

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

Open to Public  
Inspection

<b>A</b> For the <b>2024</b> calendar year, or tax year beginning and ending																										
<b>B</b> Check if applicable:  <input checked="" 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>CLINTON HEALTH ACCESS INITIATIVE, INC.</b></td> <td rowspan="2"><b>D</b> Employer identification number <b>27-1414646</b></td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>383 DORCHESTER AVENUE 300</b></td> <td rowspan="2"><b>E</b> Telephone number <b>617-774-0110</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02127</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>DR. NEIL SHAH</b> <b>SAME AS C ABOVE</b></td> <td><b>G</b> Gross receipts \$ <b>246,126,879.</b></td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>WWW.CLINTONHEALTHACCESS.ORG</b></td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <b>2009</b></td> <td><b>M</b> State of legal domicile: <b>AR</b></td> </tr> </table>	<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		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>383 DORCHESTER AVENUE 300</b>		<b>E</b> Telephone number <b>617-774-0110</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>G</b> Gross receipts \$ <b>246,126,879.</b>	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> Website: <b>WWW.CLINTONHEALTHACCESS.ORG</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	<b>L</b> Year of formation: <b>2009</b>		<b>M</b> State of legal domicile: <b>AR</b>
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**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>14</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>14</b>	
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) .....	<b>5</b>	<b>197</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>38</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>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>221,270,590.</b>	<b>242,128,005.</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>0.</b>	<b>0.</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>3,190,449.</b>	<b>3,838,556.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>192,261.</b>	<b>156,210.</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>224,653,300.</b>	<b>246,122,771.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>30,237,599.</b>	<b>35,558,386.</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>113,270,012.</b>	<b>118,575,859.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>11,140.</b>	<b>0.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>3,307,297.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>82,084,535.</b>	<b>89,483,161.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>225,603,286.</b>	<b>243,617,406.</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-949,986.</b>	<b>2,505,365.</b>	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) .....	<b>160,736,489.</b>	<b>177,238,535.</b>	
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>149,709,650.</b>	<b>163,707,305.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>11,026,839.</b>	<b>13,531,230.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>DR. NEIL SHAH, CHIEF EXECUTIVE OFFICER</b>			
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<b>CRAIG KLEIN</b>	<b>CRAIG KLEIN</b>	<b>11/17/25</b>	<b>P00734640</b>
	Firm's name	Firm's EIN		
	<b>CBIZ ADVISORS, LLC</b>	<b>26-3753134</b>		
	Firm's address	Phone no.		
	<b>53 STATE STREET, 17TH FLOOR</b>	<b>617-807-5000</b>		
	<b>BOSTON, MA 02109</b>			

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

FOR OVER 20 YEARS, CHAI'S MISSION HAS BEEN TO SAVE LIVES AND IMPROVE HEALTH OUTCOMES IN LOW-AND MIDDLE-INCOME COUNTRIES AROUND THE WORLD. WE DO THIS BY ENABLING THE GOVERNMENT AND PRIVATE SECTOR TO STRENGTHEN AND SUSTAIN QUALITY HEALTH SYSTEMS.

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 89,856,957. including grants of \$ 11,744,688. ) (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 AND SUPPORT MORE THAN 20 DIFFERENT HEALTH PROGRAMS. 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 \$ 33,670,724. including grants of \$ 11,960,418. ) (Revenue \$ )

WOMEN AND CHILDREN'S HEALTH: SEE SCHEDULE O FOR CONTINUATION

**4c** (Code: ) (Expenses \$ 47,525,427. including grants of \$ 9,220,778. ) (Revenue \$ )

ACHIEVING UNIVERSAL COVERAGE: SEE SCHEDULE O FOR CONTINUATION

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 49,706,147. including grants of \$ 2,632,503. ) (Revenue \$ )

**4e** Total program service expenses 220,759,255.Form **990** (2024)

**Part IV Checklist of Required Schedules**

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

**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> .....	<b>22</b>	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> .....	<b>23</b>	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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>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> .....	<b>25a</b>	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> .....	<b>25b</b>	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> .....	<b>26</b>	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> .....	<b>27</b>	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> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	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> .....	<b>35b</b>	X
<b>36</b> <b>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> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	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

X

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	41
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	197
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country <b>SEE SCHEDULE O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**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	<b>1a</b> 14		
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.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b> 14		
<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?	<b>2</b>	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?	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	X	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		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?	<b>7a</b>		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?	<b>7b</b>		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?	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	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	<b>9</b>		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?	<b>10a</b> 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?	<b>10b</b> 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?	<b>11a</b> 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	<b>12a</b> X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> 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	<b>12c</b> X	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> X	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> 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	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> 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?	<b>16a</b>	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?	<b>16b</b>	

