** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

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

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:

- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Amended return
- [ ] Probation

C Name of organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

D Employer identification number

27-1414646

E Telephone number

617-774-0110

F Name and address of principal officer: IRA C. MAGAZINER

SAME AS C ABOVE

G Gross receipts

$117,450,463.

H

| Is this a group return for subordinates? | Yes | No
| All subordinates included? | Yes | No

I Website:

WWW.CLINTONHEALTHACCESS.ORG

J Form of organization: [ ] Corporation [ ] Trust [ ] Association [ ] Other

K Year of formation: 2009 [ ] State of legal domicile: AR

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: SUPPORT GOVERNMENTS TO BUILD AND STRENGTHEN INTEGRATED HEALTH SYSTEMS IN THE DEVELOPING WORLD

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)

5

6 Total number of volunteers (estimate if necessary)

6

7a Total unrelated business revenue from Part VIII, column (D), line 12

7a

7b Net unrelated business taxable income from Form 990-T, line 34

7b

Revenue

8 Contributions and grants (Part VIII, line 1h)

88,448,655.00

9 Program service revenue (Part VIII, line 2g)

0.00

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

98,029.00

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 15)

88,695,247.00

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

148,563.00

14 Benefits paid to or for members (Part IX, column (A), line 4)

129,444.00

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

6,416,733.00

16a Professional fundraising expenses (Part IX, column (A), line 11e)

0.00

17 Total fundraising expenses (Part IX, column (D), line 25)

89,955,858.00

19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

76,970,166.00

19 Revenue less expenses. Subtract line 18 from line 12

11,725,081.00

Expenses

20 Total assets (Part X, line 16)

68,838,138.00

21 Total liabilities (Part X, line 26)

43,413,925.00

22 Net assets or fund balances. Subtract line 21 from line 20

25,424,213.00

Part II Signature Block

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

Sign Here

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JULIE B. FEDER, CFO</td>
<td>11/16/15</td>
</tr>
</tbody>
</table>

Preparer

<table>
<thead>
<tr>
<th>Print/Type preparer’s name</th>
<th>Preparer’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRAIG KLEIN</td>
<td>11/16/15</td>
</tr>
</tbody>
</table>

Preparer’s PTIN: 00734640

Preparer’s EIN: 26-3753134

Paid

<table>
<thead>
<tr>
<th>Print/Type preparer’s name</th>
<th>Preparer’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBIZ TOFIAS</td>
<td>11/16/15</td>
</tr>
</tbody>
</table>

Use Only

<table>
<thead>
<tr>
<th>Firm’s name</th>
<th>Firm’s address</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOSTON, MA 02116</td>
<td></td>
</tr>
</tbody>
</table>

Phone no: 617-761-0600

May the IRS discuss this return with the preparer shown above? (see instructions)

[ ] Yes [ ] No

Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
Part III: Statement of Program Service Accomplishments

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

1. Briefly describe the organization's mission:

THE CLINTON HEALTH ACCESS INITIATIVE (CHAI) WAS FOUNDED IN 2002 BY PRESIDENT BILL CLINTON AND IRA MAGAZINER TO PROVIDE SOLUTIONS TO THE BIGGEST CHALLENGES IMPEDING EFFECTIVE HEALTH CARE DELIVERY IN DEVELOPING COUNTRIES. SEE SCHEDULE O.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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? 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. (Expenses $ 29,686,378, including grants of $ 2,586,770. ) (Revenue $ )


4b. (Expenses $ 22,310,968, including grants of $ 1,421,995. ) (Revenue $ )

    GLOBAL HEALTH SPENDING: CHAI IS WORKING AROUND THE WORLD TO INCREASE THE EFFICIENCY AND EFFECTIVENESS OF GLOBAL HEALTH SPENDING TO MOVE TOWARDS MORE SUSTAINABLE FINANCING SYSTEMS AND REDUCE FINANCIAL BARRIERS PREVENTING ACCESS TO ESSENTIAL HEALTH SERVICES.

4c. (Expenses $ 18,324,309, including grants of $ 3,722,193. ) (Revenue $ )

    MATERNAL AND CHILD HEALTH: CHAI FOCUSES ON STRENGTHENING SYSTEMS NECESSARY TO REDUCE MATERNAL AND NEONATAL MORTALITY IN TARGETED COUNTRIES WHERE CHAI IS ALREADY SUPPORTING GOVERNMENTS TO IMPROVE KEY COMPONENTS OF THE CORE HEALTH SYSTEM, CHAI HELPS TO RESOLVE THE SYSTEMIC WEAKNESSES THAT UNDERMINE THE COVERAGE AND QUALITY OF INTERVENTIONS PROVEN TO REDUCE MATERNAL AND NEONATAL MORTALITY. FOCUSING INTERVENTIONS WILL INCLUDE EMERGENCY OBSTETRIC CARE AND THE INCREASED USE AND SUPPORT OF MIDWIVES. CHAI SIMULTANEOUSLY WORKS WITH GOVERNMENTS OF THE HIGHEST-BURDEN COUNTRIES TO DEVELOP AND IMPLEMENT INTENSIVE NEW PROGRAMS TO EXPAND ACCESS TO ZINC AND ORAL REHYDRATION SOLUTIONS - AND NEW EFFECTIVE DRUGS AS THEY BECOME AVAILABLE - FOR THE TREATMENT OF DIARRHEA, ONE OF THE MAJOR KILLERS OF CHILDREN UNDER FIVE.

4d. Other program services (Describe in Schedule O.)

   (Expenses $ 28,811,915, including grants of $ 3,217,450. ) (Revenue $ )

4e. Total program service expenses ▶ 99,133,570.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td>1 X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>2 X</td>
<td></td>
</tr>
<tr>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td>3 X</td>
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<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td>4 X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
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</tr>
<tr>
<td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-197?</td>
<td>5 X</td>
<td></td>
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<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
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</tr>
<tr>
<td>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?</td>
<td>6 X</td>
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</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td>7 X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td>8 X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>9 X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?</td>
<td>10 X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td></td>
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<tr>
<td>If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</td>
<td>11a X</td>
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<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td></td>
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<tr>
<td>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?</td>
<td>11b X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
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<tr>
<td>c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>11c X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
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<tr>
<td>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>11d X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
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<tr>
<td>e Did the organization report an amount for other liabilities in Part X, line 25?</td>
<td>11e X</td>
<td></td>
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<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td></td>
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<tr>
<td>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?</td>
<td>11f X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
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<tr>
<td>b Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td>12a X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td>12b X</td>
<td></td>
</tr>
<tr>
<td>Is the organization a school described in section 170(b)(1)(A)(i)?</td>
<td>13 X</td>
<td></td>
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<tr>
<td>If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
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</tr>
<tr>
<td>a Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>14a X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>14b X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
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</tr>
<tr>
<td>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?</td>
<td>15 X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>16 X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
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</tr>
<tr>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 5 and 11e?</td>
<td>17 X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part I</td>
<td></td>
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<tr>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td>18 X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
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</tr>
<tr>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td>19 X</td>
<td></td>
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<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization operate one or more hospital facilities?</td>
<td>20a X</td>
<td></td>
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<tr>
<td>If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td>20b X</td>
<td></td>
</tr>
</tbody>
</table>
21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II  
   Yes  No  
   21  X  

22 Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If “Yes,” complete Schedule I, Parts I and III  
   22  X  

23 Did the organization answer “Yes” to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If “Yes,” complete Schedule I  
   23  X  

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If “Yes,” answer lines 24b through 24d and complete Schedule K. If “No”, go to line 25a  
   24a  X  

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  
   24b  

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  
   24c  

d Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?  
   24d  

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I  
   25a  X  

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? If “Yes,” complete Schedule L, Part I  
   25b  X  

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  
   26  X  

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If “Yes,” complete Schedule L, Part III  
   27  X  

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  
a A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV  
   28a  X  
b A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV  
   28b  X  
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If “Yes,” complete Schedule L, Part IV  
   28c  X  

d Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M  
   28  X  

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M  
   30  X  

31 Did the organization liquidate, terminate, or dissolve and cease operations?  
   If “Yes,” complete Schedule N, Part I  
   31  X  

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II  
   32  X  

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I  
   33  X  

34 Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Part II, III, or IV, and Part V, line 1  
   34  X  

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
b If “Yes” to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” complete Schedule R, Part V, line 2  
   35a  X  

35b  

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  
   If “Yes,” complete Schedule R, Part V, line 2  
   36  X  

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI  
   37  X  

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  
   38  X  

Note. All Form 990 filers are required to complete Schedule O
Part V  Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a 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

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year?

