

Form **990**

Department of the Treasury
Internal Revenue Service

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

▶ 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.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CLINTON HEALTH ACCESS INITIATIVE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 383 DORCHESTER AVENUE 400 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02127 F Name and address of principal officer: IRA C. MAGAZINER SAME AS C ABOVE	D Employer identification number 27-1414646 E Telephone number 617-774-0110 G Gross receipts \$ 145,831,195. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CLINTONHEALTHACCESS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2009		M State of legal domicile: AR

Part I Summary

1	Briefly describe the organization's mission or most significant activities: CHAI IS A GLOBAL HEALTH ORGANIZATION COMMITTED TO SAVING LIVES IN THE DEVELOPING WORLD.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	350
6	Total number of volunteers (estimate if necessary)	6	97
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	170,688,566.	142,749,140.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,524.	192,217.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,352.	11,901.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	170,835,442.	142,953,258.
14	Benefits paid to or for members (Part IX, column (A), line 4)	18,432,471.	12,368,417.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	70,611,707.	72,957,330.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,035,062.	40,088.	60,000.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,733,210.	54,527,613.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	150,817,476.	139,913,360.
19	Revenue less expenses. Subtract line 18 from line 12	20,017,966.	3,039,898.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	95,237,284.	90,764,479.
22	Net assets or fund balances. Subtract line 21 from line 20	35,678,582.	28,173,741.
		59,558,702.	62,590,738.

Part II Signature Block

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

Sign Here	Signature of officer IRA C. MAGAZINER, CEO/VICE CHAIRMAN Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CRAIG KLEIN	Preparer's signature Date 11/13/17
	Firm's name ▶ CBIZ TOFIAS Firm's address ▶ 500 BOYLSTON STREET BOSTON, MA 02116	Check <input type="checkbox"/> if self-employed PTIN P00734640 Firm's EIN ▶ 26-3753134 Phone no. 617-761-0600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE CLINTON HEALTH ACCESS INITIATIVE (CHAI) IS A GLOBAL HEALTH ORGANIZATION COMMITTED TO SAVING LIVES, REDUCING THE BURDEN OF DISEASE AND STRENGTHENING INTEGRATED HEALTH SYSTEMS IN THE DEVELOPING WORLD.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 36,319,154. including grants of \$ 3,222,392.) (Revenue \$) MATERNAL AND CHILD HEALTH: WOMEN AND CHILDREN BEAR THE BRUNT OF GLOBAL DISEASE MORTALITY AND MORBIDITY. WELL-TIMED AND TARGETED INTERVENTIONS CAN DRAMATICALLY REDUCE MORTALITY FOR MOTHERS AND THEIR CHILDREN. CHAI IS WORKING TO ENSURE THAT MOTHERS AND THEIR CHILDREN HAVE ACCESS TO LIFESAVING TREATMENT AND THAT ALL FAMILIES HAVE THE TOOLS TO SAFELY PLAN THEIR FAMILIES TO IMPROVE HEALTH OUTCOMES AND STRENGTHEN THEIR ECONOMIC WELL-BEING. CHAI HAS SIGNIFICANTLY INCREASED COVERAGE OF LIFESAVING TREATMENTS FOR DIARRHEA AND PNEUMONIA, THE LARGEST KILLERS OF CHILDREN UNDER FIVE, IMPROVED NUTRITION FOR WOMEN AND CHILDREN AND IS IMPLEMENTING AN INTEGRATED APPROACH TO DRAMATICALLY AND SUSTAINABLY REDUCE MATERNAL AND NEONATAL MORTALITY BY ADDRESSING CRITICAL GAPS IN HEALTH SYSTEMS TO AVERT PREVENTABLE DEATHS THAT OCCUR AROUND

4b (Code:) (Expenses \$ 24,092,253. including grants of \$ 919,721.) (Revenue \$) GLOBAL HEALTH SPENDING: STRONG HEALTH SYSTEMS ARE THE KEY TO ELIMINATING DISEASE, TREATING THOSE WHO ARE SICK AND REDUCING MORTALITY. WHILE LOW-INCOME COUNTRIES IN AFRICA AND SOUTHEAST ASIA EXPERIENCE OVER HALF OF THE GLOBAL DISEASE BURDEN AND ARE HOME TO 40 PERCENT OF THE WORLD'S POPULATION, THEY ACCOUNT FOR ONLY THREE PERCENT OF HEALTH SPENDING. THESE RESOURCE SHORTAGES, COMBINED WITH WEAKNESSES IN DELIVERY SYSTEMS, INCLUDING A SEVERE DEFICIT OF SKILLED HEALTH WORKERS, PREVENT THE POPULATION FROM ACCESSING EVEN BASIC QUALITY SERVICES. CHAI IS WORKING WITH ITS PARTNER GOVERNMENTS TO STRENGTHEN AND FUNDAMENTALLY REFORM THEIR HEALTH FINANCING SYSTEMS TO INCREASE SUSTAINABILITY AND REDUCE FINANCIAL BARRIERS PREVENTING ACCESS TO ESSENTIAL HEALTH SERVICES BY HELPING TO UNDERSTAND NEEDS, ADDRESS GAPS

4c (Code:) (Expenses \$ 27,128,978. including grants of \$ 1,669,812.) (Revenue \$) HIV/AIDS: SINCE 2002, CHAI HAS WORKED TO IMPROVE ACCESS TO DIAGNOSIS, PREVENTION AND TREATMENT FOR THOSE IMPACTED BY HIV/AIDS IN THE DEVELOPING WORLD. ALONGSIDE OUR PARTNERS, CHAI HAS HELPED SAVE THE LIVES OF OVER 11.8 MILLION PEOPLE AND SIGNIFICANTLY LOWERED THE PRICES OF HIGH-QUALITY TREATMENTS. CHAI CATALYZED THE SCALE UP OF PEDIATRIC AIDS TREATMENT FROM AROUND 75,000 HIV-INFECTED CHILDREN RECEIVING TREATMENT IN DEVELOPING COUNTRIES IN 2005 (11 PERCENT OF THOSE IN NEED) TO 920,000 CHILDREN ON TREATMENT GLOBALLY TODAY. IN 2016, CHAI CONTINUED THIS WORK WITH PARTNERS TO EXPAND HIV TESTING, INCREASE ACCESS TO QUALITY CARE, AND SCALE UP PROVEN INTERVENTIONS TO PREVENT DISEASE TRANSMISSION. CHAI HELPED SEVERAL COUNTRIES ADOPT NEW GUIDELINES FROM THE WORLD HEALTH ORGANIZATION (WHO) TO INITIATE

