059. including grants of \$ 3,463,220. ) (Revenue \$ )

4e Total program service expenses 201,804,172.

Part IV Checklist of Required Schedules

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

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

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

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

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

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	13		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	X	
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 (UNTIL 6/21)	40.00 0.00			X				641,690.	0.	617.
(2) IRA MAGAZINER SPECIAL ADVISOR	40.00 0.00				X			428,176.	0.	39,452.
(3) RASHA HIBRI CHIEF FINANCIAL OFFICER	40.00 0.00			X				380,000.	0.	16,195.
(4) DAVID RIPIN EVP, INFECTIOUS DISEASES/CHIEF SCIEN	40.00 0.00				X			332,515.	0.	50,624.
(5) KELLY MCCRYSTAL CHIEF STRATEGY OFFICER/EVP	40.00 0.00				X			332,723.	0.	22,605.
(6) ALICE KANG'ETHE CHIEF OPERATING OFFICER	40.00 0.00			X				301,092.	0.	6,415.
(7) YOUNG (JOSHUA) CHU EVP, GLOBAL VACCINES & CANCER	40.00 0.00				X			263,888.	0.	8,463.
(8) OWENS WIWA EVP, GLOBAL RESOURCES	40.00 0.00				X			257,335.	0.	11,283.
(9) ALAN STAPLE VP, GLOBAL MARKETS	40.00 0.00					X		213,653.	0.	33,477.
(10) JUSTIN COHEN VP, GLOBAL MALARIA	40.00 0.00					X		210,009.	0.	35,531.
(11) GERALD MACHARIA VP, EAST & SOUTHERN AFRICA/COUNTRY	40.00 0.00				X			219,535.	0.	8,463.
(12) ZACHARY KATZ VP, ESSENTIAL MEDICINES	40.00 0.00					X		222,505.	0.	1,600.
(13) YIGEREMU ABEBE ASEMERIE VP, COUNTRY DIRECTOR, ETHIOPIA	40.00 0.00					X		188,467.	0.	3,225.
(14) PALESA MOHASOA FMR INTERIM CFO/CRNT INTL CONTROLLER	40.00 0.00						X	164,242.	0.	21,994.
(15) JEAN KASEYA SENIOR COUNTRY DIRECTOR, DRC	40.00 0.00					X		175,749.	0.	8,463.
(16) MPHU RAMATLAPENG EVP, IMPLEMENTATION	40.00 0.00				X			167,978.	0.	8,463.
(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ROBERT W. SELANDER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								4,499,557.	0.	276,870.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,499,557.	0.	276,870.

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 **169**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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	850,787.
MENDIETA Y ASOCIADOS, S.A., COL. LOMAS DEL GUIJARRO, AVE. REPUBLICA DOMINICANA, ED.	PROFESSIONAL HEALTHCARE SERVICES	212,399.
ACCELERATED HEALTH SOLUTION, SUITE B10, TSWANYA CENTRE, MOHAMMADU, BUHARI WAY,	PROFESSIONAL HEALTHCARE SERVICES	207,111.
CHILDFUND PAPUA NEW GUINEA, PO BOX 671, GORDONS, PORT MORESBY, PAPUA-NEW GUINEA	PROFESSIONAL HEALTHCARE SERVICES	177,755.
AFRIDA, PLOT 1675 B05, CADASTRAL ZONE, UTAKO, F.C.T ABUJA, NIGERIA	PROFESSIONAL HEALTHCARE SERVICES	145,708.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Alan Schwartz, Ann Veneman, Tachi Yamada, and Joy Phumaphi.

Total to Part VII, Section A, line 1c .....

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	89,620,971.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	130,689,135.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 8,662,629.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		220310106.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		149,437.		149,437.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				8,582,716.			
	<b>7 b</b>	Less: cost or other basis and sales expenses		8,670,789.			
	<b>7 c</b>	Gain or (loss)		-88,073.			
	<b>d</b>	Net gain or (loss)		-88,073.		-88,073.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>8 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MISC. REVENUE	900099	63,329.		63,329.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		63,329.			
<b>12</b>	<b>Total revenue.</b> See instructions		220434799.	0.	0.	124,693.	

**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	6,276,790.	6,276,790.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	22,929,387.	22,929,387.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,204,804.	1,732,582.	1,413,993.	58,229.
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	78,800,378.	70,876,698.	7,450,107.	473,573.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,821,463.	4,356,417.	439,348.	25,698.
9 Other employee benefits	19,840,781.	17,778,118.	2,003,868.	58,795.
10 Payroll taxes	4,897,069.	3,524,365.	1,343,925.	28,779.
11 Fees for services (nonemployees):				
a Management				
b Legal	875,965.	247,520.	622,134.	6,311.
c Accounting	922,675.	657,371.	265,304.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	31,680.			31,680.
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.)	10,113,799.	9,777,325.	334,268.	2,206.
12 Advertising and promotion				
13 Office expenses	4,293,531.	4,453,042.	-165,050.	5,539.
14 Information technology				
15 Royalties				
16 Occupancy	2,506,498.	1,982,939.	523,058.	501.
17 Travel	17,475,594.	17,338,974.	127,402.	9,218.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,519,024.	5,501,326.	17,698.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108,630.	20,228.	88,402.	
23 Insurance	263,107.	170,713.	92,056.	338.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b>	20,459,557.	20,377,769.	81,771.	17.
b <b>EQUIP RENTAL &amp; MAINT.</b>	10,116,500.	10,116,500.		
c <b>POSTAGE &amp; SHIPPING</b>	1,881,638.	1,678,210.	198,861.	4,567.
d <b>PRINTING &amp; PUBLICATIONS</b>	1,672,102.	1,200,691.	462,215.	9,196.
e All other expenses	807,466.	807,207.	259.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	217,818,438.	201,804,172.	15,299,619.	714,647.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	17,310,119.	<b>2</b>	14,615,257.
	<b>3</b> Pledges and grants receivable, net .....	3,381,471.	<b>3</b>	5,995,702.
	<b>4</b> Accounts receivable, net .....	1,222,518.	<b>4</b>	1,773,519.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,488,518.	<b>9</b>	1,765,326.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,892,111.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,647,058.	193,775.	<b>10c</b> 245,053.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	92,964,395.	<b>15</b>	108,342,070.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	116,560,796.	<b>16</b>	132,736,927.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,732,103.	<b>17</b>	13,851,867.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	92,627,321.	<b>19</b>	106,067,327.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	106,359,424.	<b>26</b>	119,919,194.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	9,864,298.	<b>27</b>	10,542,989.
	<b>28</b> Net assets with donor restrictions .....	337,074.	<b>28</b>	2,274,744.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	10,201,372.	<b>32</b>	12,817,733.
	<b>33</b> Total liabilities and net assets/fund balances .....	116,560,796.	<b>33</b>	132,736,927.