**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  
JOSHUA CHU - 617-774-0110  
383 DORCHESTER AVENUE, #300, 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, box 6 of 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. NEIL BUDDY SHAH CHIEF EXECUTIVE OFFICER	40.00 0.00			X				532,048.	0.	37,921.
(2) RASHA HIBRI CHIEF FINANCIAL OFFICER	40.00 0.00			X				407,213.	0.	48,689.
(3) JOSHUA CHU CHIEF OPERATING OFFICER	40.00 0.00			X				352,018.	0.	26,196.
(4) DAVID RIPIN EVP, INFECTIOUS DISEASES/CSO	40.00 0.00				X			312,861.	0.	57,660.
(5) ZACHARY KATZ VP, CHILD HEALTH	40.00 0.00				X			263,847.	0.	23,939.
(6) YANN LE TALLEC SR. DIRECTOR, VACCINES	40.00 0.00					X		227,380.	0.	46,395.
(7) SAMANTHA DIAMOND VP, HEALTH SYSTEMS & NCDS	40.00 0.00				X			218,873.	0.	52,419.
(8) PAUL DOMANICO GLOBAL HEALTH RESEARCH FELLOW	40.00 0.00					X		216,749.	0.	44,522.
(9) JUSTIN COHEN VP, GLOBAL MALARIA & NTDS	40.00 0.00				X			217,628.	0.	43,482.
(10) CAROLYN AMOLE VP, HIV, HEPATITIS AND TB	40.00 0.00				X			206,746.	0.	51,166.
(11) CAITLIN GLOVER VP, WOMEN & NEWBORN HEALTH	40.00 0.00				X			199,963.	0.	53,930.
(12) NEEL LAKHANI VP, INNOVATION	40.00 0.00					X		204,053.	0.	48,954.
(13) RAPHAEL HURLEY SR. DIRECTOR, HEALTH FINANCING	40.00 0.00					X		220,755.	0.	26,670.
(14) DR. OLUFUNKE FASAWA VP, INTEGRATIONS, CD	40.00 0.00				X			223,376.	0.	22,913.
(15) TREVOR PETER SR. DIRECTOR, GLOBAL DIAGNOSTICS	40.00 0.00					X		194,652.	0.	50,212.
(16) GERALD MACHARIA VP, EAST & SOUTHERN AFRICA/COUNTRY	40.00 0.00				X			218,175.	0.	26,560.
(17) DR. RAHEL BELETE VP, CD	40.00 0.00				X			177,287.	0.	22,319.

**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) LUIS ALBERTO MORENO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) RAYMOND G. CHAMBERS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) WILLIAM J. CLINTON BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(21) CHELSEA CLINTON BOARD MEMBER	10.00 0.00	X						0.	0.	0.
(22) OPHELIA DAHL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) ALIKO DANGOTE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) BRUCE LINDSEY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) DR. MARK DYBUL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) JOY PHUMAPHI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								4,393,624.	0.	683,947.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								4,393,624.	0.	683,947.

**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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GLOBAL HUMAN ACCESS RESOURCES LIMITED STE 118, ADAMAWA PLAZA, ABUJA, NIGERIA	INFORMATION SYSTEMS	474,869.
LUBOMBO SPATIAL DEVELOPMENT INITIATIVE, 10 VICTORIA ROAD, LORENZTVILLE, JOHANNESBURG,	PROGRAMMATIC SUPPORT	405,000.
WHITE CORAL CONSULTING DMMC, UNIT NO. F29, DMMC BUSINESS CENTRE, DUBAI, UNITED ARAB	EMPLOYMENT MANAGEMENT	333,928.
PT MAHAKARYA ADI INDONESIA, CHUBB SQUARE, LANTAI 8, JI. M.H. THAMRIN, JAKARTA PUSAT,	DIGITAL INNOVATION	324,729.
AMAN SIWACH F-3, GRAFIKON PARADISE, NIBM ROAD, KONDHWA, PUNE, INDIA	PROGRAMMATIC SUPPORT	253,700.

**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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)



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

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

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>	83,472,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	158,656,005.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 783,092.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			3,842,664.			3842664.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	4,108.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-4,108.				
	<b>d</b> Net gain or (loss) .....		-4,108.				
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<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>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> MISCELLANEOUS REVENUE .....		900099	156,210.			156,210.
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			156,210.			
<b>12 Total revenue.</b> See instructions .....				246122771.	0.	0.	3994766.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,059,667.	6,059,667.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	29,498,719.	29,498,719.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,804,411.	2,362,880.	886,197.	555,334.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	80,876,075.	69,982,224.	9,312,258.	1,581,593.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,122,713.	4,517,236.	528,145.	77,332.
<b>9</b> Other employee benefits	23,631,701.	21,096,104.	2,150,354.	385,243.
<b>10</b> Payroll taxes	5,140,959.	4,347,488.	655,492.	137,979.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	3,305,996.	332,258.	2,973,107.	631.
<b>c</b> Accounting	773,632.	493,967.	279,623.	42.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	14,601,472.	13,393,925.	1,020,239.	187,308.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	5,409,422.	5,359,519.		49,903.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	2,391,333.	1,948,353.	441,249.	1,731.
<b>17</b> Travel	23,063,758.	22,036,653.	804,833.	222,272.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	11,194,115.	10,999,119.	135,861.	59,135.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	82,629.	38,680.	43,949.	
<b>23</b> Insurance	366,994.	329,346.	35,865.	1,783.
<b>24</b> 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.)				
<b>a</b> <b>SUPPLIES</b>	24,188,526.	24,130,839.	54,373.	3,314.
<b>b</b> <b>PRINTING &amp; PUBLICATIONS</b>	1,375,213.	1,238,225.	118,389.	18,599.
<b>c</b> <b>POSTAGE &amp; SHIPPING</b>	1,225,616.	1,225,609.	5.	2.
<b>d</b> <b>EQUIP RENTAL &amp; MAINT.</b>	455,180.	455,118.	62.	
<b>e</b> All other expenses	1,049,275.	913,326.	110,853.	25,096.
<b>25</b> Total functional expenses. Add lines 1 through 24e	243,617,406.	220,759,255.	19,550,854.	3,307,297.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	14,272,378.	<b>2</b>	11,200,882.
	<b>3</b> Pledges and grants receivable, net .....	19,691,121.	<b>3</b>	21,042,446.
	<b>4</b> Accounts receivable, net .....	5,437,254.	<b>4</b>	10,173,278.
	<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 .....	2,100,893.	<b>9</b>	7,244,413.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,336,708.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,917,999.		
		350,142.	<b>10c</b>	418,709.
	<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 .....	118,884,701.	<b>15</b>	127,158,807.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	160,736,489.	<b>16</b>	177,238,535.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,161,223.	<b>17</b>	20,138,395.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	132,526,959.	<b>19</b>	142,320,323.
	<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 .....	1,021,468.	<b>25</b>	1,248,587.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	149,709,650.	<b>26</b>	163,707,305.
<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 .....	9,868,754.	<b>27</b>	9,542,914.
	<b>28</b> Net assets with donor restrictions .....	1,158,085.	<b>28</b>	3,988,316.
	<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> <b>Total net assets or fund balances</b> .....	11,026,839.	<b>32</b>	13,531,230.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	160,736,489.	<b>33</b>	177,238,535.