4d Other program services (Describe in Schedule O.) (Expenses \$ 42,122,250. including grants of \$ 6,556,492.) (Revenue \$)

4e Total program service expenses 129,662,635.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

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.
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, address, and telephone number of the person who possesses the organization's books and records: PALESA MOHASOA - 617-774-0110 383 DORCHESTER AVENUE, #400, BOSTON, MA 02127

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM J. CLINTON CHAIR OF THE BOARD	5.00 20.00	X						0.	0.	0.
(2) BRUCE LINDSEY BOARD MEMBER	5.00 45.00	X						0.	361,308.	42,384.
(3) PAUL FARMER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(4) RAYMOND CHAMBERS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(5) CHELSEA CLINTON BOARD MEMBER	10.00 25.00	X						0.	0.	0.
(6) MAGGIE WILLIAMS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(7) MALA GAONKAR BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(8) TACHI YAMADA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(9) IRA MAGAZINER CEO/VICE-CHAIR OF THE BOARD	50.00 0.00	X		X				405,406.	0.	20,260.
(10) JULIE B. FEDER CFO	50.00 0.00			X				289,721.	0.	33,883.
(11) MUSTAPHA LEAVENWORTH BAKALI COO	50.00 0.00			X				269,683.	0.	15,689.
(12) OWENS WIWA EVP, COUNTRY DIRECTOR	50.00 0.00				X			336,600.	0.	30,377.
(13) KELLY MCCRYSTAL EVP, NEW INITIATIVES	50.00 0.00				X			220,000.	0.	18,619.
(14) DAVID RIPIN EVP, ACCESS PROGRAMS	50.00 0.00				X			218,000.	0.	38,015.
(15) ALICE KANG'ETHE EVP, VACCINE DEL./MATERNAL	50.00 0.00				X			220,000.	0.	5,910.
(16) COLLEEN CONNELL VP, ACCESS DISEASE STRATEGY	50.00 0.00				X			179,769.	0.	21,832.
(17) CORRIE MARTIN VP, GLOBAL OPERATIONS	50.00 0.00				X			190,312.	0.	31,042.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GEOFFREY WEBER CHIEF TECHNOLOGY OFFICER	50.00 0.00				X		180,000.	0.	962.	
(19) YOUNG (JOSHUA) CHU VP, GLOBAL VACCINES & SE ASIA	50.00 0.00				X		161,000.	0.	13,473.	
(20) MPHU RAMATLAPENG EVP, HIV/AIDS & TB PROGRAM	50.00 0.00				X		159,999.	0.	3,382.	
(21) GERALD MACHARIA EVP, COUNTRY DIRECTOR	50.00 0.00				X		160,000.	0.	9,003.	
(22) ELYA TAGAR SENIOR DIRECTOR, HIV PROGRAMS	50.00 0.00					X	166,765.	0.	27,100.	
(23) JUSTIN COHEN DIRECTOR, GLOBAL MALARIA	50.00 0.00				X		160,250.	0.	28,752.	
(24) PAUL DOMANICO SR. DIRECTOR, RESEARCH & DEVELOPMENT	50.00 0.00				X		160,092.	0.	35,455.	
(25) ALAN STAPLE DIRECTOR, ACCESS GNT	50.00 0.00				X		160,000.	0.	28,383.	
(26) VISHAL BRIJLAL COUNTRY DIRECTOR	50.00 0.00				X		221,429.	0.	0.	
1b Sub-total							3,859,026.	361,308.	404,521.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,859,026.	361,308.	404,521.	

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 **91**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GLOBAL HUMAN ACCESS RESOURCES, LTD, 1-2 SB BLOCK ESTATE MANAGEMENT OFFICE COMPLEX, AKENA ASSOCIATES, 16 IGHODARO STREET, EVBOMORE, BENIN CITY, NIGERIA	PROFESSIONAL HEALTHCARE SERVICES	1,138,024.
PRACTICAL SAMPLING INTERNATIONAL, 118B, BISI OBADINA ST, OMOLE PHASE 1, LAGOS, LUIS MIGUEL PEREZ ROJAS	PROFESSIONAL HEALTHCARE SERVICES	276,716.
LOS CIPRESES N63-19, QUITO, ECUADOR	PROFESSIONAL HEALTHCARE SERVICES	237,605.
FIELD INTELLIGENCE, LLC, NO. 4 ADZOPE CRESCENT WUSE II, ADUJA, FCT, NIGERIA	PROFESSIONAL HEALTHCARE SERVICES	163,243.
		143,704.