**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	220,434,799.
2	Total expenses (must equal Part IX, column (A), line 25)	2	217,818,438.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,616,361.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,201,372.
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	12,817,733.

**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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	127234079	175296053	189199931	197783983	220310106	909824152
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	127234079	175296053	189199931	197783983	220310106	909824152
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						579135842
<b>6 Public support.</b> Subtract line 5 from line 4.						330688310

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	127234079	175296053	189199931	197783983	220310106	909824152
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	55,337.	668,503.	1217068.	321,178.	149,437.	2411523.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	111,878.	18,994.	82,382.	39,034.	63,329.	315,617.
<b>11 Total support.</b> Add lines 7 through 10						912551292
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	36.24 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	35.76 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on 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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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	<b>Total annual distributions.</b> 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>69,829,797.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>12,430,242.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>42,339,573.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>7,772,683.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>13,122,829.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>8,662,629.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>6,479,258.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>8,644,535.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>5,159,962.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>6,491,084.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	VARIOUS STOCK _____ _____ _____	\$ <u>8,662,629.</u>	<u>12/31/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

(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

2021

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.

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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.	466,638.	0.
d Equipment		2,425,473.	2,180,420.	245,053.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				245,053.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE FOR PROGRAMMATIC PURPOSES	108,342,070.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	108,342,070.

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	222,053,237.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,618,438.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,618,438.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	220,434,799.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	220,434,799.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	219,436,876.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,618,438.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,618,438.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	217,818,438.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	217,818,438.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE FILING OF THE RELATED RETURN. CHAI'S FOREIGN TAX RETURNS ARE SUBJECT TO EXAMINATION BY LOCAL GOVERNMENT AUTHORITIES UNDER APPLICABLE LOCAL LAW. CHAI IS NOT AWARE OF ANY MATERIAL PENDING TAX ISSUES WITH U.S. OR OTHER AUTHORITIES THAT WOULD IMPACT RECORDED AMOUNTS IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS	HEALTH	1,315,968.
EAST ASIA AND THE PACIFIC	0	0	GRANTS	HEALTH	871,235.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS	HEALTH	1,719,768.
NORTH AMERICA	0	0	GRANTS	HEALTH	54,122.
SOUTH ASIA	0	0	GRANTS	HEALTH	6,869,787.
SUB-SAHARAN AFRICA	0	0	GRANTS	HEALTH	11,887,735.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS	HEALTH	244,405.
CENTRAL AMERICA AND THE CARIBBEAN	4	39	PROGRAM SERVICES	HEALTH	5,879,230.
<b>3 a Subtotal</b> .....	4	39			28,842,250.
<b>b Total from continuation sheets to Part I</b> .....	30	1477			166,718,766.
<b>c Totals</b> (add lines 3a and 3b) .....	34	1516			195,561,016.

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Schedule F (Form 990) 2021



**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
EAST ASIA AND THE PACIFIC	7	203	PROGRAM SERVICES	HEALTH	10,241,068.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	35	PROGRAM SERVICES	HEALTH	2,567,113.
NORTH AMERICA	0	13	PROGRAM SERVICES	HEALTH	202,364.
SOUTH ASIA	1	254	PROGRAM SERVICES	HEALTH	12,175,183.
SUB-SAHARAN AFRICA	22	972	PROGRAM SERVICES	HEALTH	141,533,038.
<b>Totals</b> .....	30	1477			166,718,766.

**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	1939389.		0.		
		SUB-SAHARAN AFRICA	HEALTH	1266885.		0.		
		SUB-SAHARAN AFRICA	HEALTH	1030541.		0.		
		SUB-SAHARAN AFRICA	HEALTH	773,253.		0.		
		SUB-SAHARAN AFRICA	HEALTH	712,566.		0.		
		SUB-SAHARAN AFRICA	HEALTH	500,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	405,285.		0.		
		SUB-SAHARAN AFRICA	HEALTH	355,980.		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 219