Form 990 (2024)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	246,122,771.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	243,617,406.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,505,365.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	11,026,839.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-974.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,531,230.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form 990 (2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2024

**Open to Public  
Inspection**

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number	
--------------------------------	--

27-1414646

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

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	197783983	220310106	224637713	221270590	242128005	1106130397.
<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 .....	197783983	220310106	224637713	221270590	242128005	1106130397.
<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) .....						627231986
<b>6 Public support.</b> Subtract line 5 from line 4.						478898411

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	197783983	220310106	224637713	221270590	242128005	1106130397.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	321,178.	149,437.	215,528.	3182094.	3842664.	7710901.
<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.) .....	39,034.	63,329.	48,813.	192,261.	156,210.	499,647.
<b>11 Total support.</b> Add lines 7 through 10						1114340945.
<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 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	42.98	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	40.36	%
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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"/>

Schedule A (Form 990) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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 on line 12 of 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<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>1</b>		
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<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 <b>Part VI</b> 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? If "Yes," then in <b>Part VI</b> 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.			
<b>2a</b>			
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<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? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<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 <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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			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).		

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

## 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.)

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

CLINTON HEALTH ACCESS INITIATIVE, INC.

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

Employer identification number

CLINTON HEALTH ACCESS INITIATIVE, INC.

27-1414646

**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
<u>1</u>		\$ <u>75,033,841.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>26,658,528.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>20,230,197.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>14,260,347.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>11,765,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>8,417,873.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CLINTON HEALTH ACCESS INITIATIVE, INC.

27-1414646

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 6,431,829.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,969,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,299,642.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 4,888,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

27-1414646

## Part II

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

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

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)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

Part I

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

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

Part II

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located .....

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

☐ 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 2d 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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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

Schedule D (Form 990) (Rev. 12-2024)

**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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 in 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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

	Yes	No
3a(i)		
3a(ii)		
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		2,870,070.	2,451,361.	418,709.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				418,709.

Schedule D (Form 990) (Rev. 12-2024)

**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, line 12, col. (B))		

**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, line 13, col. (B))		

**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) <b>ASSETS LIMITED AS TO USE FOR PROGRAMMATIC PURPOSES</b>	<b>125,887,489.</b>
(2) <b>RIGHT OF USE ASSET</b>	<b>1,271,318.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>127,158,807.</b>

**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) <b>LEASE LIABILITY</b>	<b>1,248,587.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>1,248,587.</b>

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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

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

1	Total revenue, gains, and other support per audited financial statements	1	246,374,820.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-974.
b	Donated services and use of facilities	2b	253,023.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	252,049.
3	Subtract line 2e from line 1	3	246,122,771.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	246,122,771.

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

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

1	Total expenses and losses per audited financial statements	1	243,870,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	253,023.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	253,023.
3	Subtract line 2e from line 1	3	243,617,406.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	243,617,406.

**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 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.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE F  
(Form 990)**

(Rev. December 2024)  
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

**Open to Public  
Inspection**

Name of the organization

Employer identification number

CLINTON HEALTH ACCESS INITIATIVE, INC.

27-1414646

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS	HEALTH	1,245,918.
CENTRAL AMERICA AND THE CARIBBEAN	5	38	PROGRAM SERVICES	HEALTH	3,156,842.
EAST ASIA AND THE PACIFIC	0	0	GRANTS	HEALTH	3,150,313.
EAST ASIA AND THE PACIFIC	11	221	PROGRAM SERVICES	HEALTH	13,531,121.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS	HEALTH	3,881,250.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	42	PROGRAM SERVICES	HEALTH	3,349,062.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS	HEALTH	1,107,202.
MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES	HEALTH	0.
<b>3 a Subtotal</b> .....	17	303			29,421,708.
<b>b Total from continuation sheets to Part I</b> .....	25	1199			186,042,062.
<b>c Totals</b> (add lines 3a and 3b) .....	42	1502			215,463,770.

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

Schedule F (Form 990) (Rev. 12-2024)



**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
NORTH AMERICA	0	0	GRANTS	HEALTH	17,597.
NORTH AMERICA	0	14	PROGRAM SERVICES	HEALTH	0.
SOUTH ASIA	0	0	GRANTS	HEALTH	3,751,410.
SOUTH ASIA	1	181	PROGRAM SERVICES	HEALTH	11,475,565.
SUB-SAHARAN AFRICA	0	0	GRANTS	HEALTH	16,345,030.
SUB-SAHARAN AFRICA	24	1004	PROGRAM SERVICES	HEALTH	154,452,460.
<b>Totals</b> .....	25	1199			186,042,062.