3b If “Yes,” has it filed a Form 990-T for this year? If “No,” to line 3b, provide an explanation in Schedule O

3c 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)?

3d If “Yes,” enter the name of the foreign country: SEE SCHEDULE O


4b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

4c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

4d If “Yes,” to line 4a or 4b, did the organization file Form 8886-T?

4e 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?

4f If “Yes,” did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

7a 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?

7b If “Yes,” did the organization notify the donor of the value of the goods or services provided?

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d If “Yes,” indicate the number of Forms 8282 filed during the year

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

9a Did the organization make any taxable distributions under section 4966?

9b Did the organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

10a Initiation fees and capital contributions included on Part VIII, line 12

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

11a Gross income from members or shareholders

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12b If “Yes,” enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

13a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

14b If “Yes,” has it filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O

Form 990 (2013)
Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year.

<table>
<thead>
<tr>
<th>1a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

| 2  | X   |    |

3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

| 3  | X   |    |

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

| 4  | X   |    |

5. Did the organization become aware during the year of a significant diversion of the organization's assets?

| 5  | X   |    |

6. Did the organization have members or stockholders?

| 6  | X   |    |

7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

| 7a | X   |    |

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

| 8b | X   |    |

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

10a. Did the organization have local chapters, branches, or affiliates?

| 10a | X   |    |

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

| 11a | X   |    |

12a. Did the organization have a written conflict of interest policy? If "Yes," describe in Schedule O how this was done.

| 12a | X   |    |

13. Did the organization have a written whistleblower policy?

| 13  | X   |    |

14. Did the organization have a written document retention and destruction policy?

| 14  | X   |    |

15a. Describe in Schedule O the process, if any, used by the organization to review this Form 990.

| 15a | X   |    |

15b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.

| 15b | X   |    |

Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed: AR, CA, CT, FL, IL, MA, NJ, NY, PA, RI

18. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- [X] Own website
- [X] Another's website
- [X] Upon request
- [ ] Other (explain in Schedule O)

19. Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization:

- JULIE B. FEDER - 617-774-0110
  383 DORCHESTER AVENUE, #400, BOSTON, MA 02127

Form 990 (2013)
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization’s current key employees, if any. See instructions for definition of "key employee."
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations. For purposes of this table, an employee includes former officers, directors, and key employees.
- 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.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) WILLIAM J. CLINTON</td>
<td>5.00</td>
<td>20.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>CHAIR OF THE BOARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) BRUCE LINDSAY</td>
<td>5.00</td>
<td>45.00</td>
<td>X</td>
<td>0.00</td>
<td>360,672</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) PAUL FARMER</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) RAYMOND CHAMBER</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) CHELSEA CLINTON</td>
<td>10.00</td>
<td>25.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) MAGGIE WILLIAMS</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) MALA GAONKAR</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) TACHI YAMADA</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) IRA MAGAZINER</td>
<td>50.00</td>
<td>0.00</td>
<td>X</td>
<td>268,266</td>
<td>0.00</td>
</tr>
<tr>
<td>CEO/VICE-CHAIR OF THE BOARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) MUSTAPHA LEAVENWORTH BAKALI</td>
<td>50.00</td>
<td>0.00</td>
<td>X</td>
<td>253,452</td>
<td>0.00</td>
</tr>
<tr>
<td>CEO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) JULIE B. FEDER</td>
<td>50.00</td>
<td>0.00</td>
<td>X</td>
<td>254,846</td>
<td>0.00</td>
</tr>
<tr>
<td>CFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) JEANNE BROSCH</td>
<td>50.00</td>
<td>0.00</td>
<td>X</td>
<td>173,712</td>
<td>0.00</td>
</tr>
<tr>
<td>EVP, HR MANAGEMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) DAVID RUPIN</td>
<td>50.00</td>
<td>0.00</td>
<td>X</td>
<td>165,808</td>
<td>0.00</td>
</tr>
<tr>
<td>EVP, ACCESS PROGRAMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) ALICE KANGETHE</td>
<td>50.00</td>
<td>0.00</td>
<td>X</td>
<td>160,000</td>
<td>0.00</td>
</tr>
<tr>
<td>EXECUTIVE VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) OWENS WWA</td>
<td>50.00</td>
<td>0.00</td>
<td>X</td>
<td>180,000</td>
<td>0.00</td>
</tr>
<tr>
<td>REGIONAL DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) KELLY MCCRYSTAL</td>
<td>50.00</td>
<td>0.00</td>
<td>X</td>
<td>151,222</td>
<td>0.00</td>
</tr>
<tr>
<td>EXECUTIVE VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Sub-total</td>
<td></td>
<td></td>
<td>1,607,306. 360,672. 190,916.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total from continuation sheets to Part VII, Section A</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1b and 1c)</td>
<td>1,607,306. 360,672. 190,916.</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>56.</td>
<td>Yes.</td>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If &quot;Yes,&quot; complete Schedule J for such individual</td>
<td>3.</td>
<td>Yes.</td>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule J for such individual</td>
<td>4.</td>
<td>Yes.</td>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule J for such person</td>
<td>5.</td>
<td>Yes.</td>
<td>No.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Form 990 (2013)

<table>
<thead>
<tr>
<th>Section B. Independent Contractors</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDINSIGHT 789 COLRAIN ROAD, GREENFIELD, MA 01301</td>
<td>PROFESSIONAL HEALTHCARE SERVICES</td>
<td>683,126.</td>
</tr>
<tr>
<td>CENTRE FOR ENVIRONMENT, NO. 19 OKOMOKO STREET D, PORT HARCOURT, NIGERIA</td>
<td>PROFESSIONAL HEALTHCARE SERVICES</td>
<td>623,614.</td>
</tr>
<tr>
<td>SUDHEI COMPANY INTERNATIONAL, SUITE 3, NO. 11 LORD LUGARD ST., ABUJA, NIGERIA</td>
<td>PROFESSIONAL HEALTHCARE SERVICES</td>
<td>595,267.</td>
</tr>
<tr>
<td>CONTINENTAL RESEARCH, BLOCK A, NO. 11 BUMBUNA ST., WUSE ZONE 1, FCT, NIGERIA</td>
<td>PROFESSIONAL HEALTHCARE SERVICES</td>
<td>456,943.</td>
</tr>
<tr>
<td>COMMUNITY HEALTH AND RESEARCH</td>
<td>PROFESSIONAL HEALTHCARE SERVICES</td>
<td>382,311.</td>
</tr>
</tbody>
</table>

| 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 | 15 |

Form 990 (2013)
### Part VIII  
**Statement of Revenue**

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants, and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 501-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td>2,000,000.</td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td>54,336,914.</td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td>60,933,999.</td>
</tr>
<tr>
<td>1g Non-cash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total, Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>117,270,913.</td>
</tr>
</tbody>
</table>

| Program Service Revenue                                  |                   |                                       |                               |                                               |
| 2a                                                        |                   |                                       |                               |                                               |
| 2b                                                        |                   |                                       |                               |                                               |
| 2c                                                        |                   |                                       |                               |                                               |
| 2d                                                        |                   |                                       |                               |                                               |
| 2e                                                        |                   |                                       |                               |                                               |
| 2f All other program service revenue                     |                   |                                       |                               |                                               |
| 2g Total, Add lines 2a-2f                                |                   |                                       |                               |                                               |

| Investment income (including dividends, interest, and other similar amounts) | 95,183. |
| Income from investment of tax-exempt bond proceeds       | 95,183. |