**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	299,286.		0.		
		SUB-SAHARAN AFRICA	HEALTH	271,121.		0.		
		SUB-SAHARAN AFRICA	HEALTH	239,746.		0.		
		SUB-SAHARAN AFRICA	HEALTH	208,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	155,835.		0.		
		SUB-SAHARAN AFRICA	HEALTH	139,943.		0.		
		SUB-SAHARAN AFRICA	HEALTH	117,894.		0.		
		SUB-SAHARAN AFRICA	HEALTH	113,253.		0.		
		SUB-SAHARAN AFRICA	HEALTH	105,914.		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	104,624.		0.		
			SUB-SAHARAN AFRICA	HEALTH	96,805.		0.		
			SUB-SAHARAN AFRICA	HEALTH	89,552.		0.		
			SUB-SAHARAN AFRICA	HEALTH	89,409.		0.		
			SUB-SAHARAN AFRICA	HEALTH	82,641.		0.		
			SUB-SAHARAN AFRICA	HEALTH	75,774.		0.		
			SUB-SAHARAN AFRICA	HEALTH	72,826.		0.		
			SUB-SAHARAN AFRICA	HEALTH	70,249.		0.		
			SUB-SAHARAN AFRICA	HEALTH	65,617.		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	64,850.		0.		
		SUB-SAHARAN AFRICA	HEALTH	64,789.		0.		
		SUB-SAHARAN AFRICA	HEALTH	59,169.		0.		
		SUB-SAHARAN AFRICA	HEALTH	58,592.		0.		
		SUB-SAHARAN AFRICA	HEALTH	57,509.		0.		
		SUB-SAHARAN AFRICA	HEALTH	56,119.		0.		
		SUB-SAHARAN AFRICA	HEALTH	51,594.		0.		
		SUB-SAHARAN AFRICA	HEALTH	50,538.		0.		
		SUB-SAHARAN AFRICA	HEALTH	49,834.		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	46,883.		0.		
		SUB-SAHARAN AFRICA	HEALTH	45,169.		0.		
		SUB-SAHARAN AFRICA	HEALTH	44,970.		0.		
		SUB-SAHARAN AFRICA	HEALTH	44,173.		0.		
		SUB-SAHARAN AFRICA	HEALTH	42,518.		0.		
		SUB-SAHARAN AFRICA	HEALTH	39,988.		0.		
		SUB-SAHARAN AFRICA	HEALTH	38,026.		0.		
		SUB-SAHARAN AFRICA	HEALTH	37,536.		0.		
		SUB-SAHARAN AFRICA	HEALTH	36,497.		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	34,977.		0.		
		SUB-SAHARAN AFRICA	HEALTH	32,468.		0.		
		SUB-SAHARAN AFRICA	HEALTH	31,401.		0.		
		SUB-SAHARAN AFRICA	HEALTH	31,400.		0.		
		SUB-SAHARAN AFRICA	HEALTH	30,879.		0.		
		SUB-SAHARAN AFRICA	HEALTH	29,873.		0.		
		SUB-SAHARAN AFRICA	HEALTH	27,059.		0.		
		SUB-SAHARAN AFRICA	HEALTH	26,966.		0.		
		SUB-SAHARAN AFRICA	HEALTH	26,418.		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	25,379.		0.		
		SUB-SAHARAN AFRICA	HEALTH	25,027.		0.		
		SUB-SAHARAN AFRICA	HEALTH	24,221.		0.		
		SUB-SAHARAN AFRICA	HEALTH	24,148.		0.		
		SUB-SAHARAN AFRICA	HEALTH	23,880.		0.		
		SUB-SAHARAN AFRICA	HEALTH	23,646.		0.		
		SUB-SAHARAN AFRICA	HEALTH	23,527.		0.		
		SUB-SAHARAN AFRICA	HEALTH	23,286.		0.		
		SUB-SAHARAN AFRICA	HEALTH	22,292.		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	21,744.		0.		
		SUB-SAHARAN AFRICA	HEALTH	21,028.		0.		
		SUB-SAHARAN AFRICA	HEALTH	20,824.		0.		
		SUB-SAHARAN AFRICA	HEALTH	20,100.		0.		
		SUB-SAHARAN AFRICA	HEALTH	19,738.		0.		
		SUB-SAHARAN AFRICA	HEALTH	19,277.		0.		
		SUB-SAHARAN AFRICA	HEALTH	18,709.		0.		
		SUB-SAHARAN AFRICA	HEALTH	18,526.		0.		
		SUB-SAHARAN AFRICA	HEALTH	18,414.		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	18,366.		0.		
		SUB-SAHARAN AFRICA	HEALTH	17,924.		0.		
		SUB-SAHARAN AFRICA	HEALTH	17,850.		0.		
		SUB-SAHARAN AFRICA	HEALTH	17,825.		0.		
		SUB-SAHARAN AFRICA	HEALTH	17,380.		0.		
		SUB-SAHARAN AFRICA	HEALTH	17,102.		0.		
		SUB-SAHARAN AFRICA	HEALTH	16,992.		0.		
		SUB-SAHARAN AFRICA	HEALTH	16,473.		0.		
		SUB-SAHARAN AFRICA	HEALTH	16,300.		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	16,122.		0.		
		SUB-SAHARAN AFRICA	HEALTH	15,813.		0.		
		SUB-SAHARAN AFRICA	HEALTH	15,695.		0.		
		SUB-SAHARAN AFRICA	HEALTH	15,098.		0.		
		SUB-SAHARAN AFRICA	HEALTH	15,020.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,930.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,809.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,562.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,292.		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	13,801.		0.		
		SUB-SAHARAN AFRICA	HEALTH	13,761.		0.		
		SUB-SAHARAN AFRICA	HEALTH	13,635.		0.		
		SUB-SAHARAN AFRICA	HEALTH	13,449.		0.		
		SUB-SAHARAN AFRICA	HEALTH	13,118.		0.		
		SUB-SAHARAN AFRICA	HEALTH	13,093.		0.		
		SUB-SAHARAN AFRICA	HEALTH	12,371.		0.		
		SUB-SAHARAN AFRICA	HEALTH	12,164.		0.		
		SUB-SAHARAN AFRICA	HEALTH	12,086.		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	12,047.		0.		
		SUB-SAHARAN AFRICA	HEALTH	12,042.		0.		
		SUB-SAHARAN AFRICA	HEALTH	11,266.		0.		
		SUB-SAHARAN AFRICA	HEALTH	10,549.		0.		
		SUB-SAHARAN AFRICA	HEALTH	10,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	10,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,597.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,451.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,376.		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	9,245.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,175.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,748.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,121.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,619.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,517.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,440.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,349.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,317.		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	7,228.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,146.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,117.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,094.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,006.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,804.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,800.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,607.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,528.		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	6,510.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,500.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,491.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,398.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,323.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,292.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,242.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,240.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,022.		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	5,956.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,857.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,818.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,810.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,785.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,746.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,595.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,530.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,475.		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	5,322.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,280.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,245.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,025.		0.		
		SOUTH ASIA	HEALTH	1381257.		0.		
		SOUTH ASIA	HEALTH	1200000.		0.		
		SOUTH ASIA	HEALTH	895,232.		0.		
		SOUTH ASIA	HEALTH	778,799.		0.		
		SOUTH ASIA	HEALTH	687,300.		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	352,250.		0.		
		SOUTH ASIA	HEALTH	322,383.		0.		
		SOUTH ASIA	HEALTH	244,336.		0.		
		SOUTH ASIA	HEALTH	207,000.		0.		
		SOUTH ASIA	HEALTH	180,412.		0.		
		SOUTH ASIA	HEALTH	147,708.		0.		
		SOUTH ASIA	HEALTH	129,990.		0.		
		SOUTH ASIA	HEALTH	98,096.		0.		
		SOUTH ASIA	HEALTH	52,607.		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	46,932.		0.		
			SOUTH ASIA	HEALTH	46,211.		0.		
			SOUTH ASIA	HEALTH	33,621.		0.		
			SOUTH ASIA	HEALTH	25,406.		0.		
			SOUTH ASIA	HEALTH	6,713.		0.		
			SOUTH ASIA	HEALTH	33,531.		0.		
			CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	420,140.		0.		
			CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	373,759.		0.		
			CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	332,863.		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	133,881.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	25,300.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	18,025.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	12,000.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	246,190.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	50,878.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	50,102.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	45,446.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	41,298.		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	40,141.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	34,650.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	33,531.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	30,955.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	27,768.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	27,231.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	24,723.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	24,169.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	21,096.		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	18,741.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	16,981.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	16,620.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	15,901.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	14,000.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	12,328.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	10,457.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	9,910.		0.		
			EAST ASIA AND THE PACIFIC	HEALTH	9,257.		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	9,210.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	8,947.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	7,885.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	6,500.		0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH	151,100.		0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH	93,305.		0.		
		NORTH AMERICA	HEALTH	45,000.		0.		
		NORTH AMERICA	HEALTH	9,122.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	659,000.		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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	332,248.	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	324,697.	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	126,894.	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	72,730.	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	44,000.	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	38,375.	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	26,040.	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	20,613.	0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	19,620.	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	15,300.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	13,975.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	9,200.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	5,466.		0.		