**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)
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	67,577.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	24,552.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	591,801.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	387,623.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	162,250.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	12,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	43,790.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	30,094.	WIRE	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 ..... 180

Schedule F (Form 990) (Rev. 12-2024)

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (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	30,002.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	39,840.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	709,164.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	54,189.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	19,442.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	5,068.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	5,602.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	157,127.	WIRE	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)

<b>1</b> (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	43,131.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	23,094.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	9,696.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	18,550.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	30,283.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	216,120.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	150,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	17,570.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	7,650.	WIRE	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)

<b>1</b> (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	61,815.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	310,682.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	53,011.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	18,884.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	9,557.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	52,369.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	84,362.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	94,050.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	74,042.	WIRE	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)

<b>1</b> (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	38,931.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	45,962.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	47,512.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	238,930.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	6,693.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	14,053.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	234,760.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	122,585.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	HEALTH	7,427.	WIRE	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)

<b>1</b> (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	5,939.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	296,338.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	127,002.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	185,371.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	250,475.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	518,651.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	15,553.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	5,159.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	10,957.	WIRE	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)

<b>1</b> (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	58,801.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	139,662.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	84,701.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	42,580.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	57,589.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	343,932.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	490,978.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	23,350.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	19,853.	WIRE	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)

<b>1</b> (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	157,369.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	6,300.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	589,523.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	443,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH	60,559.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH	43,592.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH	1003051.	WIRE	0.		
		NORTH AMERICA	HEALTH	17,597.	WIRE	0.		
		SOUTH ASIA	HEALTH	746,811.	WIRE	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)

<b>1</b> (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	121,5914.	WIRE	0.		
		SOUTH ASIA	HEALTH	5,037.	WIRE	0.		
		SOUTH ASIA	HEALTH	141,000.	WIRE	0.		
		SOUTH ASIA	HEALTH	6,500.	WIRE	0.		
		SOUTH ASIA	HEALTH	5,580.	WIRE	0.		
		SOUTH ASIA	HEALTH	137,906.	WIRE	0.		
		SOUTH ASIA	HEALTH	250,000.	WIRE	0.		
		SOUTH ASIA	HEALTH	10,782.	WIRE	0.		
		SOUTH ASIA	HEALTH	73,237.	WIRE	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)

<b>1</b> (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	66,973.	WIRE	0.		
		SOUTH ASIA	HEALTH	82,482.	WIRE	0.		
		SOUTH ASIA	HEALTH	6,000.	WIRE	0.		
		SOUTH ASIA	HEALTH	948,879.	WIRE	0.		
		SOUTH ASIA	HEALTH	40,342.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	10,222.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	35,879.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	124,648.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	58,948.	WIRE	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)

<b>1</b> (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	187,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	17,122.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	120,232.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	8,349.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	30,234.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	36,510.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	5,236.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	15,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	10,966.	WIRE	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)

<b>1</b> (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	5,342.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	11,978.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	125,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	80,032.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	21,726.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	387,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	49,023.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	26,751.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	54,493.	WIRE	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)

<b>1</b> (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	120,805.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	30,234.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	111,943.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	99,083.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	250,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	200,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	169,521.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	905,605.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	50,000.	WIRE	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)

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	39,769.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	35,507.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	53,171.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	200,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	9,593.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	5,408.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	30,234.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	1804619.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	6,242.	WIRE	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)

<b>1</b> (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	599,517.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	68,237.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	29,840.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	24,590.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	6,569.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	108,585.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	400,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	86,932.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	850,726.	WIRE	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)

<b>1</b> (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	47,157.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	3824254.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	10,628.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	5,344.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	1069082.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	25,793.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	28,208.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	23,622.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	12,290.	WIRE	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)

<b>1</b> (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	15,079.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	336,053.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	60,061.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	273,818.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	5,388.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	45,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	85,392.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	13,771.	WIRE	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)

<b>1</b> (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	36,884.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	37,811.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	11,164.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	48,883.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	200,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	124,999.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	17,677.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	84,919.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	20,451.	WIRE	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)

<b>1</b> (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	6,494.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	11,352.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	27,206.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	199,993.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	397,676.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	44,244.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	9,588.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	125,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	173,015.	WIRE	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)

<b>1</b> (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	6,911.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	47,891.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	7,215.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	156,977.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	384,460.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	224,850.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	57,930.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	36,732.	WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH	19,801.	WIRE	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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) 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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ..... ☒ Yes ☐ No

Schedule F (Form 990) (Rev. 12-2024)

**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 GRANTEEES 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 GRANTEEES MAY BE RECOGNIZED AS CHARITABLE ORGANIZATIONS 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 I  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	903,858.	0.			HEALTH
POPULATION SERVICES INTERNATIONAL 1120 19TH STREET NM, SUITE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	673,595.	0.			HEALTH
INNOVATIONS FOR POVERTY ACTION 1701 RHODE ISLAND AVE NW, 3RD FLOOR WASHINGTON, DC 20036	06-1660068	501(C)(3)	530,387.	0.			HEALTH
JOHN HOPKINS UNIVERSITY 1615 THANMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	324,829.	0.			HEALTH
PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH - 2201 WESTLAKE AVENUE - SEATTLE, WA 83717	91-1157127	501(C)(3)	191,159.	0.			HEALTH
ENGENDER HEALTH INC. 505 9TH STREET NW WASHINGTON, DC 20004	13-1623838	501(C)(3)	349,907.	0.			HEALTH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **16.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **9.**