| Royalties                                                |                   |                                       |                               |                                               |
| 3                                                          |                   |                                       |                               |                                               |

| Gross rents                                              |                   |                                       |                               |                                               |
| Less: rental expenses                                     |                   |                                       |                               |                                               |
| Rental income or (loss)                                  |                   |                                       |                               |                                               |
| Net rental income or (loss)                              |                   |                                       |                               |                                               |

| Gross amount from sales of assets other than inventory   | 45,650. |
| Less: cost or other basis and sales expenses             | 11,389. |
| Gain or (loss)                                           | 34,261. |

| Net gain or (loss)                                       | 34,261. |

| Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 |                   |                                       |                               |                                               |
| Less: direct expenses                                    |                   |                                       |                               |                                               |
| Net income or (loss) from fundraising events             |                   |                                       |                               |                                               |

| Gross income from gaming activities. See Part IV, line 19 |                   |                                       |                               |                                               |
| Less: direct expenses                                    |                   |                                       |                               |                                               |
| Net income or (loss) from gaming activities              |                   |                                       |                               |                                               |

| Gross sales of inventory, less returns and allowances    |                   |                                       |                               |                                               |
| Less: cost of goods sold                                 |                   |                                       |                               |                                               |
| Net income or (loss) from sales of inventory             |                   |                                       |                               |                                               |

| Misceaneous Revenue                                       | 38,717. |

| OTHER REVENUE                                             | 38,717. |

| Total. Add lines 11a-11d                                  | 38,717. |

| Total revenue. See instructions.                          | 117,439,074. |

---

Form 990 (2013)  
CLINTON HEALTH ACCESS INITIATIVE, INC.  
27-1414646  
Page 9  

4541116 756948 25760.001  
2013.06010 CLINTON HEALTH ACCESS INITIATIVE 25760_03
### 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:  

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
<td>1,780,885</td>
<td>1,780,885</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
<td>9,167,523</td>
<td>9,167,523</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>844,253</td>
<td>425,014</td>
<td>419,239</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(h)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>38,705,457</td>
<td>35,178,804</td>
<td>2,969,016</td>
<td>557,637</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>1,731,412</td>
<td>1,584,892</td>
<td>118,118</td>
<td>28,402</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>5,589,204</td>
<td>4,821,328</td>
<td>688,426</td>
<td>79,450</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>2,199,236</td>
<td>1,895,963</td>
<td>257,108</td>
<td>46,165</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Management</td>
<td>288,853</td>
<td>244,002</td>
<td>44,851</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Legal</td>
<td>338,525</td>
<td>133,195</td>
<td>205,330</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td>67,200</td>
<td></td>
<td></td>
<td>67,200</td>
</tr>
<tr>
<td></td>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>6,989,730</td>
<td>6,762,278</td>
<td>216,852</td>
<td>10,600</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>2,405,309</td>
<td>2,150,905</td>
<td>245,852</td>
<td>8,552</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>1,946,654</td>
<td>1,659,700</td>
<td>286,954</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>10,671,899</td>
<td>10,156,936</td>
<td>447,399</td>
<td>67,564</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>7,425,130</td>
<td>7,374,711</td>
<td>42,362</td>
<td>8,057</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>239,520</td>
<td>18,011</td>
<td>221,509</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>198,030</td>
<td>115,202</td>
<td>82,805</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a DIRECT PROGRAM EXPENSE</td>
<td>6,637,084</td>
<td>6,636,846</td>
<td></td>
<td>238</td>
</tr>
<tr>
<td></td>
<td>b CAPITAL CHARGES</td>
<td>3,962,233</td>
<td>3,962,233</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c TELEPHONE</td>
<td>1,857,191</td>
<td>1,714,443</td>
<td>118,547</td>
<td>24,201</td>
</tr>
<tr>
<td></td>
<td>d PROCUREMENT &amp; SHIPPING</td>
<td>1,668,168</td>
<td>1,668,868</td>
<td>-700</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e All other expenses</td>
<td>1,777,837</td>
<td>1,681,831</td>
<td>94,299</td>
<td>1,707</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>106,491,333</td>
<td>99,133,570</td>
<td>6,458,205</td>
<td>899,558</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Balance Sheet

**Part X**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash - non-interest-bearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Savings and temporary cash investments</td>
<td>9,249,360.</td>
<td>10,524,428.</td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td>2,928,631.</td>
<td>9,331,223.</td>
</tr>
<tr>
<td>5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D</td>
<td>1,985,927.</td>
<td></td>
</tr>
<tr>
<td>10b. Less: accumulated depreciation</td>
<td>1,775,130.</td>
<td>355,683.</td>
</tr>
<tr>
<td>11. Investments - publicly traded securities</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12. Investments - other securities. See Part IV, line 11</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13. Investments - program-related. See Part IV, line 11</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>14. Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>17,164,754.</td>
<td>3,513,037.</td>
</tr>
<tr>
<td>26. Total liabilities. Add lines 17 through 25</td>
<td>43,413,925.</td>
<td>47,028,305.</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Unrestricted net assets</td>
<td>-2,097,229.</td>
<td>83,126.</td>
</tr>
<tr>
<td>29. Permanently restricted net assets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.**

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Capital stock or trust principal, or current funds</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>31. Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>32. Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>33. Total net assets or fund balances</td>
<td>25,424,213.</td>
<td>36,218,514.</td>
</tr>
<tr>
<td>34. Total liabilities and net assets/fund balances</td>
<td>68,838,138.</td>
<td>83,246,819.</td>
</tr>
</tbody>
</table>
**Part XI Reconciliation of Net Assets**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E))</td>
</tr>
</tbody>
</table>

**Part XII Financial Statements and Reporting**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
</tr>
<tr>
<td>2c</td>
<td>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?</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
</tr>
<tr>
<td>3b</td>
<td>If “Yes,” did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
</tr>
</tbody>
</table>
Public Charity Status and Public Support

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

<table>
<thead>
<tr>
<th>Part</th>
<th>Reason for Public Charity Status (All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). Attach Schedule E.</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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.</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>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)(v). (Complete Part II.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>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 II.)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>11</td>
<td>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 that describes the type of supporting organization and complete lines 11e through 11h.</td>
</tr>
<tr>
<td>a</td>
<td>Type I</td>
</tr>
<tr>
<td>b</td>
<td>Type II</td>
</tr>
<tr>
<td>c</td>
<td>Type III - Functionally integrated</td>
</tr>
<tr>
<td>d</td>
<td>Type III - Non-functionally integrated</td>
</tr>
<tr>
<td>e</td>
<td>By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</td>
</tr>
<tr>
<td>f</td>
<td>If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.</td>
</tr>
<tr>
<td>g</td>
<td>Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</td>
</tr>
<tr>
<td>(i)</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization.</td>
</tr>
<tr>
<td>(ii)</td>
<td>A family member of a person described in (i) above.</td>
</tr>
<tr>
<td>(iii)</td>
<td>A 35% controlled entity of a person described in (i) or (ii) above.</td>
</tr>
<tr>
<td>h</td>
<td>Provide the following information about the supported organization(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document? Yes No</th>
<th>(v) Did you notify the organization in col. (i) of your support? Yes No</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.? Yes No</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
</table>

Total

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

Schedule A (Form 990 or 990-EZ) 2013

322021 06-25-13

4541116 756948 25760.001 2013.06010 CLINTON HEALTH ACCESS INITIATIVE 25760_03
**Section A. Public Support**

Calendar year (or fiscal year beginning in)  
1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  
   - (a) 2009  
   - (b) 2010  
   - (c) 2011  
   - (d) 2012  
   - (e) 2013  
   - (f) Total

2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

3. The value of services or facilities furnished by a governmental unit to the organization without charge

4. Total. Add lines 1 through 3

5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

6. Public support. Subtract line 4 from line 5

**Section B. Total Support**

Calendar year (or fiscal year beginning in)  
7. Amounts from line 4

8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

9. Net income from unrelated business activities, whether or not the business is regularly carried on

10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)