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

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 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.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**CLINTON HEALTH ACCESS INITIATIVE, INC.**

Employer identification number

**27-1414646**

**Part I**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE HELEN BROWN GROUP LLC - 48 SUMMER ST., SUITE 2,	RESEARCH		X	25,000.	31,680.	0.
<b>Total</b>				25,000.	31,680.	

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

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

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

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

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

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

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**CLINTON HEALTH ACCESS INITIATIVE, INC.**

Employer identification number  
**27-1414646**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ELIZABETH GLAZER PEDIATRIC AIDS FOUNDATION DBA EGPAF - 1140 CONNECTICUT AVE., NW, SUITE 200 - WASHINGTON, DC 20036	95-4191698	501(C)(3)	1,543,717.	0.			HEALTH
PATH 2201 WESTLAKE AVENUE SEATTLE, WA 98121	91-1157127	501(C)(3)	693,457.	0.			HEALTH
PARTNERS IN HEALTH 800 BOYLSTON STREET, SUITE 300 BOSTON, MA 02199	04-3567502	501(C)(3)	589,967.	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)	540,704.	0.			HEALTH
JOHNS HOPKINS UNIVERSITY JOHNS HOPKINS UNIVERSITY CENTRAL, LOCKBOX 12529, COLLECTIONS CENTER DRIVE -	23-7424444	501(C)(3)	410,942.	0.			HEALTH
ZS ASSOCIATES, INC. ONE ROTARY CENTER, 1560 SHERMAN AVENUE, SUITE 800 - EVANSTON, IL 60201	36-3249852		330,800.	0.			HEALTH

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **19.**

**3** Enter total number of other organizations listed in the line 1 table **20.**

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

Schedule I (Form 990) 2021

**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
TERRAFRAME, INC PO BOX 7597 BROOMFIELD, CO 80021	02-0509254		250,532.	0.			HEALTH
POPULATION SERVICES INTERNATIONAL 1120 19TH STREET NW, SUITE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	224,960.	0.			HEALTH
TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK CITY, NY 10087	13-5598093	501(C)(3)	175,449.	0.			HEALTH
ONA SYSTEMS INC. 126 E 12TH ST., SUITE 4A NEW YORK, NY 10003-5320	38-3940780		153,878.	0.			HEALTH
AKROS INC. 3350 LAZERA RANJ ROAD CHEYENNE, WY 82007	26-3668995		145,820.	0.			HEALTH
VITAL WAVE, INC. 555 BRYANT STREET #226 PALO ALTO, CA 94301	20-3208079		115,912.	0.			HEALTH
GREENWORKS, LLC DBA GREENWORKS 3733 WARREN STREET, NW WASHINGTON, DC 20016	80-0672849		105,410.	0.			HEALTH
LAST MILE HEALTH, A NON-PROFIT CORPORATION - PO BOX 130122 - BOSTON, MA 02113	26-1401736	501(C)(3)	104,500.	0.			HEALTH
GEORGETOWN UNIVERSITY 600 NEW JERSEY AVE. NW WASHINGTON, DC 20001	53-0196603	501(C)(3)	102,439.	0.			HEALTH