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 **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	65,539,690.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	77,209,450.				
	g Noncash contributions included in lines 1a-1f: \$		301,147.				
	h Total. Add lines 1a-1f		142,749,140.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		88,986.			88,986.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,980,609.	559.				
		b Less: cost or other basis and sales expenses					
		2,877,937.	0.				
	c Gain or (loss)	102,672.	559.				
	d Net gain or (loss)			103,231.		103,231.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISC. REVENUE	900099		11,901.		11,901.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			11,901.				
12 Total revenue. See instructions.			142,953,258.	0.	0.	204,118.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,312,723.	2,312,723.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,055,694.	10,055,694.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,620,389.	2,942,052.	678,337.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	52,029,561.	47,061,428.	4,281,166.	686,967.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,661,452.	2,412,502.	215,238.	33,712.
9 Other employee benefits	11,626,356.	10,473,521.	1,028,773.	124,062.
10 Payroll taxes	3,019,572.	2,647,270.	317,554.	54,748.
11 Fees for services (non-employees):				
a Management				
b Legal	390,548.	221,114.	169,434.	
c Accounting	480,558.	205,667.	274,891.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	60,000.			60,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	7,061,481.	6,601,272.	460,209.	
12 Advertising and promotion				
13 Office expenses	2,038,619.	1,694,978.	340,028.	3,613.
14 Information technology				
15 Royalties				
16 Occupancy	2,147,891.	1,798,064.	349,326.	501.
17 Travel	21,013,305.	20,581,454.	376,844.	55,007.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,036,237.	2,960,445.	75,323.	469.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,756.	47,485.	37,271.	
23 Insurance	348,958.	219,901.	129,042.	15.
24 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.)				
a DIRECT PROGRAM EXPENSE	12,160,776.	12,160,726.	50.	
b TELEPHONE	2,055,337.	1,882,997.	161,642.	10,698.
c CAPITAL CHARGES	1,811,500.	1,703,593.	103,930.	3,977.
d PROCUREMENT & SHIPPING	1,102,356.	1,102,356.	0.	0.
e All other expenses	795,291.	577,393.	216,605.	1,293.
25 Total functional expenses. Add lines 1 through 24e	139,913,360.	129,662,635.	9,215,663.	1,035,062.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	9,913,010.	2	2,231,644.
	3 Pledges and grants receivable, net	4,964,111.	3	8,922,406.
	4 Accounts receivable, net	1,436,659.	4	410,922.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,006,320.	9	6,049,344.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,271,432.		
	b Less: accumulated depreciation	10b 2,024,103.	224,506.	10c 247,329.
	11 Investments - publicly traded securities	367,118.	11	301,147.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	77,325,560.	15	72,601,687.
16 Total assets. Add lines 1 through 15 (must equal line 34)	95,237,284.	16	90,764,479.	
Liabilities	17 Accounts payable and accrued expenses	6,096,991.	17	4,511,351.
	18 Grants payable		18	
	19 Deferred revenue	29,206,904.	19	23,442,391.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	374,687.	25	219,999.
	26 Total liabilities. Add lines 17 through 25	35,678,582.	26	28,173,741.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,704,011.	27	2,621,616.
	28 Temporarily restricted net assets	55,854,691.	28	59,969,122.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	59,558,702.	33	62,590,738.	
34 Total liabilities and net assets/fund balances	95,237,284.	34	90,764,479.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	142,953,258.
2	Total expenses (must equal Part IX, column (A), line 25)	2	139,913,360.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,039,898.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,558,702.
5	Net unrealized gains (losses) on investments	5	-7,862.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	62,590,738.

Part XII Financial Statements and Reporting

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

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

Form 990 (2016)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	88,448,655.	117,270,913.	141,533,835.	170,688,566.	142,749,140.	660,691,109.
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	88,448,655.	117,270,913.	141,533,835.	170,688,566.	142,749,140.	660,691,109.
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)						401,712,419.
6 Public support. Subtract line 5 from line 4.						258,978,690.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	88,448,655.	117,270,913.	141,533,835.	170,688,566.	142,749,140.	660,691,109.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,498.	95,183.	133,981.	98,827.	88,986.	508,475.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	148,563.	38,717.	13,714.	47,352.	11,901.	260,247.
11 Total support. Add lines 7 through 10						661,459,831.
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	39.15 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	40.37 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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) (2016)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>47,855,670.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>22,175,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>13,138,299.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>9,599,563.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>6,738,191.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>6,526,298.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 3,704,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 3,186,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		167,749.	164,134.	3,615.
d Equipment		2,103,683.	1,859,969.	243,714.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				247,329.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE FOR PROGRAMMATIC PURPOSES	72,601,687.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	72,601,687.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSETS HELD FOR COMMODITIES	
(3) PURCHASE	219,999.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	219,999.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	143,847,488.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-7,862.	
b	Donated services and use of facilities	2b	902,092.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	894,230.	
3	Subtract line 2e from line 1	3	142,953,258.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	142,953,258.	

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

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

1	Total expenses and losses per audited financial statements		1	140,815,452.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	902,092.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	902,092.	
3	Subtract line 2e from line 1	3	139,913,360.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	139,913,360.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

EXAMINATION FOR THREE YEARS FOLLOWING THE EXTENDED DATE, IF ANY, OF FILING THE RELATED RETURN. CHAI'S FOREIGN TAX RETURNS ARE SUBJECT TO EXAMINATION BY GOVERNMENT AUTHORITIES UNDER APPLICABLE LOCAL LAW. CHAI IS NOT AWARE OF ANY PENDING EXAMINATION BY ANY SUCH AUTHORITY.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	17	886	PROGRAM SERVICES	HEALTH	94,041,382.
EAST ASIA AND THE PACIFIC	6	110	PROGRAM SERVICES	HEALTH	7,566,756.
SOUTH ASIA	1	104	PROGRAM SERVICES	HEALTH	7,953,861.
CENTRAL AMERICA AND THE CARIBBEAN	1	7	PROGRAM SERVICES	HEALTH	1,348,940.
RUSSIA AND NEIGHBORING STATES	1	5	PROGRAM SERVICES	HEALTH	387,587.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	17	PROGRAM SERVICES	HEALTH	0.
NORTH AMERICA	0	7	PROGRAM SERVICES	HEALTH	0.
SUB-SAHARAN AFRICA	0	0	GRANTS	HEALTH	7,457,994.
3 a Sub-total	26	1136			118,756,520.
b Total from continuation sheets to Part I	0	0			2,597,701.
c Totals (add lines 3a and 3b)	26	1136			121,354,221.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2016

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HEALTH	58,735.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	50,000.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	49,580.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	49,008.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	48,589.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	42,595.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	42,008.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	38,747.		0.		