11. Total support. Add lines 7 through 10

12. Gross receipts from related activities, etc. (see instructions)

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

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

14. Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))

15. Public support percentage from 2012 Schedule A, Part II, line 14

16a. 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

16b. 33 1/3% support test - 2012. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a. 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17b. 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions
### Section A. Public Support

<table>
<thead>
<tr>
<th></th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Total, Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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 10 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Public support (Enter total line 7 from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th></th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total support. (Add lines 9, 10a, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

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<thead>
<tr>
<th></th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Public support percentage from 2012 Schedule A, Part II, line 15</td>
<td>15</td>
<td>%</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

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<thead>
<tr>
<th></th>
<th>17</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Investment income percentage from 2012 Schedule A, Part II, line 17</td>
<td>17</td>
<td>%</td>
</tr>
</tbody>
</table>

### 19a 33 1/3% support tests - 2013
- 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.
- If line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

### 19b 33 1/3% support tests - 2012
- If the organization did not check the 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.
- If 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.
** PUBLIC DISCLOSURE COPY **

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

<table>
<thead>
<tr>
<th>Schedule of Contributors</th>
</tr>
</thead>
</table>

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINTON HEALTH ACCESS INITIATIVE, INC.</td>
<td>27-1414646</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization type (check one):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>☒ 501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td></td>
<td>☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>☐ 527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>☐ 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>☐ 501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

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, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☒ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year .................................................. ☒ $ __________

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF, Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
### Part I Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$24,685,682</td>
<td>Payroll X</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$8,610,401</td>
<td>Payroll X</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$21,482,230</td>
<td>Payroll X</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$9,065,235</td>
<td>Payroll X</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$7,041,549</td>
<td>Payroll X</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$3,925,088</td>
<td>Payroll X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$4,897,271.00</td>
<td>Person X Payroll</td>
</tr>
<tr>
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<td>Noncash</td>
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<td>8</td>
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<td>$4,654,356.00</td>
<td>Person X Payroll</td>
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<td>9</td>
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<td>$3,525,099.00</td>
<td>Person X Payroll</td>
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<td>Noncash</td>
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<tr>
<td>10</td>
<td></td>
<td>$2,357,582.00</td>
<td>Person X Payroll</td>
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</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (see instructions)</td>
<td>(d) Date received</td>
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</tbody>
</table>
**CLINTON HEALTH ACCESS INITIATIVE, INC.**  
27-1414646

### Part III

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. 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 information on page S.**

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
**Supplemental Financial Statements**

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  
   - [ ] Yes  
   - [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   - [ ] Yes  
   - [ ] No

**Part II**  
**Conservation Easements.** Complete if the organization answered "Yes" to 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 (e.g., recreation or education)  
   - [ ] Preservation of an 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.

   a. Total number of conservation easements
   b. Total acreage restricted by conservation easements
   c. Number of conservation easements on a certified historic structure included in (a)
   d. Number of conservation easements included in (c) that are acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   - [ ] Yes  
   - [ ] No

6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.

7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year: $ __________

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   - [ ] Yes  
   - [ ] No

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

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

1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   - (i) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:
   - (a) Revenues included in Form 990, Part VIII, line 1: $ __________
   - (b) Assets included in Form 990, Part X: $ __________
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 are a significant use of its collection items (check all that apply):
   a. Public exhibition
   b. Scholarly research
   c. Preservation for future generations
   d. Loan or exchange programs
   e. Other

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? □ Yes □ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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

1b. If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21? □ Yes □ No

2b. 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" to Form 990, Part IV, line 10.

1a. Beginning of year balance

1b. Contributions

1c. Net investment earnings, gains, and losses

1d. Grants or scholarships

1e. Other expenditures for facilities and programs

1f. Administrative expenses

1g. End of year balance

2. Provide the estimated percentage of the current end balance (line 1g, column (a)) held as:

   a. Board designated or quasi-endowment ▶
   b. Permanent endowment ▶
   c. Temporarily restricted endowment ▶

   The percentages in 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

3b. If "Yes" to 3a(ii), are the related organizations listed as required on Schedule F?

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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>164,296, 125,938. 38,358.</td>
<td></td>
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</tr>
<tr>
<td>d Equipment</td>
<td>1,821,631, 1,649,192. 172,439.</td>
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<tr>
<td>e Other</td>
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</tr>
</tbody>
</table>

Total: Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 210,797.

Schedule D (Form 990) 2013
**Part VII Investments - Other Securities.**

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

**Part VIII Investments - Program Related.**

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

**Part IX Other Assets.**

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ASSETS LIMITED AS TO USE</td>
<td>61,567,255.</td>
</tr>
<tr>
<td>(2) DUE FROM AFFILIATE</td>
<td>186,773.</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

**Part X Other Liabilities.**

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

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) ASSETS HELD FOR COMMODITIES</td>
<td>3,513,037.</td>
</tr>
<tr>
<td>(3) PURCHASE</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Schedule D (Form 990) 2013
**Part XI**  
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>118,000,927</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b 561,853</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e 561,853</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 117,439,074</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c 0</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue.  Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5 117,439,074</td>
</tr>
</tbody>
</table>

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

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>107,206,626</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a 715,293</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e 715,293</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 106,491,333</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c 0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses.  Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5 106,491,333</td>
</tr>
</tbody>
</table>

**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:**

**EXPLANATION:** 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 
AS ITS ONLY SIGNIFICANT TAX POSITION AND HAS DETERMINED THAT SUCH TAX 
POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. CHAI IS 
NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. CHAI'S
FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE OF FILING THE RELATED RETURN.
**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.**
- **See separate instructions.**

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

Name of the organization: **CLINTON HEALTH ACCESS INITIATIVE, INC.**

Employer identification number: **27-1414646**

### Part I. General Information on Activities Outside the United States

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

1. **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes**

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.

### Activities per Region

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in region</th>
<th>(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>(f) Total expenditures for and investments in region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUB-SAHARAN AFRICA</strong></td>
<td>16</td>
<td>569</td>
<td><strong>PROGRAM SERVICES</strong> <strong>HEALTH</strong></td>
<td></td>
<td><strong>53,043,570.</strong></td>
</tr>
<tr>
<td><strong>EAST ASIA AND THE PACIFIC</strong></td>
<td>7</td>
<td>154</td>
<td><strong>PROGRAM SERVICES</strong> <strong>HEALTH</strong></td>
<td></td>
<td><strong>11,094,243.</strong></td>
</tr>
<tr>
<td><strong>SOUTH ASIA</strong></td>
<td>1</td>
<td>56</td>
<td><strong>PROGRAM SERVICES</strong> <strong>HEALTH</strong></td>
<td></td>
<td><strong>5,074,326.</strong></td>
</tr>
<tr>
<td><strong>CENTRAL AMERICA AND THE CARIBBEAN</strong></td>
<td>1</td>
<td>6</td>
<td><strong>PROGRAM SERVICES</strong> <strong>HEALTH</strong></td>
<td></td>
<td><strong>1,036,192.</strong></td>
</tr>
<tr>
<td><strong>RUSSIA AND NEIGHBORING STATES</strong></td>
<td>1</td>
<td>7</td>
<td><strong>PROGRAM SERVICES</strong> <strong>HEALTH</strong></td>
<td></td>
<td><strong>729,027.</strong></td>
</tr>
<tr>
<td><strong>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</strong></td>
<td>1</td>
<td>8</td>
<td><strong>PROGRAM SERVICES</strong> <strong>HEALTH</strong></td>
<td></td>
<td><strong>0.</strong></td>
</tr>
<tr>
<td><strong>NORTH AMERICA</strong></td>
<td>1</td>
<td>2</td>
<td><strong>PROGRAM SERVICES</strong> <strong>HEALTH</strong></td>
<td></td>
<td><strong>0.</strong></td>
</tr>
</tbody>
</table>

**SUB-SAHARAN AFRICA**

- **a Sub-total** ............... 802
- **b Total from continuation sheets to Part I** ............... 0
- **c Totals (add lines 3a and 3b)** ............... 802