**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
ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND DBA TULANE UNIVERSITY - 6823 ST. CHARLES AVENUE - NEW ORLEANS, LA 70123	72-0423889	501(C)(3)	97,366.	0.			HEALTH
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	92,500.	0.			HEALTH
NOVARE CORPORATION, INC. 200 WASHINGTON ST LIBERTYVILLE, IA 52567	86-2164483		82,091.	0.			HEALTH
THE ADMINSTRATORS OF TULANE 6823 ST. CHARLES AVENUE NEW ORLEANS, LA 70123	72-0423889	501(C)(3)	68,677.	0.			HEALTH
OPTION2 DBA EDGEX LLC EDGEDX LLC, 1830 EMBARCADERO 106 OAKLAND, CA 94606	81-2178029		59,800.	0.			HEALTH
MANN GLOBAL HEALTH, LLC 704 HAWKS LANDING DRIVE COLUMBUS, NC 28722	47-2218176		49,243.	0.			HEALTH
PRONTO INTERNATIONAL 5419 GREENWOOD AVE N SEATTLE, WA 98103	46-1318242	501(C)(3)	43,314.	0.			HEALTH
NORTH CAROLINA STATE UNIVERSITY OFFICE OF CONTRACTS AND GRANTS, CAMPUS BOX 7214 - RALEIGH, NC 27695-7214	56-6000756	501(C)(3)	40,778.	0.			HEALTH
COUPA SOFTWARE INS 1855 SOUTH GRANT STREET SAN MATEO, CA 94402	20-4429448		37,500.	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
PROJECT BALANCE, LLC PO BOX 12696 AUSTIN, TX 78711	81-0597772		34,916.	0.			HEALTH
ASSOCIATES FOR INTERNATIONAL RESEARCH, INC DBA AIRINC - 675 MASSACHUSETTS AVENUE, SUITE 2 - CAMBRIDGE, MA 02139	04-2174384		31,920.	0.			HEALTH
THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER DBA THE UNIVERSITY OF NEW ME - MSC09 5225	85-6000642	501(C)(3)	30,000.	0.			HEALTH
CARMINHATOS SOLUTIONS 1224 GLENVIEW CIR FAIRFIELD, IA 52556	64-3387641		25,750.	0.			HEALTH
SALLY E. FINDLEY 64 E. 94TH STREET, #1A NEW YORK, NY 10128	27-4466725		22,925.	0.			HEALTH
SAWTOOTH TECHNOLOGIES, INC. 1500 SKOKIE BLVD., SUITE 510 NORTHBROOK, IL 60062	36-4014817		20,000.	0.			HEALTH
MENINGITIS FOUNDATION 3321 E MINNEHAHA PARKWAY MINNEAPOLIS, MN 55417	82-4203898	501(C)(3)	16,320.	0.			HEALTH
NIVI, INC. 40 TALL PINE DRIVE, UNIT 11 SUDBURY, MA 01776	81-4277384		12,900.	0.			HEALTH
MUSO INC. 3254 19TH STREET, 2ND FLOOR SAN FRANCISCO, CA 94110	20-3171837	501(C)(3)	12,781.	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
SPARKS OF CHANGE LLC 4509 OAKLAND AVE MINNEAPOLIS, MN 55407	82-3709658	501(C)(3)	12,250.	0.			HEALTH
SWARMNYC LLC 333 HUDSON STREET, SUITE 201 NEW YORK CITY, NY 10013	46-3788689		10,000.	0.			HEALTH
REGENTS OF UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 2130 FULTON STREET - SAN FRANCISCO, CA 94117	94-6036493	501(C)(3)	9,564.	0.			HEALTH
TEKGLIDE, INC. 20110 LARAMIE RIVER TRAIL KATY, TX 77449	46-3907913		7,250.	0.			HEALTH
OPTIMAL LEADERSHIP LLC 3621 WEST SLAUGHTER LANE, APT. 9210 AUSTIN, TX 78749	85-1372178		6,201.	0.			HEALTH
ADVARRA, INC. 6940 COLUMBIA GATEWAY DRIVE, SUITE COLUMBIA, MD 21046	31-1358981		6,100.	0.			HEALTH

**Part III**

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

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

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

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](http://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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021



**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 and/or 1099-NEC 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 (UNTIL 6/21)	(i) 270,690.	0.	371,000.	0.	617.	642,307.	0.
(ii) CHIEF EXECUTIVE OFFICER (UNTIL 6/21)	0.	0.	0.	0.	0.	0.	0.
(2) IRA MAGAZINER SPECIAL ADVISOR	(i) 428,176.	0.	0.	13,093.	26,359.	467,628.	0.
(ii) SPECIAL ADVISOR	0.	0.	0.	0.	0.	0.	0.
(3) RASHA HIBRI CHIEF FINANCIAL OFFICER	(i) 380,000.	0.	0.	0.	16,195.	396,195.	0.
(ii) CHIEF FINANCIAL OFFICER	0.	0.	0.	0.	0.	0.	0.
(4) DAVID RIPIN EVP, INFECTIOUS DISEASES/CHIEF SCIENTIST	(i) 332,515.	0.	0.	17,004.	33,620.	383,139.	0.
(ii) EVP, INFECTIOUS DISEASES/CHIEF SCIENTIST	0.	0.	0.	0.	0.	0.	0.
(5) KELLY MCCRYSTAL CHIEF STRATEGY OFFICER/EVP	(i) 332,723.	0.	0.	17,400.	5,205.	355,328.	0.
(ii) CHIEF STRATEGY OFFICER/EVP	0.	0.	0.	0.	0.	0.	0.
(6) ALICE KANG'ETHE CHIEF OPERATING OFFICER	(i) 301,092.	0.	0.	0.	6,415.	307,507.	0.
(ii) CHIEF OPERATING OFFICER	0.	0.	0.	0.	0.	0.	0.
(7) YOUNG (JOSHUA) CHU EVP, GLOBAL VACCINES & CANCER	(i) 263,888.	0.	0.	0.	8,463.	272,351.	0.
(ii) EVP, GLOBAL VACCINES & CANCER	0.	0.	0.	0.	0.	0.	0.
(8) OWENS WIWA EVP, GLOBAL RESOURCES	(i) 257,335.	0.	0.	0.	11,283.	268,618.	0.
(ii) EVP, GLOBAL RESOURCES	0.	0.	0.	0.	0.	0.	0.
(9) ALAN STAPLE VP, GLOBAL MARKETS	(i) 213,653.	0.	0.	7,118.	26,359.	247,130.	0.
(ii) VP, GLOBAL MARKETS	0.	0.	0.	0.	0.	0.	0.
(10) JUSTIN COHEN VP, GLOBAL MALARIA	(i) 210,009.	0.	0.	9,172.	26,359.	245,540.	0.
(ii) VP, GLOBAL MALARIA	0.	0.	0.	0.	0.	0.	0.
(11) GERALD MACHARIA VP, EAST & SOUTHERN AFRICA/COUNTRY	(i) 219,535.	0.	0.	0.	8,463.	227,998.	0.
(ii) VP, EAST & SOUTHERN AFRICA/COUNTRY	0.	0.	0.	0.	0.	0.	0.
(12) ZACHARY KATZ VP, ESSENTIAL MEDICINES	(i) 222,505.	0.	0.	0.	1,600.	224,105.	0.
(ii) VP, ESSENTIAL MEDICINES	0.	0.	0.	0.	0.	0.	0.
(13) YIGEREMU ABEBE ASEMERIE VP, COUNTRY DIRECTOR, ETHIOPIA	(i) 188,467.	0.	0.	0.	3,225.	191,692.	0.
(ii) VP, COUNTRY DIRECTOR, ETHIOPIA	0.	0.	0.	0.	0.	0.	0.
(14) PALESA MOHASOA FMR INTERIM CFO/CRNT INTL CONTROLLER	(i) 164,242.	0.	0.	9,705.	12,289.	186,236.	0.
(ii) FMR INTERIM CFO/CRNT INTL CONTROLLER	0.	0.	0.	0.	0.	0.	0.
(15) JEAN KASEYA SENIOR COUNTRY DIRECTOR, DRC	(i) 175,749.	0.	0.	0.	8,463.	184,212.	0.
(ii) SENIOR COUNTRY DIRECTOR, DRC	0.	0.	0.	0.	0.	0.	0.
(16) MPHU RAMATLAPENG EVP, IMPLEMENTATION	(i) 167,978.	0.	0.	0.	8,463.	176,441.	0.
(ii) EVP, IMPLEMENTATION	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2021

