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** PUBLIC DISCLOSURE COPY **

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

Do not enter social security numbers on this form as it may be made public.

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



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2016 calendar year, or tax year beginning and	ending		
B c	heck if pplicab	le: C Name of organization		D Employer identifie	cation number
	Addre chang		•		
	Name Chang			27-1	414646
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final	V .	400	617-	774-0110
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	145,831,195.
	Amen return	BOSION, MA UZIZ/		H(a) Is this a group re	
	Applio tion pendi	na		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates ir	
	ax-ex	empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) (a) (b) (c) $	or 🛄 527	- · · · · · · · · · · · · · · · · · · ·	list. (see instructions)
		te: WWW.CLINTONHEALTHACCESS.ORG		H(c) Group exemptio	
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2009	State of legal domicile: AR
Pa	art I	Summary	TC 3		
e	1	Briefly describe the organization's mission or most significant activities: CHAI ORGANIZATION COMMITTED TO SAVING LIVES I		GLUBAL REAL	
าลท					
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed by the second sec			sets. 9
ĝ		Number of voting members of the governing body (Part VI, line 1a)			7
Š	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	350
ties		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			97
tivi		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	a a	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		
		Contributions and grants (Dart) (III line 1b)		Prior Year 70,688,566.	Current Year 142,749,140.
Revenue	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
ver		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		99,524.	192,217.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,352.	11,901.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	70,835,442.	142,953,258.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,432,471.	12,368,417.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		70,611,707.	72,957,330.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		40,088.	60,000.
pe	b	Total fundraising expenses (Part IX, column (D), line 25)	62.		
ŵ		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)	- 1	50,817,476.	139,913,360.
	19	Revenue less expenses. Subtract line 18 from line 12		20,017,966.	3,039,898.
or		·		ginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)		95,237,284.	90,764,479.
dB	21	Total liabilities (Part X, line 26)		35,678,582.	28,173,741.
Fun		Net assets or fund balances. Subtract line 21 from line 20		59,558,702.	62,590,738.
Pa	nrt II	Signature Block			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y 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/ Type or print name and title	VICE CHAIRMAN	Date
Paid	Print/Type preparer's name CRAIG KLEIN	Preparer's signature	Date Check PTIN 11/13/17 self-employed P00734640
Preparer	Firm's name CBIZ TOFIAS		Firm's EIN ► 26-3753134
Use Only	Firm's address 500 BOYLSTON STR	Ъ. Б. Б. Б. Б. Б. Б. Б. Б. Б. Б. Б. Б. Б.	
ose only	BOSTON, MA 02116		Phone no.617-761-0600
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
632001 11-1	1-16 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2016)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CONTINUATION

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A Describe the organization's program service accomplishments for each of its three largest program services, and revenue. Favore 10(c)(3) and 501(c)(4)	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Section 501(c)(2) 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. (Goode[Conversity 3 36,319,154. modeling granted \$		If "Yes," describe these changes on Schedule O.
<pre>Intervent, Hary, for each program service reported (Come) [Ensemest 36, 319, 154, "undergraviseds 3, 222, 392] (Intervents) MATERNAL AND CHILD HEALTH: WOMEN AND CHILDREN BEAR THE BRUNT OF GLOBA DISEASE MORTALITY AND MORBIDITY. WELL-TIMED AND TARGETED INTERVENTIO CAN DRAMATICALLY REDUCE MORTALITY FOR MOTHERS AND THEIR CHILDREN. CH IS WORKING TO ENSURE THAT MOTHERS AND THEIR CHILDREN HAVE ACCESS TO LIFESAVING TREATMENT AND THAT ALL FAMILIES HAVE THE TOOLS TO SAFFELY PLAN THEIR FAMILIES TO IMPROVE HEALTH OUTCOMES AND STRENGTHEN THEIR ECONOMIC WELL-BEING. CHAI HAS SIGNIFICANTLY INCREASED COVERAGE OF LIFESAVING TREATMENTS FO DIARNERA AND PNEUMONIA, THE LARGEST KILLERS OF CHILDREN UNDER FIVE, IMPROVED NUTRITION FOR WOMEN AND CHILDREN AND IS IMPLEMENTING AN INTEGRATED APROACH TO BRAMATICALLY AND SUSTAINABL REDUCE MATERNAL AND NEONATAL MORTALITY BY ADDRESSING CRITICAL GAPS IN HEALTH SYSTEMS TO AVERT PREVENTABLE BEATHS THAT OCCUR AROUND (Come) [Comments 24,092,253, Includegiant 3 919,721] (Nermatics) 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 PERCEN OF HEALTH SPENDING. THESE RESOURCE SHORTAGES, COMBINED WITH WEAKNESS IN DELIVERY SYSTEMS, INCLUDING A SEVERE DEFICIT OF SKILLED HEALTH WORKERS, PREVENT THE POPULATION FROM ACCESSING EVEN BASIC QUALITY SERVICES. CHAIL IS WORKING WITH ITS PARTNER GOVERNEMENTS TO INCREASE SUSTAINABILITY AND REDUCE FINANCIAL BARRIERS PREVENTING ACCESS TO ESSENTIAL HEALTH SERVICES BY HELPING TO UNDERSTAND NEEDS, ADDRESS GAP (CommuNAL AND TREATMENT FOR THOSE IMPACTED BY HUV/AIDS IN THE DEVELOPING WORLD. ALONGSIDE OUT PARTNERS, CHAI HAS HELPED SAVE THE LIVES OF OVER 11.8 MILLION PEOPLE AND SIGNIFICANTLY LOWERED THE FRICE OF HIGH-QUALITY TREATMENTS. CHAI CATALYZED THE SCALE UP OF PEDE</pre>	4	
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Form 990 SEE SCHEDULE O FOR CONTINUATION(S) 2	4.5	
SEE SCHEDULE O FOR CONTINUATION(S)	40	
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Form	990	(2016))