**Total expenditures for and investments in region**: **60,063,192.**

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

Schedule F (Form 990) 2013
<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Offices</th>
<th>Number of Employees</th>
<th>Activities Conducted</th>
<th>If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>Total Expenditures for Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAST ASIA AND THE PACIFIC</td>
<td>0</td>
<td>0</td>
<td>GRANTS</td>
<td>HEALTH</td>
<td>1,468,869.</td>
</tr>
<tr>
<td>SOUTH ASIA</td>
<td>0</td>
<td>0</td>
<td>GRANTS</td>
<td>HEALTH</td>
<td>1,442,330.</td>
</tr>
<tr>
<td>CENTRAL AMERICA AND THE CARIBBEAN</td>
<td>0</td>
<td>0</td>
<td>GRANTS</td>
<td>HEALTH</td>
<td>350,816.</td>
</tr>
<tr>
<td>RUSSIA AND NEIGHBORING STATES</td>
<td>0</td>
<td>0</td>
<td>GRANTS</td>
<td>HEALTH</td>
<td>96,840.</td>
</tr>
<tr>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td>0</td>
<td>0</td>
<td>GRANTS</td>
<td>HEALTH</td>
<td>664,638.</td>
</tr>
<tr>
<td>NORTH AMERICA</td>
<td>0</td>
<td>0</td>
<td>GRANTS</td>
<td>HEALTH</td>
<td>84,826.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUB-SAHARAN</td>
<td>AFRICA HEALTH</td>
<td>669,679</td>
<td>0</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>EAST ASIA</td>
<td>AFRICA HEALTH</td>
<td>605,572</td>
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<tr>
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<td></td>
<td>THE PACIFIC</td>
<td>HEALTH</td>
<td>544,230</td>
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<td>EUROPE</td>
<td>HEALTH</td>
<td>513,768</td>
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<td></td>
<td></td>
<td>SUB-SAHARAN</td>
<td>AFRICA HEALTH</td>
<td>422,235</td>
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<tr>
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<td></td>
<td>SUB-SAHARAN</td>
<td>AFRICA HEALTH</td>
<td>361,325</td>
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<tr>
<td></td>
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<td>SUB-SAHARAN</td>
<td>AFRICA HEALTH</td>
<td>340,346</td>
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<td>SOUTH ASIA</td>
<td>HEALTH</td>
<td>243,718</td>
<td>0</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

3. Enter total number of other organizations or entities.
<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>EAST ASIA AND THE PACIFIC</td>
<td>HEALTH</td>
<td>240,729</td>
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<tr>
<td></td>
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<td></td>
<td>SUB-SAHARAN AFRICA</td>
<td>HEALTH</td>
<td>224,484</td>
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<td></td>
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<td>SUB-SAHARAN AFRICA</td>
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<td>SUB-SAHARAN AFRICA</td>
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<td></td>
<td></td>
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<td>SUB-SAHARAN AFRICA</td>
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<td>CENTRAL AMERICA AND THE CARIBBEAN</td>
<td>HEALTH</td>
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</tr>
<tr>
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<td>SUB-SAHARAN AFRICA</td>
<td>HEALTH</td>
<td>148,638</td>
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<td></td>
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<td>SUB-SAHARAN AFRICA</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SUB-SAHARAN AFRICA</td>
<td>HEALTH</td>
<td>132,667</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name of organization</td>
<td>(b) IRS code section and EIN (if applicable)</td>
<td>(c) Region</td>
<td>(d) Purpose of grant</td>
<td>(e) Amount of cash grant</td>
<td>(f) Manner of cash disbursement</td>
<td>(g) Amount of non-cash assistance</td>
<td>(h) Description of non-cash assistance</td>
<td>(i) Method of valuation (book, FMV, appraisal, other)</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------</td>
<td>----------------</td>
<td>---------------------</td>
<td>--------------------------</td>
<td>--------------------------------</td>
<td>----------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>SOUTH ASIA</td>
<td></td>
<td>HEALTH</td>
<td>131,564</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
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</tr>
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<td>AFRICA</td>
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<tr>
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<td></td>
<td>HEALTH</td>
<td>115,680</td>
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<tr>
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<td>(f) Manner of cash disbursement</td>
<td>(g) Amount of non-cash assistance</td>
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<td>(f) Manner of cash disbursement</td>
<td>(g) Amount of non-cash assistance</td>
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<td>(f) Manner of cash disbursement</td>
<td>(g) Amount of non-cash assistance</td>
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<td>(i) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(c) Region</td>
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<td>(f) Manner of cash disbursement</td>
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### 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.

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<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of non-cash assistance</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
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</table>
1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ................................................................. [ ] Yes [X] No

2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ........................................................................................................ [ ] Yes [X] No

3. Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) ........................................................................................................ [ ] Yes [X] 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 8821, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8821) ........................................................................................................ [ ] Yes [X] No

5. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) ........................................................................................................ [ ] Yes [X] 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713) ........................................................................................................ [ ] Yes [X] No
**PART I, LINE 2:**

**EXPLANATION:** FOR GRANTS OUTSIDE THE US, EACH COUNTRY OR PROGRAM TEAM REQUESTS THEIR CASH NEEDS EACH MONTH WITH AP. AFTER THESE AMOUNTS ARE VERIFIED, THE HEADQUARTERS TEAM DISBURSES THE FUNDS TO THE COUNTRY/PROGRAM TEAMS. AT THE END OF EACH MONTH, THE EXPENSES FOR EACH TEAM ARE REVIEWED TO SEE WHERE FUNDS WERE USED AND WHAT PROJECT WAS CHARGED.

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

**EXPLANATION:** THE GRANTEES COUNTED ON LINE 3 CONSIST OF GOVERNMENT MINISTRIES OF HEALTH, HOSPITALS, AND OTHER ORGANIZATIONS IN FURTHERANCE OF OUR MISSION.
**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>[(iii) Did fundraiser have custody or control of contributions? Yes</th>
<th>No]</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
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<td>THE HELEN BROWN GROUP LLC - 48 SUMMER ST., SUITE 2.</td>
<td>PROSPECTING</td>
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<td>67,200</td>
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</table>

|   |   |   |   |   |   |   |

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

AR, CA, CT, FL, IL, NJ, NY, PA, RI, WA, MA
### Part II: Fundraising Events

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

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

### Part III: Gaming

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

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

9 Enter the state(s) in which the organization operates gaming activities:
   a Is the organization licensed to operate gaming activities in each of these states? □ Yes □ No
   b If "No," explain: ____________________________

10a Were any of the organization’s gaming licenses revoked, suspended or terminated during the tax year? □ Yes □ No
   b If "Yes," explain: ____________________________
Schedule G (Form 990 or 990-EZ) 2013

CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 3

11 Does the organization operate gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity operated in:
   a The organization's facility ................................................................. 13a %
   b An outside facility ........................................................................... 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

   Name ▶

   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No

   b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________.

   c If "Yes," enter name and address of the third party:

   Name ▶

   Address ▶

16 Gaming manager information:

   Name ▶

   Gaming manager compensation ▶ $ ____________

   Description of services provided ▶

   □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No

   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ ____________

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

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

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

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

   ____________________________
   ____________________________
   ____________________________

332263 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

4541116 756948 25760.001 2013.06010 CLINTON HEALTH ACCESS TNITY 25760 03
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