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 RELOCATION ALLOWANCE PAYMENTS IN ORDER TO ENSURE THAT THE EMPLOYEE RECEIVES THE FULL BENEFIT OF THE ALLOWANCE, WITHOUT THE IMPACT OF TAXATION.

PART I, LINE 4A:

DR. IAIN BARTON, CHIEF EXECUTIVE OFFICER UNTIL JULY 2021, RECEIVED SEVERANCE IN THE AMOUNT OF \$371,000 IN 2021.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	8,662,629.	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**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 INFECTIOUS DISEASES SUCH AS COVID-19, MALARIA, TUBERCULOSIS, AND HEPATITIS; ADDRESS NON-COMMUNICABLE DISEASES SUCH AS CANCER, DIABETES, AND HYPERTENSION; IMPACT WOMEN'S AND CHILDRENS HEALTH BY ACCELERATING THE ROLLOUT OF LIFESAVING VACCINES, REDUCING MATERNAL, INFANT, AND CHILD MORTALITY, COMBATING CHRONIC MALNUTRITION, AND INCREASING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES. CHAI IS ALSO WORKING TO INCREASE ACCESS TO ASSISTIVE TECHNOLOGY, ADDRESS CLIMATE CHANGE IN OUR WORK, AND STRENGTHEN HEALTH SYSTEMS. WE OPERATE IN OVER 35 COUNTRIES AROUND THE WORLD AND MORE THAN 135 COUNTRIES HAVE ACCESS TO CHAI-NEGOTIATED DEALS ON MEDICATIONS, DIAGNOSTICS, VACCINES, AND OTHER HEALTH TOOLS.

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

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## 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 1,737 PEOPLE AROUND THE GLOBE.

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

INFECTIOUS DISEASES: 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.

EARLY ON, THE PANDEMIC BROUGHT MANY HEALTH SYSTEMS TO THEIR KNEES, AND IT CONTINUES TO EXPOSE AND EXACERBATE INEQUITIES THAT ALREADY EXISTED BETWEEN COUNTRIES, PEOPLE, AND ACCESS TO BASIC HEALTH SERVICES. IN 2021, CHAI CONTINUED TO PLAY A LEADING ROLE GLOBALLY AND IN COUNTRIES TO GUIDE A RAPID RESPONSE TO COVID-19.

AT THE GLOBAL LEVEL, CHAI WORKED WITH SUPPLIERS TO SECURE ALLOCATIONS OF COVID-19 ANTIGEN TESTS FOR LOW- AND MIDDLE-INCOME COUNTRIES AT AFFORDABLE PRICES OF LESS THAN US\$3.50 AND ENABLE CATALYTIC DONATION OF THE TEST KITS TO OVER 15 HIGH-BURDEN COUNTRIES. ADDITIONALLY, WE SUPPORTED THE DEVELOPMENT OF TESTING GUIDANCE AND TOOLS, PROVIDED INPUT ON TESTING TECHNOLOGIES, AND SHARED LESSONS FROM OUR IMPLEMENTATION EXPERIENCE TO INFORM INVESTMENTS OF VARIOUS PARTNERS, INCLUDING THE WHO-LED DIAGNOSTICS SUPPLY CONSORTIUM, THE ACT-ACCELERATOR FOR DIAGNOSTICS, THE AFRICA CDC-LED PARTNERSHIP TO ACCELERATE COVID-19 TESTING (PACT) INITIATIVE, AND THE GLOBAL FUND. IN COUNTRIES, CHAI CATALYZED THE INTRODUCTION AND SCALEUP OF COVID-19 TESTING SERVICES BY ESTABLISHING KEY ENABLING CONDITIONS SECURING MINISTRY OF HEALTH

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

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27-1414646

BUY-IN, UPDATING POLICIES AND STRATEGIES, ESTABLISHING SUPPLY CHAINS, AND TRAINING. WE EXPANDED COVID-19 TESTING CAPACITY AND HELPED BUILD A DIAGNOSTICS NETWORK THAT MAXIMIZES TESTING COVERAGE AND REFERRAL TO CARE. TAKEN TOGETHER, CHAI'S GLOBAL AND COUNTRY EFFORTS CATALYZED THE PROCUREMENT OF MORE THAN 31.9 MILLION ANTIGEN TESTS, PLAYING A CRITICAL ROLE IN EFFORTS TO COMBAT THE PANDEMIC.