Pa	rt 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)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		х
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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Δ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	Х	<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	27	
a	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? If "Ves." complete Schedule E. Parts Land IV.	14b	х	
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 23	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		x

Form **990** (2016)

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Form 990 (2016)	CLINTON	HEALTH	ACCESS	INITIATIVE,	INC.
Part IV Checklist of	Required Sch	edules (cont	inued)		

			Vee	Na
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
~~	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

632004 11-11-16

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Pa	Check if Schedule O contains a response or note to any line in this Part V					X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	44			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	350			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a	\vdash	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a	──	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Form	n 990	(2016

CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 5

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Form 990 (2016)

Form 990 (2	016)
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CLINTON HEALTH ACCESS INITIATIVE, INC.

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

27-1414646 Page 6

X

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.

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Σ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Σ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Σ
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Σ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			۱.
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Σ
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
_			Yes	N
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	x	
	in Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14		
5	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	x	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b		
C -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		2
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		-
a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104		
00	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed ►AR, CA, CT, FL, IL, MA, NJ, NY, P.			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only			
	for public inspection. Indicate how you made these available. Check all that apply.	avallar	Die	
	X Own website Another's website I Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	icial	
_	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			
	383 DORCHESTER AVENUE, #400, BOSTON, MA 02127		1 990	

CLINTON HEALTH ACCESS INITIATIVE, INC.

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.

		I				npe	nout		,	(Г)
(A)	(B)			(C Posi		ı.		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week			ess pe nd a d				from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				p		organization	(W-2/1099-MISC)	from the
	related	tee or	Istee			ensate		(W-2/1099-MISC)		organization
	organizations	I trus	nal tru		oyee	omp.				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	nest c	ner			organizations
	line)	Indi	Inst	Officer	Key	Highest compensated employee	Forr			
(1) WILLIAM J. CLINTON	5.00									_
CHAIR OF THE BOARD	20.00	Х						0.	0.	0.
(2) BRUCE LINDSEY	5.00									
BOARD MEMBER	45.00	Х						0.	361,308.	42,384.
(3) PAUL FARMER	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(4) RAYMOND CHAMBERS	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(5) CHELSEA CLINTON	10.00									
BOARD MEMBER	25.00	X						0.	0.	0.
(6) MAGGIE WILLIAMS	1.00									
BOARD MEMBER	0.00	x						0.	0.	0.
(7) MALA GAONKAR	1.00									
BOARD MEMBER	0.00	x						0.	0.	0.
(8) TACHI YAMADA	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(9) IRA MAGAZINER	50.00									
CEO/VICE-CHAIR OF THE BOARD	0.00	X		X				405,406.	0.	20,260.
(10) JULIE B. FEDER	50.00									
CFO	0.00			X				289,721.	0.	33,883.
(11) MUSTAPHA LEAVENWORTH BAKALI	50.00									
C00	0.00	1		X				269,683.	0.	15,689.
(12) OWENS WIWA	50.00									
EVP, COUNTRY DIRECTOR	0.00				Х			336,600.	0.	30,377.
(13) KELLY MCCRYSTAL	50.00									
EVP, NEW INITIATIVES	0.00	1			Х			220,000.	0.	18,619.
(14) DAVID RIPIN	50.00									
EVP, ACCESS PROGRAMS	0.00	1			х			218,000.	0.	38,015.
(15) ALICE KANG'ETHE	50.00									
EVP, VACCINE DEL./MATERNAL	0.00	1			Х			220,000.	0.	5,910.
(16) COLLEEN CONNELL	50.00	1								
VP, ACCESS DISEASE STRATEGY	0.00	1			х			179,769.	0.	21,832.
(17) CORRIE MARTIN	50.00	1								
VP, GLOBAL OPERATIONS	0.00	1			х			190,312.	0.	31,042.
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	CLINTON	HEALTH	ACCESS	INITIATIVE,	INC.	27-1414646
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Form 990 (2016) CLINTON B	IEALTH A	ACC	CES	SS	II	NI I	CI7	ATIVE, INC.	27-1414	646 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than i	one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss pe	rson i	nore than one son is both an ector/trustee)		compensation	compensation	amount of
	week		cer an	aad	recto	or/trus	tee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related
	below	d ual t	itiona	_	nploy	st co i iyee	SI.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	key er	Highest compensated employee	Former			5
(18) GEOFFREY WEBER	50.00									
CHIEF TECHNOLOGY OFFICER	0.00				Х			180,000.	0.	962.
(19) YOUNG (JOSHUA) CHU	50.00									
VP, GLOBAL VACCINCES & SE ASIA	0.00				Х			161,000.	0.	13,473.
(20) MPHU RAMATLAPENG	50.00				37			150 000	0	2 200
EVP, HIV/AIDS & TB PROGRAM	0.00				Х			159,999.	0.	3,382.
(21) GERALD MACHARIA					37			160 000	0	0 002
EVP, COUNTRY DIRECTOR	0.00				Х			160,000.	0.	9,003.
(22) ELYA TAGAR	50.00					37		100 705	0	07 100
SENIOR DIRECTOR, HIV PROGRAMS	0.00					X		166,765.	0.	27,100.
(23) JUSTIN COHEN	50.00					37		1 6 9 5 9	0	
DIRECTOR, GLOBAL MALARIA	0.00 50.00					X		160,250.	0.	28,752.
(24) PAUL DOMANICO	0.00					x		160,092.	0.	25 455
SR. DIRECTOR, RESEARCH & DEVELOPMENT	50.00					^		100,092.	0.	35,455.
(25) ALAN STAPLE DIRECTOR, ACCESS GNT	0.00					x		160,000.	0.	28,383.
(26) VISHAL BRIJLAL	50.00							100,000.	0.	20,303.
COUNTRY DIRECTOR	0.00					x		221,429.	0.	0.
1b Sub-total								3,859,026.	361,308.	404,521.
c Total from continuation sheets to Part VI	I. 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 n								eceived more than \$100	,000 of reportable	
compensation from the organization						-			· ·	91
										Yes No
3 Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	orh	nighest compensated er	mployee on	
line 1a? If "Yes," complete Schedule J for such individual								з Х		
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	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J fo	or such individual		4 X
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch j	oers	son .				5 X
Section B. Independent Contractors										