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

3 Enter total number of other organizations or entities **134**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HEALTH	20,200.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	17,058.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	12,893.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	12,270.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	11,897.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	7,217.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	6,429.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	10,835.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	6,303.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTH	20,104.		0.		
		SOUTH ASIA	HEALTH	240,147.		0.		
		SOUTH ASIA	HEALTH	229,423.		0.		
		SOUTH ASIA	HEALTH	131,439.		0.		
		SOUTH ASIA	HEALTH	106,518.		0.		
		SOUTH ASIA	HEALTH	101,564.		0.		
		SOUTH ASIA	HEALTH	95,820.		0.		
		SOUTH ASIA	HEALTH	89,340.		0.		
		SOUTH ASIA	HEALTH	74,580.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HEALTH	72,794.		0.		
		SOUTH ASIA	HEALTH	53,219.		0.		
		SOUTH ASIA	HEALTH	49,209.		0.		
		SOUTH ASIA	HEALTH	46,969.		0.		
		SOUTH ASIA	HEALTH	43,400.		0.		
		SOUTH ASIA	HEALTH	39,249.		0.		
		SOUTH ASIA	HEALTH	36,285.		0.		
		SOUTH ASIA	HEALTH	35,491.		0.		
		SOUTH ASIA	HEALTH	32,972.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HEALTH	29,864.		0.		
		SOUTH ASIA	HEALTH	29,561.		0.		
		SOUTH ASIA	HEALTH	26,664.		0.		
		SOUTH ASIA	HEALTH	25,214.		0.		
		SOUTH ASIA	HEALTH	11,342.		0.		
		SOUTH ASIA	HEALTH	9,660.		0.		
		SOUTH ASIA	HEALTH	7,459.		0.		
		SOUTH ASIA	HEALTH	5,991.		0.		
		SUB-SAHARAN AFRICA	HEALTH	2,017,506.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	633,145.		0.		
		SUB-SAHARAN AFRICA	HEALTH	570,348.		0.		
		SUB-SAHARAN AFRICA	HEALTH	281,246.		0.		
		SUB-SAHARAN AFRICA	HEALTH	190,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	183,725.		0.		
		SUB-SAHARAN AFRICA	HEALTH	175,439.		0.		
		SUB-SAHARAN AFRICA	HEALTH	172,920.		0.		
		SUB-SAHARAN AFRICA	HEALTH	168,263.		0.		
		SUB-SAHARAN AFRICA	HEALTH	149,592.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	144,696.		0.		
		SUB-SAHARAN AFRICA	HEALTH	138,155.		0.		
		SUB-SAHARAN AFRICA	HEALTH	134,523.		0.		
		SUB-SAHARAN AFRICA	HEALTH	129,360.		0.		
		SUB-SAHARAN AFRICA	HEALTH	126,914.		0.		
		SUB-SAHARAN AFRICA	HEALTH	126,208.		0.		
		SUB-SAHARAN AFRICA	HEALTH	112,689.		0.		
		SUB-SAHARAN AFRICA	HEALTH	96,365.		0.		
		SUB-SAHARAN AFRICA	HEALTH	93,405.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	92,547.		0.		
		SUB-SAHARAN AFRICA	HEALTH	90,061.		0.		
		SUB-SAHARAN AFRICA	HEALTH	83,419.		0.		
		SUB-SAHARAN AFRICA	HEALTH	72,354.		0.		
		SUB-SAHARAN AFRICA	HEALTH	69,105.		0.		
		SUB-SAHARAN AFRICA	HEALTH	68,011.		0.		
		SUB-SAHARAN AFRICA	HEALTH	65,570.		0.		
		SUB-SAHARAN AFRICA	HEALTH	65,305.		0.		
		SUB-SAHARAN AFRICA	HEALTH	62,728.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	60,063.		0.		
		SUB-SAHARAN AFRICA	HEALTH	58,210.		0.		
		SUB-SAHARAN AFRICA	HEALTH	57,628.		0.		
		SUB-SAHARAN AFRICA	HEALTH	47,841.		0.		
		SUB-SAHARAN AFRICA	HEALTH	47,314.		0.		
		SUB-SAHARAN AFRICA	HEALTH	31,766.		0.		
		SUB-SAHARAN AFRICA	HEALTH	31,299.		0.		
		SUB-SAHARAN AFRICA	HEALTH	29,696.		0.		
		SUB-SAHARAN AFRICA	HEALTH	29,304.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	27,371.		0.		
		SUB-SAHARAN AFRICA	HEALTH	26,564.		0.		
		SUB-SAHARAN AFRICA	HEALTH	24,872.		0.		
		SUB-SAHARAN AFRICA	HEALTH	23,156.		0.		
		SUB-SAHARAN AFRICA	HEALTH	22,930.		0.		
		SUB-SAHARAN AFRICA	HEALTH	22,281.		0.		
		SUB-SAHARAN AFRICA	HEALTH	21,325.		0.		
		SUB-SAHARAN AFRICA	HEALTH	20,716.		0.		
		SUB-SAHARAN AFRICA	HEALTH	20,232.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	20,144.		0.		
		SUB-SAHARAN AFRICA	HEALTH	20,108.		0.		
		SUB-SAHARAN AFRICA	HEALTH	18,090.		0.		
		SUB-SAHARAN AFRICA	HEALTH	17,537.		0.		
		SUB-SAHARAN AFRICA	HEALTH	17,500.		0.		
		SUB-SAHARAN AFRICA	HEALTH	16,768.		0.		
		SUB-SAHARAN AFRICA	HEALTH	16,098.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,840.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,707.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	14,589.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,354.		0.		
		SUB-SAHARAN AFRICA	HEALTH	13,565.		0.		
		SUB-SAHARAN AFRICA	HEALTH	12,618.		0.		
		SUB-SAHARAN AFRICA	HEALTH	11,012.		0.		
		SUB-SAHARAN AFRICA	HEALTH	10,248.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,719.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,611.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,537.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	9,367.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,998.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,495.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,312.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,231.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,474.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,437.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,383.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,260.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	6,059.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,045.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,815.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,736.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,671.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,523.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,467.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,301.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	5,101.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,092.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,038.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	268,518.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	110,575.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	21,179.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	17,210.		0.		

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

FOR GRANTS OUSTIDE THE US, EACH COUNTRY OR PROGRAM TEAM REQUESTS THEIR CASH NEEDS EACH MONTH FROM HEADQUARTERS 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 CHARGED.

SCHEDULE F, PART II, LINE 3:

THE GRANTEES COUNTED ON LINE 3 CONSIST OF GOVERNMENT MINISTRIES OF HEALTH, HOSPITALS, AND OTHER ORGANIZATIONS IN FURTHERANCE OF OUR MISSION. MANY OF THE GRANTEES MAY BE RECOGNIZED AS CHARITIES WITHIN THEIR LOCAL COUNTRY.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE HELEN BROWN GROUP LLC - 48 SUMMER ST., SUITE 2,	RESEARCH		X	250,000.	60,000.	190,000.
Total				250,000.	60,000.	190,000.