CHAI WAS FOUNDED TO SAVE THE LIVES OF MILLIONS OF PEOPLE LIVING WITH HIV/AIDS. TODAY OVER 21 MILLION PEOPLE LIVING WITH HIV ARE RECEIVING TREATMENT, MAKING IT A CHRONIC ILLNESS INSTEAD OF A DEATH SENTENCE. OVER 900,000 CHILDREN ARE RECEIVING TREATMENT, FROM LESS THAN 100,000 WHEN CHAI'S WORK BEGAN, AND THE COST OF MEDICATIONS HAS FALLEN SIGNIFICANTLY. BUILDING ON A HISTORIC LANDMARK PRICING AGREEMENT AND TENTATIVE APPROVAL OF PEDIATRIC DOLUTEGRAVIR (DTG) BY THE U.S. FOOD AND DRUG ADMINISTRATION, CHAI WORKED WITH MINISTRIES OF HEALTH IN 2021 TO ACHIEVE RAPID ADOPTION AND TRANSITION FROM LESS OPTIMAL PEDIATRIC REGIMENS.

IN ADDITION, CHAI'S EFFORTS TO TRACK AND TREAT MALARIA CASES, WITH THE GOAL OF ELIMINATION, HAS HELPED LEAD TO SIGNIFICANT DECLINES IN MALARIA PREVALENCE. CHAI HAS HELPED TO SIGNIFICANTLY REDUCE THE COSTS OF LIFESAVING TREATMENTS FOR TB AND HEPATITIS AND CONTINUES SUPPORT FOR SEVERAL COUNTRIES' PLANS TO RAPIDLY ELIMINATE HEPATITIS C.

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

WOMEN & CHILDREN'S HEALTH: WWOMEN AND CHILDREN SUFFER THE GREATEST BURDEN FROM DISEASE GLOBALLY. CHAI HAS SIGNIFICANTLY INCREASED ACCESS TO RECOMMENDED TREATMENTS FOR DIARRHEA AND PNEUMONIA, THE LARGEST

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

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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 WELLBEING.

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. CHAI IS HELPING GOVERNMENTS DECREASE CHRONIC MALNUTRITION THROUGH DEVELOPMENT OF LOCALLY BASED, FORTIFIED FOODS, IMPROVING NUTRITION PROGRAMS, AND REDUCING ANEMIA. IN RWANDA, FROM 2017 TO 2021, THIS WORK HAS RESULTED IN CHILDREN LIVING IN THE POOREST HOUSEHOLDS HAVING A 41 PERCENT REDUCTION IN THE ODDS OF BEING STUNTED AND A 33 PERCENT REDUCTION IN THE ODDS OF BEING UNDERWEIGHT. CHAI HAS ALSO SIGNIFICANTLY DECREASED THE COSTS OF LIFESAVING CHILDHOOD VACCINATIONS, IMPROVED VACCINE COLD CHAINS, LOGISTICS SYSTEMS, AND SERVICE DELIVERY TO INCREASE EFFECTIVE, AFFORDABLE IMMUNIZATION COVERAGE FOR ALL.



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

NON-COMMUNICABLE DISEASES: NON-COMMUNICABLE DISEASES (NCDS) SUCH AS HEART DISEASE, CANCER, CHRONIC RESPIRATORY DISEASE, AND DIABETES ARE THE LEADING CAUSE OF DEATH GLOBALLY, EXCEEDING ALL COMMUNICABLE DISEASE DEATHS COMBINED. DEATHS FROM NCDS IN LOW- AND MIDDLE-INCOME COUNTRIES ACCOUNT FOR AT LEAST 77 PERCENT OF ALL DEATHS GLOBALLY.

CHAI WORKS WITH THE AMERICAN CANCER SOCIETY AND OTHER PARTNERS TO LOWER THE COST OF LIFESAVING CHEMOTHERAPIES, INCREASE ACCESS TO DIAGNOSIS AND TREATMENT, AND HELP GOVERNMENTS DEVELOP PLANS TO COMPREHENSIVELY MANAGE CANCERS. CHAI'S WORK HAS HELPED LOWER THE COST OF TREATMENT FOR 30 CANCERS, INCLUDING BREAST CANCER THE MOST COMMONLY DIAGNOSED CANCER GLOBALLY WHICH IS EXPECTED TO GENERATE SAVINGS OF 60 PERCENT ON PURCHASED MEDICATIONS. CHAI ALSO SUPPORTS GLOBAL EFFORTS TO ELIMINATE CERVICAL CANCER BY HELPING TO SUBSTANTIALLY INCREASE THE NUMBER OF WOMEN SCREENED FOR PRECANCEROUS LESIONS AND APPROPRIATELY TREATED.

TO ADDRESS THE INCREASING PREVALENCE OF NCDS IN PARTNER COUNTRIES, CHAI IS WORKING WITH GOVERNMENTS TO INTEGRATE TESTING WHERE POSSIBLE. IN ESWATINI, 40 PERCENT OF ADULTS OVER 40 WHO ARE ON HIV TREATMENT ARE AT RISK OF CARDIOVASCULAR DISEASE, WHILE A QUARTER HAVE HYPERTENSION. WORKING WITH THE MINISTRY OF HEALTH, CHAI QUICKLY INTEGRATED NCD AND HIV SERVICES. SIMILARLY, IN CAMBODIA, WHERE THE PREVALANCE OF DIABETES IS HIGH, A PILOT PROGRAM WAS INTRODUCED TO PROVIDE ADULTS OVER 40 WITH DIABETES AND HYPERTENSION SCREENING WHILE THEY RECEIVED COVID-19 VACCINATIONS.

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

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ACHIEVING UNIVERSAL COVERAGE: CHAI'S FOUNDING MISSION AND ULTIMATE GOAL IS TO HELP COUNTRIES CREATE HIGH-QUALITY, SUSTAINABLE HEALTHCARE 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 \$ 19,815,756. INCLUDING GRANTS OF \$ 1,207,241. REVENUE \$ 0.