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
	PROFESSIONAL	
	HEALTHCARE SERVICES	1,138,024.
AKENA ASSOCIATES, 16 IGHODARO STREET,	PROFESSIONAL	
EVBOMORE, BENIN CITY, NIGERIA	HEALTHCARE SERVICES	276,716.
PRACTICAL SAMPLING INTERNATIONAL, 118B,	PROFESSIONAL	
BISI OBADINA ST, OMOLE PHASE 1, LAGOS,	HEALTHCARE SERVICES	237,605.
LUIS MIGUEL PEREZ ROJAS	PROFESSIONAL	
LOS CIPRESES N63-19, QUITO, ECUADOR	HEALTHCARE SERVICES	163,243.
FIELD INTELLIGENCE, LLC, NO. 4 ADZOPE	PROFESSIONAL	
CRESCENT WUSE II, ADUJA, FCT, NIGERIA	HEALTHCARE SERVICES	143,704.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization		

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			/		H ACCESS	INITIATIV	E, INC.	27-1414	1646 Page 9
Pa	rt V	/111							
			Check if Schedule O cont	ains a response	or note to any lin	(A)	(B) Related or	(C) Unrelated	(D) Revenue excluded
						Total revenue	exempt function revenue	business revenue	from tax under sections 512 - 514
nts	1	a	Federated campaigns	1a					
Grai		b	Membership dues						
Αr, (С	Fundraising events						
ilar İlar			Related organizations						
Sim's			Government grants (contribut		65,539,690.				
utio		f	All other contributions, gifts, gran		FF 000 450				
Contributions, Gifts, Grants and Other Similar Amounts		-	similar amounts not included abo		77,209,450.				
non Bud		-	Noncash contributions included in lines Total. Add lines 1a-1f			142,749,140.			
<u> </u>					Business Code	112,719,110.			
e	2	а							
e ric		b							
s nu		с							
leve		d							
Program Service Revenue		е							
ā			All other program service reve						
		g	Total. Add lines 2a-2f						
	3		Investment income (including			00.000			
			other similar amounts)			88,986.			88,986
	4		Income from investment of ta		r i i i i i i i i i i i i i i i i i i i				
	5		Royalties	(i) Real	(ii) Personal				
	6	2	Gross rents		(II) Personal				
			Less: rental expenses						
			Rental income or (loss)						
			N	L	►				
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	2,980,609.	559.				
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss)		▶	103,231.			103,231
ne	8	а	Gross income from fundraisin	•					
ven			including \$						
Re			contributions reported on line	,					
Other Revenue		h	Part IV, line 18 Less: direct expenses						
Ò			Net income or (loss) from fund		►				
			Gross income from gaming ac						
			Part IV, line 19						
		b	Less: direct expenses						
		С	Net income or (loss) from gam	ning activities	►				
	10	а	Gross sales of inventory, less	returns					
			and allowances						
			Less: cost of goods sold						
-		С	Net income or (loss) from sale						
	4.4	_	Miscellaneous Revenu MISC. REVENUE	le	Business Code 900099	11 0.01			11 001
			HISC, KEVENUE		300033	11,901.			11,901
		b c							1
			All other revenue						
			Total. Add lines 11a-11d			11,901.			
	12		Total revenue. See instructions.			142,953,258.	0.	0	. 204,118.
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Form 990 (2016)

CLINTON HEALTH ACCESS INITIATIVE, INC.