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

**Schedule I (Form 990) (Rev. 12-2024)**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC RELIEF SERVICES - UNITED STATES CONFERENCE OF CATHOLIC BISHOPS - 228 W. LEXINGTON ST. - BALTIMORE, MD 21201-3443	13-5563422	501(C)(3)	344,914.	0.			HEALTH
IPAS 300 MARKET STREET, SUITE 134 CHAPEL HILL, NC 27516	56-1071085		459,885.	0.			HEALTH
INTERCHURCH MEDICAL ASSISTANCE INC. - 1730 M STREET, SUITE 1100 - WASHINGTON, DC 20036	52-2112460	501(C)(3)	650,872.	0.			HEALTH
FAMILY HEALTH INTERNATIONAL 2224 E NC HWY 54 DURHAM, NC 27713	23-7413005	501(C)(3)	228,501.	0.			HEALTH
THE RAND CORPORATION 1776 MAIN STREET, PO BOX 2138 SANTA MONICA, CA 90401	95-1958142	501(C)(3)	156,245.	0.			HEALTH
ELIZABETH GLAZER PEDIATRIC AIDS FOUNDATION DBA EGPAF - 1140 CONNECTICUT AVE, NW, SUITE 200 - WASHINGTON, DC 20036	95-4191698	501(C)(3)	180,697.	0.			HEALTH
TALAMUS HEALTH INC 900 SOUTH FIGUEOA STREET, #1901 LOS ANGELES, CA 90015	47-4722744		177,342.	0.			HEALTH
TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)(3)	171,190.	0.			HEALTH
MALARIA NO MORE 2341 EASTLAKE AVENUE EAST, SUITE 20 SEATTLE, WA 98102	20-5664575	501(C)(3)	108,952.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIMAGI INC. 585 MASSACHUSETTS AVENUE, SUITE 3 CAMBRIDGE, MA 02139	83-0343298		102,431.	0.			HEALTH
ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND DBA TULANE UNIVERSITY - 6823 ST. CHARLES AVENUE - NEW ORLEANS, LA 70123	72-0723889	501(C)(3)	50,000.	0.			HEALTH
BEHAVIORAL IDEAS LAB INC DBA IDEAS42 - 80 BROAD STREET, FLOOR 30 - NEW YORK, NY 10004	27-1678009	501(C)(3)	48,733.	0.			HEALTH
LINKSBRIDGE SPC 808 FIFTH AVENUE NORTH SEATTLE, WA 98109	26-3067893		26,000.	0.			HEALTH
TECHCHANGE INC 1226 9TH ST NW, SUITE 200 WASHINGTON, DC 20001	27-3358772		15,000.	0.			HEALTH
BIOME GLOBAL HEALTH VENTURES DBA BGHV - 2101 FOURTH AVENUE, SUITE 1950 - SEATTLE, WA 98121	30-0213137	501(C)(3)	13,043.	0.			HEALTH
DEVELOPMENTEX.COM INC. DBA DEVEX 1341 CONNECTICUT AVENUE, NW SUITE 2 WASHINGTON, DC 20036	04-3524272		11,000.	0.			HEALTH
EAU CLAIRE CONSULTING LLC 214 W FILLMORE AVE EAU CLAIRE, WI 54701	84-4923440		11,000.	0.			HEALTH
CAMBRIDGE PRINTING COMPANY 47 SEVENTH STREET CAMBRIDGE, MA 02141	04-3340848		9,971.	0.			HEALTH

Schedule I (Form 990)

[illegible]

**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 THROUGH TREASURY TEAM FOR REVIEW BEFORE ACCOUNTS PAYABLE PROCESSING. 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)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" 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.

OMB No. 1545-0047

Open to Public  
Inspection

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

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

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

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

Schedule J (Form 990) (Rev. 12-2024)

**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. NEIL BUDDY SHAH CHIEF EXECUTIVE OFFICER	(i)	532,048.	0.	0.	11,366.	26,555.	569,969.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RASHA HIBRI CHIEF FINANCIAL OFFICER	(i)	407,213.	0.	0.	20,452.	28,237.	455,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOSHUA CHU CHIEF OPERATING OFFICER	(i)	352,018.	0.	0.	16,396.	9,800.	378,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID RIPIN EVP, INFECTIOUS DISEASES/CSO	(i)	312,861.	0.	0.	18,343.	39,317.	370,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ZACHARY KATZ VP, CHILD HEALTH	(i)	216,227.	0.	47,620.	22,755.	1,184.	287,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) YANN LE TALLEC SR. DIRECTOR, VACCINES	(i)	227,380.	0.	0.	22,125.	24,270.	273,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SAMANTHA DIAMOND VP, HEALTH SYSTEMS & NCDS	(i)	218,873.	0.	0.	13,102.	39,317.	271,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PAUL DOMANICO GLOBAL HEALTH RESEARCH FELLOW	(i)	216,749.	0.	0.	13,843.	30,679.	261,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JUSTIN COHEN VP, GLOBAL MALARIA & NTDS	(i)	217,628.	0.	0.	11,580.	31,902.	261,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CAROLYN AMOLE VP, HIV, HEPATITIS AND TB	(i)	206,746.	0.	0.	10,425.	40,741.	257,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CAITLIN GLOVER VP, WOMEN & NEWBORN HEALTH	(i)	199,963.	0.	0.	13,344.	40,586.	253,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) NEEL LAKHANI VP, INNOVATION	(i)	203,251.	0.	802.	9,223.	39,731.	253,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RAPHAEL HURLEY SR. DIRECTOR, HEALTH FINANCING	(i)	216,263.	0.	4,492.	16,870.	9,800.	247,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DR. OLUFUNKE FASAWA VP, INTEGRATIONS, CD	(i)	121,716.	0.	101,660.	20,332.	2,581.	246,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TREVOR PETER SR. DIRECTOR, GLOBAL DIAGNOSTICS	(i)	194,652.	0.	0.	11,072.	39,140.	244,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) GERALD MACHARIA VP, EAST & SOUTHERN AFRICA/COUNTRY	(i)	198,341.	0.	19,834.	14,283.	12,277.	244,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

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.

[illegible]



**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 FOR 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.

CHAI PROVIDES HOUSING ALLOWANCES TO TWO KEY EMPLOYEES, WHICH ARE TREATED AS TAXABLE WAGES.

**PART I, LINE 4A:**

ONE KEY EMPLOYEE RECEIVED A PAYMENT IN RELATION TO THEIR CONTRACTUAL SEPARATION AGREEMENT AND THE AMOUNT IS TREATED AS TAXABLE WAGES.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
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

2024

Open to Public  
Inspection

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	1	478,850.	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 .....	X	1	304,242.	FMV
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( ..... )				
26 Other ( ..... )				
27 Other ( ..... )				
28 Other ( ..... )				

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

29

0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 THAT ENVISIONS A WORLD IN WHICH EVERYONE IS ABLE TO LIVE A HEALTHY AND FULFILLING LIFE. WE ARE COMMITTED TO SAVING LIVES AND IMPROVING HEALTH OUTCOMES BY ENABLING THE GOVERNMENT AND PRIVATE SECTOR TO STRENGTHEN AND SUSTAIN QUALITY HEALTH SYSTEMS.