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

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 X 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section if applicable</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY HEALTH INTERNATIONAL</td>
<td>23-7413005</td>
<td>501(C)(3)</td>
<td>463,373</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>359 BLACKWELL STREET, SUITE 200, DURHAM, NC 27701</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YALE UNIVERSITY</td>
<td>06-0646973</td>
<td>501(C)(3)</td>
<td>361,570</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>P.O. BOX 1873, NEW HAVEN, CT 06508</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POPULATION SERVICES INTERNATIONAL</td>
<td>56-0942853</td>
<td>501(C)(3)</td>
<td>250,123</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>1120 15TH STREET NW, SUITE 600, WASHINGTON, DC 20036</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW YORK UNIVERSITY</td>
<td>13-5562308</td>
<td>501(C)(3)</td>
<td>193,230</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>70 WASHINGTON SQUARE, NEW YORK, NY 10012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTNERS IN HEALTH</td>
<td>04-3567502</td>
<td>501(C)(3)</td>
<td>93,083</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>888 COMMONWEALTH AVENUE, 3RD FLOOR, BOSTON, MA 02215</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOWARD UNIVERSITY</td>
<td>53-0204797</td>
<td>501(C)(3)</td>
<td>92,600</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>2400 6TH STREET, NW, WASHINGTON, DC 20001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Schedule I (Form 990) (2013)
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE</td>
<td>04-2103547</td>
<td>501(C)(3)</td>
<td>85,922</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>BOSTON, MA 02215</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONCERN WORLDWIDE 355 LEXINGTON AVENUE, 19TH FLOOR</td>
<td>13-3712030</td>
<td>501(C)(3)</td>
<td>81,278</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>NEW YORK, NY 10017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATHFINDER INTERNATIONAL 9 GALEN STREET, #217</td>
<td>53-0235320</td>
<td>501(C)(3)</td>
<td>47,670</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>WATERTOWN, MA 02472</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HARBOR PATH 2201 WESTLAKE AVENUE, SUITE 200</td>
<td>91-1157127</td>
<td>501(C)(3)</td>
<td>40,000</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>SEATTLE, WA 98121</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCYNERIS, INC. P.O. BOX 12878</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESEARCH TRIANGLE PARK, NC 27709</td>
<td>56-2181648</td>
<td>501(C)(3)</td>
<td>35,600</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET, P.O. BOX 980</td>
<td>54-5001758</td>
<td>501(C)(3)</td>
<td>15,000</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>RICHMOND, VA 23298</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLORIDA STATE UNIVERSITY 600 W COLLEGE AVENUE</td>
<td>59-1961248</td>
<td>501(C)(3)</td>
<td>15,436</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>TALLAHASSEE, FL 32306</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PRINCETON IN AFRICA 154 NASSAU STREET, SUITE 219</td>
<td>22-3824520</td>
<td>501(C)(3)</td>
<td>5,000</td>
<td>0</td>
<td></td>
<td>HEALTH</td>
<td></td>
</tr>
<tr>
<td>PRINCETON, NJ 08542</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Schedule I (Form 990) (2013)

#### CLINTON HEALTH ACCESS INITIATIVE, INC.  

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

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

#### 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:**

EXPLANATION: FOR GRANTS INSIDE THE US, EACH COUNTRY OR PROGRAM TEAMS REQUESTS THEIR CASH NEEDS EACH MONTH WITH AP. AFTER THESE AMOUNTS ARE VERIFIED, THE HEADQUARTERS TEAM DISBURSES THE FUNDS TO THE COUNTRY/PROGRAM TEAMS. AT THE END OF EACH MONTH, THE EXPENSES FOR EACH TEAM ARE REVIEWED TO SEE WHERE FUNDS WERE USED AND WHAT PROJECT WAS CHARGED.
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. See separate instructions.
Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- [ ] First-class or charter travel
- [ ] Housing allowance or residence for personal use
- [ ] Travel for companions
- [ ] Payments for business use of personal residence
- [ ] Tax indemnification and gross-up payments
- [x] Health or social club dues or initiation fees
- [ ] Discretionary spending account
- [ ] Personal services (e.g., 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 in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- [x] Compensation committee
- [ ] Written employment contract
- [ ] Independent compensation consultant
- [x] Compensation survey or study
- [ ] Form 990 of other organizations
- [x] Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing 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) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4956-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4956-6(d)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)+(D)</th>
<th>(F) Compensation reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) BRUCE LINDSEY</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(D) 0.</td>
<td>(E) 0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>(ii) 360,672.</td>
<td>(iii) 0.</td>
<td>(D) 18,884.</td>
<td>(E) 394,856.</td>
<td>(F) 0.</td>
</tr>
<tr>
<td>(2) IRA MAGAZIERE</td>
<td>(i) 268,266.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(D) 22,093.</td>
<td>(E) 290,359.</td>
</tr>
<tr>
<td>COO/VICE-CHAIR OF THE BOARD</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(D) 0.</td>
<td>(E) 0.</td>
</tr>
<tr>
<td>(3) MUSTAPHA LEVENWORTH BARALI</td>
<td>(i) 253,452.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(D) 15,858.</td>
<td>(E) 269,310.</td>
</tr>
<tr>
<td>COO</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(D) 0.</td>
<td>(E) 0.</td>
</tr>
<tr>
<td>(4) JULIE B. FEDER</td>
<td>(i) 254,846.</td>
<td>(ii) 0.</td>
<td>(ii) 7,645.</td>
<td>(D) 22,093.</td>
<td>(E) 284,584.</td>
</tr>
<tr>
<td>CFO</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(D) 0.</td>
<td>(E) 0.</td>
</tr>
<tr>
<td>(5) JEANNE BRESNAN</td>
<td>(i) 173,712.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(D) 17,292.</td>
<td>(E) 191,004.</td>
</tr>
<tr>
<td>EVP, HR MANAGEMENT</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(D) 0.</td>
<td>(E) 0.</td>
</tr>
<tr>
<td>(6) DAVID RIFIN</td>
<td>(i) 165,808.</td>
<td>(ii) 0.</td>
<td>(ii) 9,948.</td>
<td>(D) 22,093.</td>
<td>(E) 197,849.</td>
</tr>
<tr>
<td>EVP, ACCESS PROGRAMS</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(D) 0.</td>
<td>(E) 0.</td>
</tr>
<tr>
<td>(7) ALICE KANGTHE</td>
<td>(i) 160,000.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(D) 3,416.</td>
<td>(E) 163,416.</td>
</tr>
<tr>
<td>EXECUTIVE VICE PRESIDENT</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(D) 0.</td>
<td>(E) 0.</td>
</tr>
<tr>
<td>(8) OWENS WIWA</td>
<td>(i) 180,000.</td>
<td>(ii) 0.</td>
<td>(ii) 6,000.</td>
<td>(D) 15,858.</td>
<td>(E) 201,858.</td>
</tr>
<tr>
<td>REGIONAL DIRECTOR</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(D) 0.</td>
<td>(E) 0.</td>
</tr>
<tr>
<td>(9) KELLY MCCRYSTAL</td>
<td>(i) 151,222.</td>
<td>(ii) 0.</td>
<td>(ii) 9,073.</td>
<td>(D) 5,363.</td>
<td>(E) 165,658.</td>
</tr>
<tr>
<td>EXECUTIVE VICE PRESIDENT</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(D) 0.</td>
<td>(E) 0.</td>
</tr>
</tbody>
</table>
PART I, LINE 1A:

EXPLANATION: STAFF WHO ARE ENROLLED IN THE CHAI DOMESTIC MEDICAL PLAN ARE ELIGIBLE FOR REIMBURSEMENT OF THEIR GYM MEMBERSHIP UP TO $250 PER CALENDAR YEAR. THE REIMBURSEMENT IS TAXABLE INCOME.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPAND ACCESS TO HIGH-QUALITY CARE AND TREATMENT FOR HIV/AIDS, MALARIA AND OTHER DISEASES.

FORM 990, PART I, LINE 5:

EXPLANATION: THE NUMBER REPORTED ON PART I, LINE 5 REFLECTS THE NUMBER OF PEOPLE REPORTED ON FORM W-3. CHAI EMPLOYS 965 PEOPLE AROUND THE GLOBE.

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

CHAI APPLIES THE RIGOROUS THINKING, ANALYSIS AND URGENCY OF THE BUSINESS WORLD TO SAVE LIVES AND STRENGTHEN HEALTH SYSTEMS RAPIDLY AND MORE EFFICIENTLY. IN ADDITION TO RETAINING ITS INITIAL FOCUS ON HIV/AIDS CARE AND TREATMENT, CHAI IMPLEMENTS PROGRAMS ON VACCINES, MALARIA, AND HEALTH SYSTEMS STRENGTHENING MATERNAL AND CHILD HEALTH IN MORE THAN 25 COUNTRIES.