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 respo	nse or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising
			expenses	general expenses	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,				
Ũ	trustees, and key employees	3,620,389.	2,942,052.	678,337.	
6	Compensation not included above, to disqualified	0,020,0000	2,512,0020		
0					
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	52,029,561.	47 061 400	4,281,166.	
7	Other salaries and wages	52,029,501.	47,061,428.	4,201,100.	686,967.
8	Pension plan accruals and contributions (include		0 410 500	01 5 000	
	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.		1,028,773.	124,062.
10	Payroll taxes	3,019,572.	2,647,270.	317,554.	54,748.
11	Fees for services (non-employees):				
а	Management				
	Legal	390,548.	221,114.	169,434.	
	Accounting	480,558.	205,667.	274,891.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	60,000.			60,000.
	Investment management fees				
f					
g	Other. (If line 11g amount exceeds 10% of line 25,	7,061,481.	6,601,272.	460,209.	
	column (A) amount, list line 11g expenses on Sch O.)	7,001,401.	0,001,272.	400,209.	
12	Advertising and promotion	2 0 2 0 1 0	1 (04 070	240 020	2 (12
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.
23 24	Other expenses. Itemize expenses not covered				
24	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 0.) DIRECT PROGRAM EXPENSE	12,160,776.	12,160,726.	50.	
a	TELEPHONE	2,055,337.	1,882,997.	161,642.	10 600
b					10,698.
С	CAPITAL CHARGES	1,811,500.	1,703,593.	103,930.	3,977.
d	PROCUREMENT & SHIPPING	1,102,356.	1,102,356.	0.	<u> </u>
е	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)				
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Form **990** (2016)

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CLINTON HEALTH ACCESS INITIATIVE, INC.

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

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Part X Balance Sheet

		Check il Schedule O contains a response of not				1	
					(A) Beginning of year		(B) End of year
	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.		410,922.
	5	Loans and other receivables from current and fo					
	-	trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		F		7	
As	8	Inventories for sale or use		F		8	
	9				1,006,320.	9	6,049,344.
		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 1				12	
	13	Investments - program-related. See Part IV, line		F		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 equa			95,237,284.	16	90,764,479.
	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 F	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
iab		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		F		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			010 000
		Schedule D		F	374,687.	25	219,999.
	26	Total liabilities. Add lines 17 through 25			35,678,582.	26	28,173,741.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
ces		complete lines 27 through 29, and lines 33 an			3,704,011.		2 621 616
lan	27	Unrestricted net assets			55,854,691.	27	2,621,616. 59,969,122.
Ba	28	Temporarily restricted net assets		F	55,654,091.	28	59,909,122.
Fund Balances	29			N - h h - h		29	
ŗ		Organizations that do not follow SFAS 117 (As	50 958	s), check here ▶ 🛄			
Net Assets or	20	and complete lines 30 through 34.				20	
set	30 21	Capital stock or trust principal, or current funds		F		30	<u> </u>
t As	31	Paid-in or capital surplus, or land, building, or eq		F		31 32	<u> </u>
Net	32 32	Retained earnings, endowment, accumulated inc			59,558,702.	32	62,590,738.
	33 34	Total net assets or fund balances			95,237,284.	33	90,764,479.
	34	TOTAL HADIIITIES AND HEL ASSETS/TUND DAIANCES			JJ, 4J1, 40 4 .	34	50,704,479.

Form 990 (2016)

Form 990 (2016)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 142,953,12 2 Total expenses (must equal Part IX, column (A), line 25) 2 139,913,13 3 Revenue less expenses. Subtract line 2 from line 1 3 3,039,44 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 59,558,5 5 Net unrealized gains (losses) on investments 5 -7,64 6 Donated services and use of facilities 6	
1 Total revenue (must equal Part VIII, column (A), line 12) 1 142,953,2 2 Total expenses (must equal Part IX, column (A), line 25) 2 139,913,2 3 Revenue less expenses. Subtract line 2 from line 1 3 3,039,4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 59,558,5 5 -7,6	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 -7, 3	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 -7, 3	
 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 	
 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 	
5 Net unrealized gains (losses) on investments	
6 Donated services and use of facilities	62.
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, '	38.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	No
1 Accounting method used to prepare the Form 990: Cash X Accrual 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?	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
Separate basis X Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133? 3a X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

Form **990** (2016)

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SCHEDULE A	
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(Form	990	or	990-	·ΕΖ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.	
	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/formation	rm990.
Name of the organizati	on	Emplo

Nam	e of	the organization						Employer	identification number
		CLIN	TON HEALTH	ACCESS INI	TIATIV	Έ, IN	iC.		7-1414646
Pa	rt I	Reason for Public	Charity Status (All organizations must	complete th	iis part.) Se	ee instruction	s.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12	, check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describ	ed in sectio	on 170(b)([.]	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Fo	rm 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in	section 170)(b)(1)(A)(i	ii).		
4		A medical research organiz)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owr	ed or opera	ted by a q	overnmental	unit describ	ed in
		section 170(b)(1)(A)(iv). (C		с ,		, 0			
6		A federal, state, or local go		mental unit described i	n section 17	70(b)(1)(A))(v).		
7	Χ	An organization that norma	-					the general	public described in
		section 170(b)(1)(A)(vi). (C						J	
8		A community trust describe		(1)(A)(vi). (Complete P	art II.)				
9		An agricultural research or				ed in coniı	inction with a	land-grant	college
•		or university or a non-land-	-			-		-	-
		university:	9		.,		,,		
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its s	upport from	contributi	ons member	shin fees a	nd gross receipts from
		activities related to its exen							
		income and unrelated busi							
		See section 509(a)(2). (Co						guineation	
11		An organization organized	,	ively to test for public	safetv. See	section 50	09(a)(4).		
12		An organization organized	-	•	-			arrv out the	e purposes of one or
		more publicly supported or	-	-	-			-	
		lines 12a through 12d that							
а		Type I. A supporting orga				-		-	giving
		the supported organization	-	-		-			
		organization. You must o		• • • • •					
b		Type II. A supporting org	-		ection with it	ts support	ed organizatio	on(s), by ha	ving
		control or management of	-				-		-
		organization(s). You mus						•	
с		Type III functionally inte			d in connec	tion with,	and functiona	ally integrate	ed with,
		its supported organizatio							
d		Type III non-functionally						orted organi	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must s	atisfy a dist	ribution re	quirement an	d an attenti	iveness
		requirement (see instruct	tions). You must cor	nplete Part IV, Sectio	ns A and D	, and Part	v.		
е		Check this box if the orga						e II, Type III	
		functionally integrated, o							
f	Ente	er the number of supported of	organizations						
g		vide the following information							
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions)	¥	No	support (see ir	nstructions)	support (see instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Schedule A (Form 990 or 990-EZ) 2016 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 2 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.)