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

CHAI IS A GLOBAL HEALTH ORGANIZATION COMMITTED TO SAVING LIVES AND IMPROVING HEALTH OUTCOMES IN LOW- AND MIDDLE-INCOME COUNTRIES BY ENABLING THE GOVERNMENT AND PRIVATE SECTOR TO STRENGTHEN AND SUSTAIN QUALITY HEALTH SYSTEMS.

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 CHILDREN'S HEALTH BY ACCELERATING THE ROLLOUT OF LIFESAVING VACCINES, REDUCING MATERNAL, INFANT, AND CHILD MORTALITY, COMBATING CHRONIC MALNUTRITION, AND INCREASING ACCESS TO WOMEN'S 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 140 COUNTRIES HAVE ACCESS TO CHAI-NEGOTIATED DEALS ON MEDICATIONS, DIAGNOSTICS, VACCINES, AND OTHER HEALTH TOOLS.

FORM 990, PART I, LINE 5:

THE NUMBER REPORTED ON PART I, LINE 5 REFLECTS THE NUMBER OF PEOPLE REPORTED ON FORM W-3. CHAI EMPLOYS 1,683 PEOPLE AROUND THE GLOBE.

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

FOR YEARS, FOUR INFECTIOUS DISEASES DROVE MOST ILLNESS AND DEATH WORLDWIDE: HIV, HEPATITIS, TUBERCULOSIS (TB), AND MALARIA. COVID-19 HIGHLIGHTED HOW QUICKLY EMERGING INFECTIOUS THREATS CAN OVERWHELM HEALTH INFRASTRUCTURE AND DISRUPT ESSENTIAL SERVICES FOR THESE ENDEMIC DISEASES. CHAI BUILT ON OUR FOUNDATIONAL WORK IN HIV TO ADDRESS THESE DISEASES WHILE EXPANDING OUR FOCUS TO PANDEMIC PREPAREDNESS, ENSURING COUNTRIES ARE BETTER EQUIPPED TO RESPOND TO FUTURE OUTBREAKS. CENTRAL TO THIS PREPAREDNESS IS STRENGTHENING ACCESS TO MEDICAL OXYGEN, A CRITICAL INTERVENTION THAT PROVED ESSENTIAL DURING COVID-19 AND REMAINS VITAL FOR TREATING SEVERE PNEUMONIA, TUBERCULOSIS, AND OTHER RESPIRATORY CONDITIONS.

A CORE COMPONENT OF THIS WORK HAS BEEN STRENGTHENING ACCESS TO MEDICAL OXYGEN IN HEALTHCARE FACILITIES AND HOSPITALS IN LOW- AND MIDDLE-INCOME COUNTRIES THROUGH UPDATING INFRASTRUCTURE (I.E. BUILDING PRESSURE SWING ADSORPTION (PSA) PLANTS; SUPPORTING BEDSIDE DELIVERY OF LIQUID OXYGEN), KEEPING OXYGEN EQUIPMENT UP AND RUNNING FOR ITS FULL LIFESPAN, AND PROVIDING HEALTH WORKERS WITH THE RIGHT TOOLS, PROCESSES, AND PRACTICES TO SAVE LIVES.

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

AT THE SAME TIME WE CONTINUE TO WORK ON THE DISEASE AREAS THAT WE HAVE FOCUSED ON FOR DECADES, INCLUDING HIV.

FOR EXAMPLE, OUR WORK TO INTRODUCE AFFORDABLE, MORE PALATABLE HIV TREATMENTS FOR CHILDREN. THERE HAVE BEEN VAST IMPROVEMENTS IN PEDIATRIC HIV TREATMENT IN RECENT YEARS, INCLUDING THE RAPID DEVELOPMENT AND INTRODUCTION OF GENERIC PEDIATRIC DTG TABLETS, WHICH DISSOLVE IN WATER AND TASTE LIKE STRAWBERRIES DRAMATICALLY INCREASING CHILDREN'S ADHERENCE TO THEIR TREATMENT REGIMEN.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
WOMEN AND CHILDREN SUFFER THE GREATEST BURDEN FROM DISEASE GLOBALLY. CHAI HAS SIGNIFICANTLY INCREASED ACCESS TO RECOMMENDED TREATMENTS FOR DIARRHEA AND PNEUMONIA, THE LARGEST KILLERS OF CHILDREN UNDER FIVE; MADE CRITICAL VACCINES THAT PROTECT AGAINST CHILDHOOD ILLNESSES MORE AFFORDABLE; IS COMBATTING CHRONIC MALNUTRITION; AND IS DRAMATICALLY AND SUSTAINABLY REDUCING MATERNAL AND NEWBORN DEATHS AND PROVIDING ACCESS TO WOMEN'S HEALTH SERVICES.

FOR EXAMPLE, WHEN CHAI BEGAN OUR DIARRHEA PROGRAM IN 2012, ONLY ONE-THIRD OF CHILDREN THAT NEEDED LIFESAVING ORAL REHYDRATION SOLUTIONS (ORS) RECEIVED IT. ZINC USAGE RATES WERE EVEN WORSE. THROUGH CHAI'S MARKET SHAPING WORK, WE HELPED REDUCE THE AVERAGE COST OF ZINC/ORS TREATMENT BY 42 PERCENT. WORKING WITH PARTNERS IN INDIA, KENYA, NIGERIA, AND UGANDA, WE ALSO INCREASED THE PERCENTAGE OF CHILDREN WITH DIARRHEA RECEIVING ZINC/ORS FROM LESS THAN ONE PERCENT TO 24 PERCENT.