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

HUMAN RESOURCES FOR HEALTH & HEALTH SYSTEMS STRENGTHENING: CHAI IS ASSISTING GOVERNMENTS IN RESOURCE POOR COUNTRIES TO INCREASE HUMAN RESOURCES FOR HEALTH CAPACITY BY EDUCATING, DEPLOYING, AND SUSTAINING AN ADEQUATE NUMBER OF HIGH-QUALITY HEALTH CARE PROFESSIONALS.

EXPENSES $12,298,275. INCLUDING GRANTS OF $2,814,505. REVENUE $0.

VACCINES
CLINTON HEALTH ACCESS INITIATIVE, INC.  27-1414646

EXPENSES $10,631,296. INCLUDING GRANTS OF $221,987. REVENUE $0.

MALARIA
EXPENSES $5,882,344. INCLUDING GRANTS OF $180,958. REVENUE $0.

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

CAMBODIA, CAMEROON, ETHIOPIA, INDIA,
INDONESIA, JAMAICA, KENYA, LESOTHO,
LIBERIA, MALAWI, MOZAMBIQUE, NIGERIA,
PAPUA NEW GUINEA, RWANDA, SOUTH AFRICA, SWAZILAND,
TANZANIA, UKRAINE, UGANDA, VIETNAM,
ZAMBIA, ZIMBABWE, LAOS, BURMA

FORM 990, PART VI, SECTION A, LINE 2:
EXPLANATION: WILLIAM J. CLINTON AND CHELSEA CLINTON HAVE A PARENT/CHILD RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

FORM 990, PART VI, SECTION A, LINE 7A:

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

FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: INTERESTED PERSONS MUST DISCLOSE ANY TRANSACTION OR ARRANGEMENT WHICH RESULTS IN A CONFLICT OF INTEREST TO THE BOARD OR COMMITTEE OF WHICH THEY ARE A MEMBER. THE BOARD MEETS, REVIEWS AND DISCUSSES ANY DISCLOSED CONFLICT OF INTEREST. CHAI SHALL TAKE APPROPRIATE DISCIPLINARY ACTIONS, AS DETERMINED BY THE BOARD, WITH RESPECT TO AN INTERESTED PERSON WHO HAS VIOLATED THE CONFLICT OF INTEREST POLICY. THIS APPLIES TO DIRECTORS, OFFICERS, KEY EMPLOYEES, OR COMMITTEE MEMBERS AND ALL OTHERS WHO ARE PERMITTED TO VOTE AT BOARD OF DIRECTOR MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: CHAI CONTRACTED WITH AN OUTSIDE CONSULTANT IN 2011 TO CONDUCT A MANAGEMENT STUDY TO HELP ASSIST IN DETERMINING EXECUTIVE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII:
EXPLANATION: THE COMPENSATION REPORTED ON PART VII FOR IRA MAGAZINER REPRESENTS COMPENSATION FOR HIS SERVICES TO CHAI AS CEO. SEPARATELY, THE CLINTON FOUNDATION HAS A CONSULTING AGREEMENT WITH SJS ADVISORS, OF WHICH IRA MAGAZINER IS A PRINCIPAL. THE CLINTON FOUNDATION PAID SJS ADVISORS $124,980 FOR SERVICES RELATED TO THE CLINTON FOUNDATION'S CLINTON CLIMATE INITIATIVE.

REASON FOR AMENDING RETURN
EXPLANATION: PART IV, LINE 33 IS BEING AMENDED TO ANSWER THE QUESTION "YES."

PART VI, SECTION C., LINE 18 WAS AMENDED TO CHECK THE BOXES FOR "OWN WEBSITE" AND "ANOTHER'S WEBSITE."

PART VII, COLUMN (B) - THE AVERAGE HOURS PER WEEK FOR THE ORGANIZATION AND FOR RELATED ORGANIZATIONS WERE CHANGED FOR WILLIAM J. CLINTON, BRUCE LINDSEY AND CHELSEA CLINTON.

PART VII - COMPENSATION AMOUNTS REPORTED IN COLUMN (E) AND (F) FOR BRUCE LINDSEY WERE CHANGED.
THE ORGANIZATION IS AMENDING ITS 2013 FORM 990, PART VIII, IN ORDER TO
MORE ACCURATELY DISTINGUISH GOVERNMENT GRANT (CONTRIBUTION) INCOME FROM
ALL OTHER CONTRIBUTIONS, GIFTS AND GRANTS. GOVERNMENT GRANTS (LINE 1E)
IS CHANGED FROM $55,858,566 TO $54,336,914. ALL OTHER CONTRIBUTIONS,
GIFTS AND GRANTS (LINE 1F) IS CHANGED FROM $59,412,347 TO $60,933,999

PART IX - THE AMOUNTS ON LINES 5, 7, 8, AND 9 WERE CHANGED.

SCHEDULE J, PART II - COMPENSATION AMOUNTS REPORTED FOR BRUCE LINDSEY
WERE CHANGED.

SCHEDULE R, PART I IS AMENDED TO DISCLOSE RELATED ENTITIES.

SCHEDULE R, PART II, COLUMN (A) - THE NAME "CLINTON FOUNDATION" WAS
CHANGED TO "BILL, HILLARY, & CHELSEA CLINTON FOUNDATION."

SCHEDULE R, PART II, COLUMN (F) - THE NAME OF THE DIRECT CONTROLLING
ENTITY WAS CHANGED FROM "CLINTON FOUNDATION" TO "BHCC FDN."

SCHEDULE R, PART III IS AMENDED TO DISCLOSE RELATED PARTNERSHIPS.

SCHEDULE R, PART IV IS AMENDED TO DISCLOSE RELATED CORPORATIONS.
### Related Organizations and Unrelated Partnerships

**Part I**

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINTON HEALTH ACCESS INITIATIVE</td>
<td></td>
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<tr>
<td>3RD FLOOR, TIMAS PLAZA, AROWINGO KODHEK RD, NAIROBI, KENYA</td>
<td></td>
<td>KENYA</td>
<td>2,971,221</td>
<td>410,774</td>
<td>CLINTON HEALTH ACCESS INITIATIVE</td>
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<tr>
<td>MAQALIRA, DR., PHORORO'S RESIDENCE</td>
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<td>MASERU, LESOTHO</td>
<td></td>
<td>LESOTHO</td>
<td>1,906,800</td>
<td>1,503,910</td>
<td>CLINTON HEALTH ACCESS INITIATIVE</td>
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<td>CLINTON HEALTH ACCESS INITIATIVE</td>
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<td>7, GANGES STREET</td>
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<td>CLINTON HEALTH ACCESS INITIATIVE</td>
</tr>
<tr>
<td>MAITAMA DISTRICT ABUJA, NIGERIA</td>
<td></td>
<td>NIGERIA</td>
<td>9,013,232</td>
<td>1,330,428</td>
<td>CLINTON HEALTH ACCESS INITIATIVE</td>
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<tr>
<td>CLINTON HEALTH ACCESS INITIATIVE-SOUTH</td>
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<tr>
<td>AFRICA, 1166 FRANCIS HAARD STREET, BLOCK B, 1ST FL., PRETORIA</td>
<td></td>
<td>SOUTH AFRICA</td>
<td>3,903,751</td>
<td>622,265</td>
<td>CLINTON HEALTH ACCESS INITIATIVE</td>
</tr>
</tbody>
</table>