See	ction A. Public Support						
Cale	ndar 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 organ-						
	ization'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 \dots						
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.
	Public support. Subtract line 5 from line 4.						258,978,690.
See	ction B. Total Support						
Cale	ndar 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 \dots	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.	-
11	Total support. Add lines 7 through 10						661,459,831.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thin	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here	rooptaga				>
-	ction C. Computation of Publ						20 15
	Public support percentage for 2016 (14	39.15 % 40.37 %
	Public support percentage from 2015					15	
1 6a	33 1/3% support test - 2016. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c	-					
	and stop here . The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the				• •		,
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	T UIU HOL CHECK A		a, 100, 17a, 01 17		edule A (Form 990	
					00110		5. 550 LZ Z 0 10

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Schedule A (Form 990 or 990 EZ) 2016 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 3 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.)

Se	ction A. Public Support						
Cale	ndar 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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	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 fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) orga	anization,
	check this box and stop here		<u></u>	<u></u>	<u></u>		>
Se	ction C. Computation of Publ	lic Support Pe	ercentage				
15	Public support percentage for 2016 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2015	5 Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and lir	ne 17 is not
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	
k	33 1/3% support tests - 2015. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/39	%, and
	line 18 is not more than 33 1/3% , che	eck this box and s	top here. The org	anization qualifies	as a publicly supp	oorted organizat	ion ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check			
6320	23 09-21-16				Sch	edule A (Form	990 or 990-EZ) 2016
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Schedule A (Form 990 or 990-EZ) 2016 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 4

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in Part VI.*
- **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? *If* "Yes," *provide detail in Part VI.*
- **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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

Schedule A (Form 990 or 990 EZ) 2016 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 5

Fai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
Sec	tion 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.	1		
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.	2		
Sec	tion 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		
Sec	tion 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?	1		
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).	2		
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.	3		
Sec	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	0-EZ)	2016
	17			

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Schedule A (Form 990 or 990-EZ) 2016 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	r non-exempt-use assets 1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <u>(continued)</u>	
Secti	on D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
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	he organization is responsive	е	
	(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			
		(i)	(ii)	(iii)
<u> </u>		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	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:			
а				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A Part VI	Supplemental	Z) 2016 CLINTC	ovide the explan	ations required	by Part II, line	e 10; Part II, li	ne 17a or 17	7b; Part III, lin	ie 12;
	Part IV, Section A, line 1; Part IV, Sec	, lines 1, 2, 3b, 3c, 4b ction D, lines 2 and 3; , 6, and 8; and Part V	o, 4c, 5a, 6, 9a, 9 Part IV, Section	9b, 9c, 11a, 11b E, lines 1c, 2a,	, and 11c; Pa 2b, 3a, and 3	rt IV, Section b; Part V, line	B, lines 1 ar 1; Part V, S	nd 2; Part IV, Section B, line	Section C, e 1e; Part V,
32028 09-21-	16			20			Schedule A	(Form 990 o	or 990-EZ)
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

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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.

INC.

OMB No. 1545-0047

2016

Employer identification number

27-1414646

Filers of:	Section:
Form 990 or 990-EZ	X 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.

CLINTON HEALTH ACCESS INITIATIVE,

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

X 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)

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27 - 1414646

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 1 Person Payroll 47,855,670. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 22,175,450. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 13,138,299. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 9,599,563. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 6,738,191. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 6,526,298. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

623452 10-18-16

22 2016.05000 CLINTON HEALTH ACCESS INITI 25760_01

16411113 756948 25760.001

Employer identification number

27 - 1414646

CLINTON HEALTH ACCESS INITIATIVE, INC.

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$3,704,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$3,186,084.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18	3-16 23		990, 990-EZ, or 990-PF) (2016)

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Page 3

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27 - 1414646

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 623453 10-18-16 24

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Dago	4
Page.	-

	completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or le	n section 501(c)(7), (8), or (10) that total more than \$1, ing line entry. For organizations ess for the year. (Enter this info. once.) \$			
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, a	and ZIP + 4	Relationship of transferor to transferee			
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee			
a) No. irom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			

Department of the Treasury Internal Revenue Service

(Form 990)

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.



Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number 27 - 1414646

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(t	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used o	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferi	ring
_				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education)	torically	important land area
	Protection of natural habitat	Preservation of a cer	rtified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a co ا	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic str		r	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture	
	listed in the National Register		-	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organ	ization during the tax
	year ►			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservatio	on easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation ea	sements during the year
•				N (1)
8	Does each conservation easement reported on line 2(d) above and easting 170(h)(4)(D)(iii)2			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat	•		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the org	janization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or (Other 9	Similar Assets
1 01	Complete if the organization answered "Yes" on Form			Similar Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		mont on	d balance aboat works of art
Ia	historical treasures, or other similar assets held for public ex			
	the text of the footnote to its financial statements that descr		ance or	public service, provide, in Part Alli,
h	If the organization elected, as permitted under SFAS 116 (AS		at and b	alance sheet works of art historical
D.	treasures, or other similar assets held for public exhibition, e			
	relating to these items:	ducation, or research in furtherance of p		vice, provide the following amounts
	-			► ¢
	 (i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre			
2	the following amounts required to be reported under SFAS 1		a yan,	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction		<u></u>	Schedule D (Form 990) 2016
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		HEALTH AC								б _{Раде} 2
Par	t III Organizations Maintaining C									,
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a si	gnificant ı	use of its	collectio	n items
	(check all that apply):		. —							
a		C			hange progr					
b	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII.	
5	During the year, did the organization solicit of		,		,				٦	□
De	to be sold to raise funds rather than to be m								Yes	└── No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod								7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amoun	[
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T	Ending balance									
	Did the organization include an amount on F								Yes	No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete									
1 0					(c) Two yea	1		oare back	(a) Four	voare back
4	Designing of year balance	(a) Current year	(D) P	rior year	(C) TWU yea	IS DACK ((a) Thee y	Ears Dack	(e) Four	years Dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance Provide the estimated percentage of the cur			a oolump (a						
2			2e (iirie 1 %	g, column (a						
	Board designated or quasi-endowment Permanent endowment	%	70							
	Temporarily restricted endowment									
C	The percentages on lines 2a, 2b, and 2c sho									
30	Are there endowment funds not in the posse		ation the	at aro hold a	nd administ	arad for th	o organiz	ration		
Ja	by:	ession of the organiz		at are neiu a			le organiz	allon	Ī	Yes No
	-								3a(i)	165 110
	(i) unrelated organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizations									
4	Describe in Part XIII the intended uses of the								55	
_	t VI Land, Buildings, and Equipn		Switterit	iunus.						
	Complete if the organization answere		0. Part IV	V. line 11a. S	See Form 99	0. Part X.	line 10.			
	Description of property	(a) Cost or c		r <u> </u>	or other	· · ·	cumulate	bd	(d) Boo	k value
	Becomption of property	basis (investr			(other)		reciation	~	(4) 000	, value
12	Land		/		· ··/	0.00				
	Buildings									
	Leasehold improvements			16	7,749.	1	64,13	34.		3,615.
	Equipment				3,683.		359,90			3,714.
	Other									
	Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B), line 1	0c.)	1			24	7,329.
		,	., 50.01	,				-		

632052 08-29-16

Schedule D (Form 990) 2016 CLINTON HEA	LTH ACCESS	INITIATIVE,	INC. 27-	-1414646 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) (D)				
(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"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: 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	
-	Description	, 1110 110. 000 1 0111 000,		(b) Book value
(1) ASSETS LIMITED AS TO USE		MATIC PURPOS	ES	72,601,687.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.				72,601,687.
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes (2) ASSETS HELD FOR COMMODITI	FC			
	G.	219,999.		
		210,000.		
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) ►	219,999.		
2. Liability for uncertain tax positions. In Part XIII, provide	· · · · · ·		inancial statements t	hat reports the
organization's liability for uncertain tax positions under		-		
			C-h-	dula D (Carm 000) 2016

632053 08-29-16

Sche	edule D (Form 990) 2016 CLINTON HEALTH ACCESS INIT	CIATIVE,	INC.	27-	1414646	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per R	etur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
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:					
а	Net unrealized gains (losses) on investments	. 2a	-7,862.			
b	Donated services and use of facilities	. 2b	902,092.			
с						
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,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:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 a				
b	Other (Describe in Part XIII.)	4b				_
с	Add lines 4a and 4b			4c		0.
E	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	142,953	,258.
						<u>,</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With				
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With a.	Expenses per	Retu	urn.	
9 Pa	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents With a.	Expenses per	Retu		
	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a.	Expenses per	Retu	urn.	
1	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents With a.	Expenses per	Retu	urn.	
1 2	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With a. 2a	Expenses per	Retu	urn.	
1 2 a b	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With a. 2a 2b	Expenses per	Retu	urn.	
1 2 a b	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	nents With a. 	Expenses per	Retu	urn. 140,815	,452.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per 902,092.	Retu 1	urn. 140,815 902	,452.
1 2 b c d	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per 902,092.	Retu 1	urn. 140,815	,452.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per 902,092.	Retu 1	urn. 140,815 902	,452.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents With a. 	Expenses per 902,092.	Retu 1	urn. 140,815 902	,452.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d	Expenses per 902,092.	Retu 1	urn. 140,815 902	,452. ,092. ,360.
1 2 d c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	Expenses per 902,092.	Retu 1 2e 3	urn. 140,815 902 139,913	, <u>452.</u> , <u>092.</u> , <u>360.</u> 0.
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	Expenses per 902,092.	Retu 1 2e 3	urn. 140,815 902	, <u>452.</u> , <u>092.</u> , <u>360.</u> 0.

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
632054 08-29-16 Schedule D (Form 990) 2016
6411113 756948 25760.001 2016.05000 CLINTON HEALTH ACCESS INITI 25760_01

 Schedule D (Form 990) 2016
 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 5

 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.