ANOTHER STRONG EXAMPLE IS CHAI'S WORK TO SAVE THE LIVES OF WOMEN AND NEWBORNS. CHAI HAS DEVELOPED AN INTEGRATED, WOMEN AND NEWBORN, HEALTH STRATEGY THAT HAS CONTRIBUTED TO SUSTAINED AND SIGNIFICANT REDUCTIONS IN DEATH IN COUNTRIES WHERE WE WORK. THIS APPROACH WAS FIRST PILOTED IN ETHIOPIA, BEFORE BEING TESTED AT SCALE IN NIGERIA, WHERE WE SAW 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. THE PROGRAM HAS BEEN ROLLED OUT MORE RECENTLY IN ZAMBIA AND UGANDA WITH SIMILAR RESULTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
CHAI'S FOUNDING MISSION AND ULTIMATE GOAL IS TO HELP COUNTRIES CREATE HIGH-QUALITY, SUSTAINABLE HEALTHCARE SYSTEMS. TO ACHIEVE THIS, WE WORK WITH GOVERNMENTS TO STRENGTHEN NATIONAL FINANCING SYSTEMS AND TO BUILD SUFFICIENT PHYSICAL INFRASTRUCTURE TO DELIVER HEALTH SERVICES. THROUGH THIS WORK CHAI HAS SUPPORTED GOVERNMENTS TO SECURE OVER \$4 BILLION FOR HEALTH SYSTEMS STRENGTHENING, IMPROVED DATA BASED DECISION MAKING, INCREASED SYSTEM EFFICIENCIES, AND REDUCED COSTS.

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

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.

IN ADDITION TO OUR NCD PROGRAM, WHICH SUPPORTS GOVERNMENTS TO STRENGTHEN AND IMPLEMENT THEIR NCD PREVENTION AND CONTROL STRATEGIES, CHAI IS PARTNERING WITH GOVERNMENTS TO STRENGTHEN CANCER CARE SYSTEMS BY SOLVING CRITICAL SYSTEMIC GAPS. WE BELIEVE BY WORKING IN CLOSE

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

COLLABORATION WITH PARTNER GOVERNMENTS AND BY ANCHORING A SUITE OF TRANSFORMATIONAL INTERVENTIONS, WE CAN DRAMATICALLY IMPROVE SURVIVAL RATES OF CANCER PATIENTS IN LOW- AND MIDDLE-INCOME COUNTRIES.

**CROSS-CUTTING EXPERTS:**

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

CHAI WORKS ON BOTH THE SUPPLY AND DEMAND SIDES OF THE MARKET TO LOWER COSTS AND INCREASE AVAILABILITY OF THE BEST HEALTH PRODUCTS FOR LOW-AND MIDDLE-INCOME COUNTRIES. WORKING WITH THE PUBLIC AND PRIVATE SECTORS, WE HELP SHAPE MARKETS AND REALIZE SAVINGS FOR DRUGS, DEVICES, AND DIAGNOSTICS IN ALL AREAS OF OUR WORK. CHAI HAS NEGOTIATED OVER 140 GLOBAL AGREEMENTS TO LOWER THE 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 ALSO BEEN ADDED TO CHAI'S PORTFOLIO IN RECENT YEARS, SIGNIFICANTLY, ASSISTIVE TECHNOLOGY.  
EXPENSES \$ 49,706,147. INCLUDING GRANTS OF \$ 2,632,503. REVENUE \$ 0.

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

BURMA, BURKINA FASO, CAMBODIA, CAMEROON,  
CANADA, CONGO, DEM REP, ETHIOPIA, FRANCE,  
GHANA, HAITI, INDIA, INDONESIA,  
KENYA, LAOS, LESOTHO, LIBERIA,  
MALAWI, MALI, MOZAMBIQUE, NIGERIA,  
PAPUA-NEW GUINEA, RWANDA, SENEGAL, SOUTH AFRICA,  
SIERRA LEONE, SWAZILAND, TANZANIA, UGANDA,  
UNITED KINGDOM, VIETNAM, ZAMBIA, ZIMBABWE

**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. CHAI BYLAWS STATE THAT THE BOARD OF DIRECTORS GOVERNANCE STRUCTURE SHALL CONSIST OF BETWEEN 9 AND 15 MEMBERS, ALL OF WHOM ARE ELECTED BY THE BOARD AS A WHOLE.

Name of the organization	CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number	27-1414646
THREE OF CHAI'S CURRENT 13 BOARD MEMBERS ALSO SERVE ON THE FOUNDATION'S BOARD.			

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

DURING THE FISCAL YEAR ENDED DECEMBER 31, 2024, CHAI RECEIVED A WHISTLEBLOWER REPORT ALLEGING POTENTIAL CONFLICTS OF INTEREST BY EMPLOYEES IN ONE OF ITS COUNTRY PROGRAM OFFICES. CHAI PROMPTLY INITIATED AN INDEPENDENT INVESTIGATION LED BY INTERNATIONAL AND LOCAL LEGAL COUNSEL, WITH ASSISTANCE FROM FORENSIC ACCOUNTING SPECIALISTS.