- 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, MA, WA

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

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

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

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THOUGHTWORKS, INC. 200 EAST RANDOLPH STREET CHICAGO, IL 60601	36-3888809		957,500.	0.			HEALTH
FAMILY HEALTH INTERNATIONAL 2224 E NC HWY 54 DURHAM, NC 27713	23-7413005	501(C)(3)	229,926.	0.			HEALTH
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	207,563.	0.			HEALTH
MALARIA NO MORE FUND 2341 EASTLAKE AVENUE EAST, SUITE 20 SEATTLE, WA 98102	20-5664575	501(C)(3)	198,225.	0.			HEALTH
JOHNS HOPKINS UNIVERSITY 1101 E 33RD ST. BALTIMORE, MD 21211	52-0595110	501(C)(3)	189,800.	0.			HEALTH
TRUSTEES OF BOSTON UNIVERSITY DBA BOSTON UNIVERSITY - 25 BUICK STREET, 2ND FLOOR - BOSTON, MA 02215	04-2103547	501(C)(3)	121,347.	0.			HEALTH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12.**
- 3 Enter total number of other organizations listed in the line 1 table **10.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION - P.O. BOX 3684 - BOSTON, MA 02241	04-2312909	501(C)(3)	120,000.	0.			HEALTH
HOWARD UNIVERSITY 2400 6TH ST., NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	43,600.	0.			HEALTH
STANLEY M. EPSTEIN 313 HELMSDALE DRIVE CHAPEL HILL, NC 27517	15-3349168		37,500.	0.			HEALTH
OPTION2 DBA EDGEX LLC 1830 EMBARCADERO 106 OAKLAND, CA 94606	81-2178029		37,000.	0.			HEALTH
TRUSTEES OF COLUMBIA UNIVERSITY P.O. BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)(3)	24,885.	0.			HEALTH
REGENTS OF UNIVERSITY OF CALIFORNIA - 3333 CALIFORNIA STREET, SUITE 315 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	24,000.	0.			HEALTH
PATHFINDER INTERNATIONAL 9 GALEN STREET, #217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	19,851.	0.			HEALTH
STATOGEN CONSULTING, LLC 3828 QUARRY ROAD ZEBULON, NC 27597-7518	20-5246842		19,375.	0.			HEALTH
CHESAPEAKE RESEARCH REVIEW, LLC 6940 COLUMBIA GATEWAY DRIVE, STE 11 COLUMBIA, MD 21406	80-0876234		14,000.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTEDD 955 BENEZIA AVENUE SUNNYVALE, CA 94085	20-4895174	501(C)(3)	12,269.	0.			HEALTH
OPEN FUNCTION GROUP LLC 66 EUCLID AVENUE HASTINGS-ON-HUDSON, NY 10706	47-3652099		10,000.	0.			HEALTH
PRINCETON IN AFRICA 194 NASSUA STREET, SUITE 219 PRINCETON, NJ 08542	22-3824520	501(C)(3)	10,000.	0.			HEALTH
CLINIPACE, INC. 3800 PARAMOUNT PARKWAY MORRISVILLE, NC 27560	30-0266681		9,215.	0.			HEALTH
THE BOSTON CONSULTING GROUP 1 BEACON STREET BOSTON, MA 02108	04-2432614		9,167.	0.			HEALTH
BOSTON MICROFLUIDICS 40 HALL STREET, #2110 MEDFORD, MA 02155	20-3259803		9,000.	0.			HEALTH
ONA SYSTEMS INC. 126 E 12TH ST., SUITE 4A NEW YORK, NY 10003-5320	38-3940780		8,500.	0.			HEALTH

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

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

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

PART I, LINE 2:

FOR GRANTS INSIDE THE 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number
27-1414646

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRUCE LINDSEY BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	361,230.	0.	78.	15,900.	26,484.	403,692.	0.
(2) IRA MAGAZINER CEO/VICE-CHAIR OF THE BOARD	(i)	405,406.	0.	0.	0.	20,260.	425,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIE B. FEDER CFO	(i)	289,721.	0.	0.	8,029.	25,854.	323,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MUSTAPHA LEAVENWORTH BAKALI COO	(i)	269,683.	0.	0.	0.	15,689.	285,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) OWENS WIWA EVP, COUNTRY DIRECTOR	(i)	336,600.	0.	0.	14,688.	15,689.	366,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KELLY MCCRYSTAL EVP, NEW INITIATIVES	(i)	220,000.	0.	0.	13,200.	5,419.	238,619.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID RIPIN EVP, ACCESS PROGRAMS	(i)	218,000.	0.	0.	12,161.	25,854.	256,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ALICE KANG'ETHE EVP, VACCINE DEL./MATERNAL	(i)	220,000.	0.	0.	0.	5,910.	225,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) COLLEEN CONNELL VP, ACCESS DISEASE STRATEGY	(i)	179,769.	0.	0.	10,800.	11,032.	201,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CORRIE MARTIN VP, GLOBAL OPERATIONS	(i)	190,312.	0.	0.	10,782.	20,260.	221,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GEOFFREY WEBER CHIEF TECHNOLOGY OFFICER	(i)	180,000.	0.	0.	0.	962.	180,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) YOUNG (JOSHUA) CHU VP, GLOBAL VACCINES & SE ASIA	(i)	161,000.	0.	0.	6,720.	6,753.	174,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MPHU RAMATLAPENG EVP, HIV/AIDS & TB PROGRAM	(i)	159,999.	0.	0.	0.	3,382.	163,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) GERALD MACHARIA EVP, COUNTRY DIRECTOR	(i)	160,000.	0.	0.	0.	9,003.	169,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ELYA TAGAR SENIOR DIRECTOR, HIV PROGRAMS	(i)	166,765.	0.	0.	6,901.	20,199.	193,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JUSTIN COHEN DIRECTOR, GLOBAL MALARIA	(i)	160,250.	0.	0.	8,492.	20,260.	189,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) PAUL DOMANICO SR. DIRECTOR, RESEARCH & DEVELOPMENT	(i)	160,092.	0.	0.	9,601.	25,854.	195,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ALAN STAPLE DIRECTOR, ACCESS GNT	(i)	160,000.	0.	0.	8,123.	20,260.	188,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) VISHAL BRIJLAL COUNTRY DIRECTOR	(i)	221,429.	0.	0.	0.	0.	221,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

STAFF 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.