Schedule D (Form 990) 2016

632055 08-29-16

16411113 756948 25760.001

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
			n answered "Yes" on Form 990, Part			2016
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fe	-	Inspection
Name of the organization					Employer ide	entification number
CLINTON HEALTH					27-1414	
		ctivities Ou	tside the United States. Compl	ete if the orgar	ization answere	ed "Yes" on
Form 990, Part IN 1 For grantmakers. Does	•	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance	
-	-		the selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance	e outside the
3 Activities per Region. (T	he following Parl	I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	
	offices	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service,	expenditures for and
	in the region	independent contractors	recipients located in the region)		e specific type (s) in the regior	investments
		in the region				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.
		104				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CENTRAL AMERICA AND						
THE CARIBBEAN	1	7	PROGRAM SERVICES	HEALTH		1,348,940.
RUSSIA AND		_		L		
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

OMB No. 1545-0047

632071 09-21-16

Schedule F (Form 990)	CLINTON	HEALTH A	CCESS INITIATIVE, I n.(Schedule F (Form 990), Part I, line 3	INC. 27-142	14646 Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE					
PACIFIC	0	0	GRANTS	HEALTH	480,232.
SOUTH ASIA	0	0	GRANTS	HEALTH	1,629,670.
RUSSIA AND					
NEIGHBORING STATES	0	0	GRANTS	HEALTH	23,839.
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	GRANTS	HEALTH	463,960.
					2 507 501
Totals					2,597,701.

632181 04-01-16

16411113 756948 25760.001

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.		٥.		
		EAST ASIA AND THE						
		PACIFIC	HEALTH	50,000.		Ο.		
		EAST ASIA AND THE						
		PACIFIC	HEALTH	49,580.		0.		
		EAST ASIA AND THE						
			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						
			HEALTH	38,747.		Ο.		
			recognized as charities by the					
			n 501(c)(3) equivalency letter			🕨 .		0 134
3 Enter total number of	other organizations	or entities				<u></u>		134

CLINTON HEALTH ACCESS INITIATIVE, INC.

27-1414646

Page **2**

Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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.		٥.		
		EAST ASIA AND THE						
		PACIFIC	HEALTH	17,058.		0.		
		EAST ASIA AND THE						
		PACIFIC	HEALTH	12,893.		٥.		
		EAST ASIA AND THE						
		PACIFIC	HEALTH	12,270.		٥.		
		EAST ASIA AND THE						
		PACIFIC	HEALTH	11,897.		٥.		
		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.		٥.		
		EUROPE (INCLUDING ICELAND AND						
		GREENLAND)	HEALTH	6,303.		٥.		

CLINTON HEALTH ACCESS INITIATIVE, INC.

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Page 2

Part II Continuation o	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.			
				240,147.		•.			
		SOUTH ASIA	HEALTH	229,423.		0.			
		SOUTH ASIA	HEALTH	131,439.		0.			
		SOUTH ASIA	HEALTH	106,518.		0.			
		SOUTH ASIA	HEALTH	101,564.		0.			
				05 000					
		SOUTH ASIA	HEALTH	95,820.		0.		+	
		SOUTH ASIA	HEALTH	89,340.		0.			
		SOUTH ASIA	HEALTH	74,580.		0.			

CLINTON HEALTH ACCESS INITIATIVE, INC.

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Page 2

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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.		

CLINTON HEALTH ACCESS INITIATIVE, INC.

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Part II Continuation of	rt 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.		٥.					
		SOUTH ASIA	HEALTH	29,561.		٥.					
	-	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.					
		JUUIN ASIA	HEALTH	/,439.							
		SOUTH ASIA	HEALTH	5,991.		0.					
		SUB-SAHARAN									
		AFRICA	HEALTH	2,017,506.		٥.					

CLINTON HEALTH ACCESS INITIATIVE, INC.

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Part II Continuatio	n of Grants and Other	Assistance to Organiz	ations or Entities Outside the	e United States.	(Schedule F (Form 9	- ago z		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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.		٥.		
		SUB-SAHARAN						
		AFRICA	HEALTH	281,246.		0.		
		SUB-SAHARAN						
		AFRICA	HEALTH	190,000.		٥.		
		SUB-SAHARAN						
		AFRICA	HEALTH	183,725.		0.		
				,				
		SUB-SAHARAN AFRICA	HEALTH	175,439.		0.		
		SUB-SAHARAN AFRICA	HEALTH	172,920.		0.		
				1,2,520.				
		SUB-SAHARAN AFRICA	HEALTH	168,263.		Ο.		
		NI KICA		100,203.		0.		
		SUB-SAHARAN		140 500				
		AFRICA	HEALTH	149,592.		Ο.		

CLINTON HEALTH ACCESS INITIATIVE, INC.

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	f Grants and Other	Assistance to Organiz	ations 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						
			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.		
				120,200.		••		
		SUB-SAHARAN AFRICA		110 (00				
		AFRICA	HEALTH	112,689.		0.		
		SUB-SAHARAN						
		AFRICA	HEALTH	96,365.		0.		
		SUB-SAHARAN						
		AFRICA	HEALTH	93,405.		Ο.		

CLINTON HEALTH ACCESS INITIATIVE, INC.