THE INVESTIGATION SUBSTANTIATED THE ALLEGATIONS. WHILE THE QUALITY AND APPROPRIATENESS OF THE SERVICES RENDERED WERE DEEMED CONSISTENT WITH PROGRAMMATIC STANDARDS, CHAI MANAGEMENT TOOK IMMEDIATE ACTION TO ADDRESS GOVERNANCE AND COMPLIANCE RISKS. MEASURES IMPLEMENTED INCLUDED:

- TERMINATION OF ALL CONTRACTS OF IMPLICATED VENDORS AND EMPLOYEES
- RESTRUCTURING OF KEY ROLES WITHIN THE AFFECTED COUNTRY OFFICE
- MODIFICATIONS TO THE CORPORATE GOVERNANCE STRUCTURE AND STRENGTHENING OF INTERNAL CONTROLS

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

CHAI'S SENIOR FINANCE MANAGER AND ASSISTANT CONTROLLER COLLECTED AND CONSOLIDATED INFORMATION AFTER THE ANNUAL STATUTORY AUDIT WAS COMPLETED. THE RETURN IS PREPARED BY AN EXTERNAL ACCOUNTING ADVISOR. CHAI'S INTERNATIONAL CONTROLLER, COMMUNICATIONS DIRECTOR, LEGAL COUSEL AND TWO OFFICERS REVIEW 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 RECEIVES A FINAL COPY VIA EMAIL BEFORE FILING.

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

INTERESTED PERSONS MUST DISCLOSE ANY TRANSACTION OR ARRANGEMENT WHICH RESULTS IN A CONFLICT OF INTEREST. CHAI EMPLOYEES MUST DISCLOSE ANY CONFLICT OF INTEREST TO CHAI'S ETHICS TEAM, WHICH REVIEWS THE DISCLOSURE AND IMPLEMENTS MITIGATION PLANS IN CONSULTATION WITH LEADERSHIP AND CHAI'S GENERAL COUNSEL, IN ACCORDANCE WITH CHAI'S NEW CONFLICT OF INTEREST POLICY. CHAI TAKES APPROPRIATE DISCIPLINARY ACTIONS WITH RESPECT TO ANY EMPLOYEE WHO HAS VIOLATED THE CONFLICT OF INTEREST POLICY. THE BOARD MEETS AND REVIEWS ANY CONFLICT OF INTEREST RELATED TO CHAI LEADERSHIP AND TAKES APPROPRIATE DISCIPLINARY ACTION WITH RESPECT TO ANY 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 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. IN 2024, THE OFFICERS RECEIVED COLA ADJUSTMENTS WHICH WERE APPLICABLE TO ALL EMPLOYEES BASED ON THEIR BASE LOCATION.

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

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

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

## 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 \$80.9 MILLION (OTHER SALARIES AND WAGES), \$70 MILLION (87 PERCENT) ARE DIRECTLY RELATED TO CARRYING OUT PROGRAMS TO SAVE LIVES; \$9.3 MILLION (11 PERCENT) ARE FOR GENERAL MANAGEMENT AND \$1.6 MILLION (2 PERCENT) ARE DIRECTED TO FUNDRAISING.

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

CHAI'S MISSION IS TO SAVE LIVES AND REDUCE THE BURDEN OF DISEASE. TO DO SO WITH MAXIMUM IMPACT, WE CHOOSE TO WORK IN THE REGIONS OF COUNTRIES WHERE THE BURDEN OF DISEASE IS THE GREATEST AND 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 140 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)**

(Rev. January 2025)

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

**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
CLINTON HEALTH ACCESS INITIATIVE AUSTRALIA UNIT 7, 61 WALTERS DRIVE OSBORNE PARK, AUSTRALIA WA 6017	HEALTH	AUSTRALIA	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE-BOTSWANA GRANT THORNTON BUSINESS SERVICE PTY LIMITED, FAIRGROUNDS, GABORONE, BOTSWANA	HEALTH	BOTSWANA	0.	335.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE RDC DE LA PAIX, GAL. PRES APP 22 NO. 1, KINSHASA DEMOCRATIC REP OF CONGO, CONGO (KINSHASA)	HEALTH	CONGO (KINSHASA)	5,865,011.	1,906,647.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE FRANCE 6 AVENUE FRANKLIN D. ROOSEVELT PARIS, FRANCE 75008	HEALTH	FRANCE	0.	460,266.	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) (Rev. 1-2025)

**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 - GHANA NO. 5 FINCHLEY COURT AJIRIGANOR, ACCRA, GHANA	HEALTH	GHANA	3,288,129.	165,522.	CLINTON HEALTH ACCESS INITIATIVE
WILLIAM J CLINTON FOUNDATION INDIA 26 OKHLA INDUSTRIAL ESTATE PHASE III NEW DELHI, INDIA	HEALTH	INDIA	14,331,952.	6,888,564.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE INDIA PRIVATE LIMITED COMPANY, 261, BASEMENT OKHLA PHASE III, NEW DELHI, INDIA	HEALTH	INDIA	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE 3RD FLOOR, TIMAU PLAZA, ARGWINGS KODHEK RD. NAIROBI, KENYA	HEALTH	KENYA	11,488,739.	1,339,651.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE MAQALIKA, DR. PHORORO'S RESIDENCE MASERU, LESOTHO	HEALTH	LESOTHO	2,960,764.	313,426.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316363, 7, GANGES STREET, MAITAMA DISTRICT ABUJA, NIGERIA	HEALTH	NIGERIA	24,530,194.	502,070.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE-SOUTH AFRICA, 1166 FRANCIS BAARD STREET, BLOCK B, 1ST FL., PRETORIA, GAUTENG, SOUTH AFRICA	HEALTH	SOUTH AFRICA	6,203,190.	853,610.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE UGANDA LIMITED, PLOT 8 MAYO CLOSE, KOLOLO, P.O. BOX 33252, KAMPALA, UGANDA	HEALTH	UGANDA	4,485,862.	242,414.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - UK 3RD FLOOR, 1 ASHLEY ROAD ALTRINCHAM, UNITED KINGDOM WA14 2DT	HEALTH	UNITED KINGDOM	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316357, PO BOX 6080, MBABANE, KINGDOM OF ESWATINI, SWAZILAND H100	HEALTH	SWAZILAND	1,783,753.	1,887.	CLINTON HEALTH ACCESS INITIATIVE

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

[illegible]

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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)			

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

[illegible]

## Part VII Supplemental Information

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

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