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (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	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	301,147.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

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

THE CLINTON HEALTH ACCESS INITIATIVE, INC. (CHAI) WAS FOUNDED IN 2002 WITH A TRANSFORMATIONAL GOAL: HELP SAVE THE LIVES OF MILLIONS OF PEOPLE LIVING WITH HIV/AIDS IN THE DEVELOPING WORLD BY DRAMATICALLY SCALING UP ANTIRETROVIRAL TREATMENT. CHAI PLAYED A LEADERSHIP ROLE, WORKING ALONGSIDE GOVERNMENTS AND OTHER PARTNERS, TO LOWER THE COSTS OF TREATMENT AND HELP BUILD THE IN-COUNTRY SYSTEMS NECESSARY TO PROVIDE LIFESAVING TREATMENT TO MILLIONS OF PEOPLE. SINCE THEN, CHAI HAS PURSUED SEVERAL SIMILARLY AMBITIOUS GOALS, FROM SCALING UP PEDIATRIC AIDS TREATMENT, TO RAPIDLY ACCELERATING THE ROLLOUT OF NEW VACCINES, TO REDUCING THE BURDEN OF DISEASES SUCH AS MALARIA, TUBERCULOSIS AND HEPATITIS AND IMPROVING HEALTH OUTCOMES FOR MOTHERS AND CHILDREN. TODAY, CHAI OPERATES IN 32 COUNTRIES ACROSS THE DEVELOPING WORLD AND MORE THAN 70 COUNTRIES ARE ABLE TO ACCESS CHAI-NEGOTIATED PRICE REDUCTIONS, VACCINES, MEDICAL DEVICES, AND DIAGNOSTICS.

FORM 990, PART I, LINE 5:

THE NUMBER REPORTED ON PART I, LINE 5 REFLECTS THE NUMBER OF PEOPLE REPORTED ON FORM W-3. CHAI EMPLOYS 1,325 PEOPLE AROUND THE GLOBE.

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

CHILDBIRTH. IN 2016, TWO INDEPENDENT EXTERNAL EVALUATIONS DEMONSTRATED THAT THE CHAI APPROACH, IN A TARGET AREA OF 10 MILLION PEOPLE IN NORTHERN NIGERIA, CONTRIBUTED TO A SUSTAINED 37 PERCENT REDUCTION IN MATERNAL MORTALITY, A 43 PERCENT REDUCTION IN NEONATAL MORTALITY AND A 15 PERCENT REDUCTION IN STILLBIRTHS WITHIN 12 MONTHS.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

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

AND IMPROVE MANAGEMENT OF AVAILABLE RESOURCES.

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

TREATMENT FOR ALL PEOPLE DIAGNOSED WITH HIV REGARDLESS OF DISEASE PROGRESSION, HELPED IMPROVE ACCESS TO NEWER AND BETTER TREATMENT AND PREVENTION OPTIONS, AND CONTINUED TO WORK WITH PARTNERS TO IMPROVE ACCESS TO TESTING, PREVENTION AND TREATMENT FOR INFANTS AND CHILDREN.

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

VACCINES: IMMUNIZATION IS ONE OF THE MOST SUCCESSFUL AND COST-EFFECTIVE METHODS OF PREVENTING DISEASE AND SAVING LIVES. EVEN SO, MILLIONS DIE EACH YEAR FROM VACCINE-PREVENTABLE DISEASES DUE TO LACK OF ACCESS.

CHAI IS WORKING GLOBALLY TO ENSURE THAT VACCINES ARE AVAILABLE, EFFECTIVE AND AFFORDABLE, WITH A SPECIAL FOCUS IN NINE LOW-INCOME COUNTRIES THAT REPRESENT 47 MILLION BIRTHS EVERY YEAR, ONE-THIRD OF ALL BIRTHS GLOBALLY. OVER THE PAST FIVE YEARS, PRICING NEGOTIATIONS BROKERED BY CHAI HAVE SAVED THE GLOBAL COMMUNITY OVER US\$800 MILLION IN PROCUREMENT COSTS BY REDUCING VACCINE PRICES BY 45 PERCENT TO 67 PERCENT. CHAI HAS HELPED ACCELERATE THE INTRODUCTION OF NEW VACCINES, INCREASED SPEED AND EFFICIENCY TO REACH TARGET COVERAGE, AND STRENGTHENED NATIONAL IMMUNIZATION SYSTEMS. CHAI IS ALSO HELPING COUNTRIES BUILD SYSTEMS THAT ENSURE VACCINES ARE AVAILABLE AND POTENT AT THE POINT-OF-CARE BY WORKING WITH KEY STAKEHOLDERS INVOLVED IN GLOBAL COLD CHAIN MARKETS, EQUIPMENT MANUFACTURERS AND PARTNER GOVERNMENTS TO INTRODUCE SUSTAINABLE SOLUTIONS FOR THE STORAGE, DISTRIBUTION AND MANAGEMENT OF VACCINES.

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

EXPENSES \$ 16,276,388. INCLUDING GRANTS OF \$ 1,203,189. REVENUE \$ 0.

HUMAN RESOURCES FOR HEALTH & HEALTH SYSTEMS: A SKILLED HEALTH WORKFORCE IS CRITICAL TO ANY WELL-FUNCTIONING HEALTH SYSTEM, YET MANY LOW- AND MIDDLE-INCOME COUNTRIES FACE CHRONIC HEALTH WORKFORCE SHORTAGES AND LACK THE SYSTEMS NECESSARY TO RECRUIT, TRAIN, DEPLOY AND RETAIN HEALTH WORKERS WHERE THEY ARE MOST NEEDED. IN 2016, CHAI CONTINUED ITS WORK WITH GOVERNMENT PARTNERS TO ADDRESS HEALTH WORKFORCE SHORTAGES BY IMPLEMENTING PROGRAMS THAT PROVIDE HIGH-QUALITY TRAINING TO PRIORITY HEALTH WORKERS AND STRENGTHEN HUMAN RESOURCES FOR HEALTH (HRH) DEPARTMENTS WITHIN MINISTRIES OF HEALTH.