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

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

SEVERAL NEW PROGRAMS HAVE BEEN ADDED TO CHAI'S CROSS-CUTTING EXPERTS, INCLUDING CLIMATE CHANGE AND ASSISTIVE TECHNOLOGY. CHAI WORKS WITH GOVERNMENTS TO ASSESS HOW THEIR HEALTH SYSTEMS MUST ADAPT TO A CHANGING CLIMATE TO PROVIDE PEOPLE WITH THE HEALTHCARE THEY NEED. INTERNALLY, CHAI IS ALSO REVISING OUR OPERATIONS AND PROCEDURES TO BETTER SERVE THE CLIMATE. CHAI IS ALSO SUPPORTING GLOBAL STAKEHOLDERS AND COUNTRIES TOWARD A UNIFIED STRATEGY FOR BETTER ACCESS TO ASSISTIVE TECHNOLOGY. THIS INCLUDES PRODUCING MARKET ANALYSES ON RELEVANT PRODUCTS AND SERVICES (WHEELCHAIRS, HEARING DEVICES, PROSTHETICS, AND EYEGLASSES), AS WELL AS HELPING GOVERNMENTS CREATE SUSTAINABLE DEMAND FOR APPROPRIATE ASSISTIVE PRODUCTS.

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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EXPENSES \$ 5,524,951. INCLUDING GRANTS OF \$ 2,221,308. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 2,397,352. INCLUDING GRANTS OF \$ 34,671. 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, GHANA

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 LATE 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 THE GOVERNMENT TAXING AUTHORITIES IN 2018, 2019, 2020 AND PART OF 2021. CHAI HAS ACCRUED A LOSS OF \$832K FOR THIS AND IS ACTIVELY INVESTIGATING THE MATTER. MANAGEMENT IS

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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WORKING WITH THE GOVERNMENT AND WILL PAY ALL THE AGREED UPON AMOUNTS WHILE INVESTIGATING AND PURSUING THE RECOVERY OF SUCH AMOUNTS FROM THE CONTRACTORS AND/OR OTHER PARTIES THAT MY 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:

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. THEIR CURRENT COMPENSATION

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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LEVELS WERE DETERMINED IN CONJUNCTION WITH THE SEARCH FIRM'S RECOMMENDATIONS OF MARKET COMPENSATION WHICH IS COMPARABLE TO THEIR POSITIONS. THE BOARD OF DIRECTORS REVIEWED THE PROPOSED COMPENSATION LEVELS AND APPROVED THEM.

FROM JULY TO THE END OF YEAR 2021, JOY PHUMAPHI & ANN VENEMAN WHO WERE BOTH SERVING AS BOARD MEMBERS ALSO SERVED AS INTERIM CO-CEOS. CHAI, WORKING WITH A SEARCH FIRM APPOINTED THE NEW CEO IN JUNE 2022.

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

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

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

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

FORM 990, PART 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 \$78.8 MILLION (OTHER SALARIES AND WAGES), \$70.9 MILLION (89.9 PERCENT) ARE DIRECTLY RELATED TO CARRYING OUT PROGRAMS TO SAVE LIVES; \$7.5 MILLION (9.5 PERCENT) ARE FOR GENERAL MANAGEMENT AND \$474K THOUSAND (0.6 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

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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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 PROGRAM MANAGERS, AND COSTS TO COLLECT DATA IN THE FIELD TO MONITOR AND EVALUATE PROGRAM EFFECTIVENESS. AROUND 90 PERCENT OF CHAI'S FUNDING IS DEDICATED DIRECTLY TO PROGRAMS TO SAVE LIVES. IN ADDITION, CHAI HAS NEGOTIATED OVER 125 AGREEMENTS THAT HAVE DRAMATICALLY LOWERED THE PRICE AND INCREASED THE AVAILABILITY OF DRUGS, DIAGNOSTICS, VACCINES AND OTHER HEALTH PRODUCTS IN LOW-AND MIDDLE-INCOME COUNTRIES. THE TRAVEL ASSOCIATED WITH NEGOTIATIONS WITH COMPANIES AROUND THE WORLD TO NEGOTIATE THESE AGREEMENTS IS ALSO INCLUDED IN THIS CATEGORY.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2021**

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	17,281,822.	2,057,768.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE 3RD FLOOR, TIMAU PLAZA, ARGWINGS KODHEK RD. NAIROBI, KENYA	HEALTH	KENYA	9,659,247.	69,577.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE MAQALIKA, DR. PHORORO'S RESIDENCE MASERU, LESOTHO	HEALTH	LESOTHO	1,090,293.	51,539.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316363, 7, GANGES STREET, MAITAMA DISTRICT ABUJA, NIGERIA	HEALTH	NIGERIA	22,072,948.	1,487,964.	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) 2021

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	8,462,580.	215,363.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316357, MBABANE OFFICE PARK, BUILDING 1, 3RD FL., MBABANE, ESWATINI, SWAZILAND	HEALTH	SWAZILAND	1,110,748.	1,913.	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	HEALTH	CONGO (KINSHASA)	3,424,197.	1,062,613.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE AUSTRALIA 22B KARDINIA CRESCENT, UNIT 2	HEALTH	AUSTRALIA	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
WARRANWOOD, AUSTRALIA VIC 3134 CLINTON HEALTH ACCESS INITIATIVE FRANCE	HEALTH	FRANCE	562,362.	466,225.	CLINTON HEALTH ACCESS INITIATIVE
6 AVENUE FRANKLIN D. ROOSEVELT PARIS, FRANCE 75008	HEALTH	DOMINICAN REPUBLIC	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC. - 98-1316375, GUSTAVO MEJIA RICANT AVE.,	HEALTH	GHANA	2,385,567.	78,231.	CLINTON HEALTH ACCESS INITIATIVE
PIANTINI TOWER, SIXTH FLOOR, SANTA DOMINGO, CLINTON HEALTH ACCESS INITIATIVE - GHANA	HEALTH	INDIA	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
NO. 5 FINCHLEY COURT AJIRIGANOR, ACCRA, GHANA	HEALTH	INDIA	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - UK C/O CHAI, 383 DORCHESTER AVENUE, #400	HEALTH	INDIA	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
BOSTON, MA 02127 CLINTON HEALTH ACCESS INITIATIVE INDIA	HEALTH	INDIA	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
PRIVATE LIMITED COMPANY, HOUSE NO. E7/83, ARERA COLONY, BHOPAL, INDIA	HEALTH	INDIA	0.	0.	CLINTON HEALTH ACCESS INITIATIVE





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

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

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

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

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

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



**Part VII Supplemental Information**

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

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

**NAME 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