### Part II

**Identification of Related Tax-Exempt Organizations**

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILL, HILLARY &amp; CHELSRA CLINTON FOUNDATION - 31-1580204, 1200 PRESIDENT CLINTON AVENUE, LITTLE ROCK, AR 72201</td>
<td>ECONOMIC DEVELOPMENT</td>
<td>ARKANSAS</td>
<td>501(C)(3)</td>
<td>LINE 7</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>WILLIAM J. CLINTON FOUNDATION - UK 610 PRESIDENT CLINTON AVE, 2ND FLOOR LITTLE ROCK, AR 72201</td>
<td>FUNDRAISING</td>
<td>UNITED KINGDOM</td>
<td>N/A</td>
<td>N/A</td>
<td>BHCC FDN</td>
<td>X</td>
</tr>
<tr>
<td>CLINTON GLOBAL INITIATIVE, INC. - 27-1551550 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201</td>
<td>INITIATIVE</td>
<td>ARKANSAS</td>
<td>501(C)(3)</td>
<td>LINE 11A, I</td>
<td>BHCC FDN</td>
<td>X</td>
</tr>
<tr>
<td>CLINTON FOUNDATION INSALINGSTIFTSELSE TORKHREM MAGNELL VAST TRADGARD STOCKHOLM, SWEDEN</td>
<td>FUNDRAISING</td>
<td>SWEDEN</td>
<td>N/A</td>
<td>N/A</td>
<td>BHCC FDN</td>
<td>X</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINTON HEALTH ACCESS INITIATIVE</td>
<td></td>
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<tr>
<td>MBABANE OFFICE PARK, BUILDING 3, 3RD FL.</td>
<td></td>
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<td></td>
<td>CLINTON HEALTH ACCESS</td>
</tr>
<tr>
<td>MBABANE, SWAZILAND</td>
<td>HEALTH</td>
<td>SWAZILAND</td>
<td>2,408,220</td>
<td>46,044</td>
<td>INITIATIVE</td>
</tr>
<tr>
<td>CLINTON HEALTH ACCESS INITIATIVE UGANDA</td>
<td></td>
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<td></td>
<td>CLINTON HEALTH ACCESS</td>
</tr>
<tr>
<td>LIMITED, P.O. BOX 33252, KAMPALA, UGANDA</td>
<td>HEALTH</td>
<td>UGANDA</td>
<td>2,259,249</td>
<td>304,335</td>
<td>INITIATIVE</td>
</tr>
<tr>
<td>CLINTON HEALTH ACCESS INITIATIVE UK</td>
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<td></td>
<td></td>
<td></td>
<td>CLINTON HEALTH ACCESS</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>UNITED KINGDOM</td>
</tr>
<tr>
<td>UNITED KINGDOM</td>
<td>HEALTH</td>
<td>UNITED KINGDOM</td>
<td>0</td>
<td>0</td>
<td>INITIATIVE</td>
</tr>
<tr>
<td>Name, address, and EIN</td>
<td>Primary activity</td>
<td>(c) Legal domicile (state or foreign country)</td>
<td>(d) Direct controlling entity</td>
<td>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</td>
<td>(f) Share of total income</td>
</tr>
<tr>
<td>-------------------------</td>
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<td>---------------------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>HAITI DEVELOPMENT FUND LLC - 45-3819678, 1271 AVENUE OF AMERICAS, NEW YORK, NY 10020</td>
<td>INVESTMENT</td>
<td>DE</td>
<td>N/A</td>
<td>RELATED</td>
<td>0</td>
</tr>
<tr>
<td>ACCESSO FUND LLC - 27-2075171 1271 AVENUE OF AMERICAS NEW YORK, NY 10020</td>
<td>INVESTMENT</td>
<td>DE</td>
<td>N/A</td>
<td>RELATED</td>
<td>0</td>
</tr>
<tr>
<td>ACCESO OFERTA LOCAL-PRODUCTOS CALLE EL MIRADOR Y 93 AVENIDA FRUIT &amp; VEG SUPPLY EL SALVADOR SALVADOR WORLDWIDE</td>
<td>INVESTMENT</td>
<td>COLOMBIA BHCC FDN</td>
<td>RELATED</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CIUDAD VERDE AMARILLO TRIADA FR. CALLE 67 NO. 7-37 PISO 3, COLOMBIA</td>
<td>INVESTMENT</td>
<td>COLOMBIA BHCC FDN</td>
<td>RELATED</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACACIA DEVELOPMENT CO 1271 AVENUE OF AMERICAS NEW YORK, NY 10020</td>
<td>INVESTMENT</td>
<td>DE BHCC FDN</td>
<td>C CORP</td>
<td>0</td>
<td>0</td>
<td>X</td>
</tr>
<tr>
<td>ACCESSO WORLDWIDE FUND INC. 1271 AVENUE OF AMERICAS NEW YORK, NY 10020</td>
<td>INVESTMENT</td>
<td>DE BHCC FDN</td>
<td>C CORP</td>
<td>0</td>
<td>0</td>
<td>X</td>
</tr>
<tr>
<td>ACCESSO CASHMERE ENTERPRISE LIMITED OFFICE NO 201 RENING PARADISE AROSA, INDIA CASHEW PROCESSING INDIA WORLDWIDE</td>
<td>INVESTMENT</td>
<td>DE BHCC FDN</td>
<td>C CORP</td>
<td>0</td>
<td>0</td>
<td>X</td>
</tr>
<tr>
<td>TUKULA FARMING COMPANY LTD. PO BOX 5133, ILTUS HSE, CHURCH HILL RD</td>
<td>INVESTMENT</td>
<td>DE BHCC FDN</td>
<td>C CORP</td>
<td>0</td>
<td>0</td>
<td>X</td>
</tr>
</tbody>
</table>
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.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity</td>
<td>1a X</td>
</tr>
<tr>
<td>b</td>
<td>Gift, grant, or capital contribution to related organization(s)</td>
<td>1b X</td>
</tr>
<tr>
<td>c</td>
<td>Gift, grant, or capital contribution from related organization(s)</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Loans or loan guarantees to or for related organization(s)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Loans or loan guarantees by related organization(s)</td>
<td>1e X</td>
</tr>
<tr>
<td>f</td>
<td>Dividends from related organization(s)</td>
<td>1f</td>
</tr>
<tr>
<td>g</td>
<td>Sale of assets to related organization(s)</td>
<td>1g X</td>
</tr>
<tr>
<td>h</td>
<td>Purchase of assets from related organization(s)</td>
<td>1h X</td>
</tr>
<tr>
<td>i</td>
<td>Exchange of assets with related organization(s)</td>
<td>1i X</td>
</tr>
<tr>
<td>j</td>
<td>Lease of facilities, equipment, or other assets to related organization(s)</td>
<td>1j X</td>
</tr>
<tr>
<td>k</td>
<td>Lease of facilities, equipment, or other assets from related organization(s)</td>
<td>1k X</td>
</tr>
<tr>
<td>l</td>
<td>Performance of services or membership or fundraising solicitations for related organization(s)</td>
<td>1l X</td>
</tr>
<tr>
<td>m</td>
<td>Performance of services or membership or fundraising solicitations by related organization(s)</td>
<td>1m X</td>
</tr>
<tr>
<td>n</td>
<td>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</td>
<td>1n X</td>
</tr>
<tr>
<td>o</td>
<td>Sharing of paid employees with related organization(s)</td>
<td>1o X</td>
</tr>
<tr>
<td>p</td>
<td>Reimbursement paid to related organization(s) for expenses</td>
<td>1p</td>
</tr>
<tr>
<td>q</td>
<td>Reimbursement paid by related organization(s) for expenses</td>
<td>1q X</td>
</tr>
<tr>
<td>r</td>
<td>Other transfer of cash or property to related organization(s)</td>
<td>1r X</td>
</tr>
<tr>
<td>s</td>
<td>Other transfer of cash or property from related organization(s)</td>
<td>1s X</td>
</tr>
</tbody>
</table>

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

<p>| | | | |</p>
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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Name of related organization</td>
<td>(b)</td>
<td>Transaction type (a-s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(c)</td>
<td>Amount involved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(d)</td>
<td>Method of determining amount involved</td>
</tr>
<tr>
<td>(1)</td>
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<tr>
<td>(2)</td>
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<td>(6)</td>
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</tbody>
</table>
**Part VI: Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under section 512-514)</th>
<th>(e) Are all partners at section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportional allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
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