EXPENSES \$ 15,186,458. INCLUDING GRANTS OF \$ 4,055,921. REVENUE \$ 0.

MALARIA: MALARIA IS A LARGELY PREVENTABLE AND TREATABLE DISEASE, YET EACH YEAR IT KILLS OVER 400,000 PEOPLE GLOBALLY-MOSTLY CHILDREN UNDER FIVE YEARS OF AGE. CHAI BELIEVES THAT MALARIA ELIMINATION IS POSSIBLE IN THE NEAR-TERM IN MANY REGIONS OF THE WORLD AND IS WORKING WITH PARTNERS AROUND THE GLOBE TO ACHIEVE THIS GOAL BY SCALING UP PROVEN INTERVENTIONS AND IMPROVING THE EFFECTIVENESS OF ANTI-MALARIA PROGRAMS. THROUGHOUT 2016, CHAI CONTINUED ITS WORK IN ASIA, AFRICA AND THE AMERICAS TO COMBAT THE DISEASE AND HELP COUNTRIES REACH THEIR ELIMINATION GOALS THROUGH IMPROVED TESTING, TREATMENT AND TRANSMISSION REDUCTION EFFORTS.

EXPENSES \$ 10,134,748. INCLUDING GRANTS OF \$ 1,297,369. REVENUE \$ 0.

OTHER PROGRAM SERVICES

EXPENSES \$ 524,656. INCLUDING GRANTS OF \$ 13. REVENUE \$ 0.

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CAMBODIA, CAMEROON, ETHIOPIA, INDIA,

INDONESIA, KENYA, LESOTHO, LIBERIA,

MALAWI, MOZAMBIQUE, NIGERIA, PAPUA-NEW GUINEA,

RWANDA, SOUTH AFRICA, SWAZILAND, TANZANIA,

UKRAINE, UGANDA, VIETNAM, ZAMBIA,

ZIMBABWE, UNITED KINGDOM, LAOS, SIERRA LEONE,

BURMA

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

WILLIAM J. CLINTON AND CHELSEA CLINTON HAVE A PARENT/CHILD RELATIONSHIP.

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

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

UNDER CHAI'S BYLAWS THE FOUNDATION HAS THE POWER TO DESIGNATE FIVE (5) SUCCESSOR MEMBERS OF THE BOARD, TWO OF WHOM SHALL BE PRESIDENT WILLIAM J. CLINTON, WHO SHALL SERVE AS DIRECTOR AND CHAIR OF THE BOARD UNTIL SUCH TIME AS HE RESIGNS, DIES OR BECOMES INCAPACITATED, AND IRA C MAGAZINER, WHO SHALL SERVE AS A DIRECTOR AND VICE CHAIR OF BOARD SO LONG AS HE REMAINS AN EMPLOYEE OR CONSULTANT OF THE CORPORATION OR UNTIL SUCH TIME AS HE RESIGNS, DIES OR BECOMES INCAPACITATED.

ON MARCH 7, 2017, CHAI AMENDED ITS BYLAWS TO ALTER ITS GOVERNANCE STRUCTURE. PRIOR TO THAT DATE, THE FOUNDATION APPOINTED FIVE OF CHAI'S NINE BOARD MEMBERS, WITH THE REMAINING BOARD MEMBERS BEING ELECTED BY THE BOARD

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

AS A WHOLE. EFFECTIVE ON MARCH 7, 2017, THE BOARD WAS EXPANDED TO FIFTEEN MEMBERS, ALL OF WHOM ARE ELECTED BY THE BOARD AS A WHOLE. CURRENTLY, THREE OF THE FIFTEEN DIRECTORS ALSO SERVE ON THE FOUNDATION'S BOARD.

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

UNDER CHAI'S BYLAWS THE FOUNDATION HAS THE POWER TO DESIGNATE FIVE (5) SUCCESSOR MEMBERS OF THE BOARD, TWO OF WHOM SHALL BE PRESIDENT WILLIAM J. CLINTON, WHO SHALL SERVE AS DIRECTOR AND CHAIR OF THE BOARD UNTIL SUCH TIME AS HE RESIGNS, DIES OR BECOMES INCAPACITATED, AND IRA C MAGAZINER, WHO SHALL SERVE AS A DIRECTOR AND VICE CHAIR OF BOARD SO LONG AS HE REMAINS AN EMPLOYEE OR CONSULTANT OF THE CORPORATION OR UNTIL SUCH TIME AS HE RESIGNS, DIES OR BECOMES INCAPACITATED.

ON MARCH 7, 2017, CHAI AMENDED ITS BYLAWS TO ALTER ITS GOVERNANCE STRUCTURE. PRIOR TO THAT DATE, THE FOUNDATION APPOINTED FIVE OF CHAI'S NINE BOARD MEMBERS, WITH THE REMAINING BOARD MEMBERS BEING ELECTED BY THE BOARD AS A WHOLE. EFFECTIVE ON MARCH 7, 2017, THE BOARD WAS EXPANDED TO FIFTEEN MEMBERS, ALL OF WHOM ARE ELECTED BY THE BOARD AS A WHOLE. CURRENTLY, THREE OF THE FIFTEEN DIRECTORS ALSO SERVE ON THE FOUNDATION'S BOARD.

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

THE SENIOR ACCOUNTING MANAGER COLLECTS AND CONSOLIDATES THE INFORMATION AFTER THE 2016 AUDIT IS COMPLETED. THE RETURN IS PREPARED BY OUR EXTERNAL TAX ADVISOR. THE CFO REVIEWS THE FORM 990, WHICH IS SUBSEQUENTLY REVIEWED BY THE AUDIT COMMITTEE. THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE 990 VIA EMAIL PRIOR TO THE FILING OF THE 990.

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

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

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:

CEO, PRESIDENT & COO, AND CFO COMPENSATION WAS MOST RECENTLY DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS IN 2016.

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

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

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

CHAI IS AN OPERATING CHARITY - MEANING THAT OUR PEOPLE ACTUALLY DO PROGRAMMATIC WORK AND THEIR SALARIES ARE DIRECTLY FOR PROGRAM IMPLEMENTATION. OUT OF THE TOTAL OF \$52M, \$47M IS DIRECTLY RELATED TO PROGRAM; \$4.2M IS FOR GENERAL MANAGEMENT AND \$686K IS FOR FUNDRAISING.

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

WHILE THE CLASSIFICATION IS "TRAVEL", THE TOTAL OF \$21M INCLUDES \$13.2M FOR MEETINGS AND TRAINING AND \$7.3M FOR TRAVEL, BOTH OF WHICH ARE PRIMARILY FOR PROGRAM IMPLEMENTATION.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CLINTON HEALTH ACCESS INITIATIVE INDIA 26 OKHLA INDUSTRIAL ESTATE PHASE III NEW DELHI, INDIA	HEALTH	INDIA	8,779,964.	216,648.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE 3RD FLOOR, TIMAU PLAZA, ARGWINGS KODHEK RD. NAIROBI, KENYA	HEALTH	KENYA	4,203,510.	88,671.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE MAQALIKA, DR. PHORORO'S RESIDENCE MASERU, LESOTHO	HEALTH	LESOTHO	1,493,060.	15,707.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316363, 7, GANGES STREET, MAITAMA DISTRICT ABUJA, NIGERIA	HEALTH	NIGERIA	15,758,202.	172,829.	CLINTON HEALTH ACCESS INITIATIVE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BILL, HILLARY & CHELSEA CLINTON FOUNDATION - 31-1580204, 610 PRESIDENT CLINTON AVENUE., 2ND FLR., LITTLE ROCK, AR 72201	ECONOMIC DEVELOPMENT	ARKANSAS	501(C)(3)	LINE 7	N/A		X
WILLIAM J CLINTON FOUNDATION - UK ACRE HOUSE 11-15 LONDON, UNITED KINGDOM	FUNDRAISING	UNITED KINGDOM	N/A	N/A	BHCC FDN	X	
CLINTON FOUNDATION INSALINGSSTIFTELSE BIRGER JARLSGATAN 55 STOCKHOLM, SWEDEN 11145	FUNDRAISING	SWEDEN	N/A	N/A	BHCC FDN	X	

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

Schedule R (Form 990) 2016

SEE PART VII FOR CONTINUATIONS

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CLINTON HEALTH ACCESS INITIATIVE-SOUTH AFRICA, 1166 FRANCIS BAARD STREET, BLOCK B, 1ST FL., PRETORIA, GAUTENG, SOUTH AFRICA	HEALTH	SOUTH AFRICA	3,548,480.	788,763.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316357, MBABANE OFFICE PARK, BUILDING 1, 3RD FL., MBABANE, SWAZILAND	HEALTH	SWAZILAND	2,238,970.	13,433.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE UGANDA LIMITED, P.O. BOX 33252, KAMPALA, UGANDA	HEALTH	UGANDA	4,536,096.	437,796.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC. - 98-1316375, GUSTAVO MEJIA RICANT AVE., PIANTINI TOWER, SIXTH FLOOR, SANTA DOMINGO,	HEALTH	DOMINICAN REPUBLIC	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE SKYWAYS BUILDING, 3RD FLOOR, P.O. BOX 77277 DAR ES SALAAM, TANZANIA	HEALTH	TANZANIA	3,505,717.	48,214.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE-BOTSWANA N/A	HEALTH	BOTSWANA	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE-UK N/A	HEALTH	UNITED KINGDOM	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE RDC DE LA PAIX, GAL. PRES APP 22 NO. 1 KINSHASA, CONGO (KINSHASA)	HEALTH	CONGO (KINSHASA)	381,012.	0.	CLINTON HEALTH ACCESS INITIATIVE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HAITI DEVELOPMENT FUND LLC - 45-3819678, 1271 AVE OF AMERICAS, NEW YORK, NY 10020	INVESTMENT	DE	N/A	RELATED	0.	0.		X	N/A		X	.00%
ACCESO FUND LLC - 27-2075171 1271 AVE OF AMERICAS NEW YORK, NY 10020	INVESTMENT	DE	N/A	RELATED	0.	0.		X	N/A		X	.00%
ACCESO OFERTO LOCAL-PRODUCTOS CALLE EL MIRADOR Y 93 AVENIDA EL SALVADOR	FRUIT & VEG SUPPLY	EL SALVADO	ACCESO WORLDWIDE	RELATED	0.	0.		X	N/A		X	.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ACACIA DEVELOPMENT CO - 81-1675271 1271 AVENUE OF AMERICAS NEW YORK, NY 10020	INVESTMENT	DE	BHCC FDN	C CORP			.00%	X	
ACCESO WORLDWIDE FUND INC. - 46-4160920 1271 AVENUE OF AMERICAS NEW YORK, NY 10020	INVESTMENT	DE	BHCC FDN	C CORP			.00%	X	
ACCESO CASHEW ENTERPRISE LIMITED OFFICE NO 201 KOHINOOR PARADISE AROGYA, MAHARASHTRA, INDIA	CASHEW PROCESSING	INDIA	ACCESO WORLDWIDE	C CORP			.00%	X	
RUAHA DEVELOPMENT COMPANY LIMITED IMMMA HSE, PLOT NO. 357, UN RD PO BX 72484 UPANGA, DAR ES SA, TANZANIA	FARMING	TANZANIA	ACACIA DEVL CO	C CORP			.00%	X	
CHAKIPI ACCESO SA CALLE CASCANUECES MZ M2 LOTE 4 LIMA, PERU	DISTRIBUTION OF GOODS	PERU	ACCESO FUND LLC	C CORP			.00%	X	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

Part VII Supplemental Information.

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC.

EIN: 98-1316375

GUSTAVO MEJIA RICANT AVE., PIANTINI TOWER, SIXTH FLOOR

SANTA DOMINGO, DOMINICAN REPUBLIC