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Part II Continuation o	t 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									
			HEALTH	92,547.		0.					
		SUB-SAHARAN									
			HEALTH	90,061.		٥.					
		SUB-SAHARAN									
			HEALTH	83,419.		0.					
				, -							
		SUB-SAHARAN AFRICA	HEALTH	72,354.		Ο.					
				72,334.		•.					
		SUB-SAHARAN		60 105							
		AFRICA	HEALTH	69,105.		0.					
		SUB-SAHARAN									
		AFRICA	HEALTH	68,011.		0.					
		SUB-SAHARAN									
		AFRICA	HEALTH	65,570.		0.					
		SUB-SAHARAN									
			HEALTH	65,305.		٥.					
		SUB-SAHARAN									
			HEALTH	62,728.		0.					

CLINTON HEALTH ACCESS INITIATIVE, INC.

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	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	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, FM\ appraisal, other)
		SUB-SAHARAN						
		AFRICA	HEALTH	60,063.		٥.		
		SUB-SAHARAN						
		AFRICA	HEALTH	58,210.		٥.		
		SUB-SAHARAN						
		AFRICA	HEALTH	57,628.		٥.		
		SUB-SAHARAN						
		AFRICA	HEALTH	47,841.		0.		
		SUB-SAHARAN AFRICA	HEALTH	47,314.		0.		
				1,,511.				
		SUB-SAHARAN AFRICA	HEALTH	31,766.		0.		
		AFRICA		51,700.				
		SUB-SAHARAN						
		AFRICA	HEALTH	31,299.		0.		
		SUB-SAHARAN						
		AFRICA	HEALTH	29,696.		0.		
		SUB-SAHARAN						
		AFRICA	HEALTH	29,304.		0.		

CLINTON HEALTH ACCESS INITIATIVE, INC.

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Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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						
			HEALTH	27,371.		0.		
		SUB-SAHARAN						
			HEALTH	26,564.		٥.		
		SUB-SAHARAN						
			HEALTH	24,872.		0.		
				,				
		SUB-SAHARAN AFRICA	HEALTH	23,156.		Ο.		
				,				
		SUB-SAHARAN AFRICA	HEALTH	22,930.		0.		
		AFRICA		22,550.				
		SUB-SAHARAN		00 001				
		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.		

CLINTON HEALTH ACCESS INITIATIVE, INC.

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Part II Continuation of	t 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.		٥.						
		SUB-SAHARAN										
		AFRICA	HEALTH	20,108.		0.						
		SUB-SAHARAN										
		AFRICA	HEALTH	18,090.		٥.						
		SUB-SAHARAN										
			HEALTH	17,537.		0.						
		SUB-SAHARAN										
		AFRICA	HEALTH	17,500.		0.						
		SUB-SAHARAN										
			HEALTH	16,768.		٥.						
		SUB-SAHARAN										
		AFRICA	HEALTH	16,098.		0.						
				· · ·								
		SUB-SAHARAN AFRICA	HEALTH	14,840.		0.						
				, ~								
		SUB-SAHARAN AFRICA	HEALTH	14,707.		0.						
				,,	1	°.						

CLINTON HEALTH ACCESS INITIATIVE, INC.

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Part II Continuation of	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.		٥.					
		SUB-SAHARAN									
			HEALTH	14,354.		0.					
		SUB-SAHARAN AFRICA	HEALTH	13,565.		0.					
		AFRICA		13,505.		0.					
		SUB-SAHARAN									
		AFRICA	HEALTH	12,618.		0.					
		SUB-SAHARAN									
		AFRICA	HEALTH	11,012.		0.					
		SUB-SAHARAN									
		AFRICA	HEALTH	10,248.		٥.					
		SUB-SAHARAN									
			HEALTH	9,719.		0.					
				· · ·							
		SUB-SAHARAN AFRICA	HEALTH	9,611.		Ο.					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		SUB-SAHARAN									
		AFRICA	HEALTH	9,537.		٥.					

CLINTON HEALTH ACCESS INITIATIVE, INC.

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Part II Continuation of	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.		٥.					
		SUB-SAHARAN									
			HEALTH	8,998.		0.					
		SUB-SAHARAN AFRICA	HEALTH	7 405		Ο.					
		AFRICA		7,495.		••					
		SUB-SAHARAN									
		AFRICA	HEALTH	7,312.		0.					
		SUB-SAHARAN									
		AFRICA	HEALTH	7,231.		٥.					
		SUB-SAHARAN									
		AFRICA	HEALTH	6,474.		0.					
		SUB-SAHARAN									
			HEALTH	6,437.		0.					
				,							
		SUB-SAHARAN	UE 3 T MU	C 202							
		AFRICA	HEALTH	6,383.		0.					
		SUB-SAHARAN									
		AFRICA	HEALTH	6,260.		٥.					

CLINTON HEALTH ACCESS INITIATIVE, INC.

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Part II Continuation of	t 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.		Ο.					
		SUB-SAHARAN									
			HEALTH	6,000.		0.					
		SUB-SAHARAN									
			HEALTH	5,815.		٥.					
		SUB-SAHARAN AFRICA	HEALTH	5,736.		0.					
				, -							
		SUB-SAHARAN AFRICA	HEALTH	5,671.		0.					
				5,011.							
		SUB-SAHARAN AFRICA	HEALTH	5,523.		0.					
		REALCA		5,525.		0.					
		SUB-SAHARAN									
		AFRICA	HEALTH	5,467.		0.					
		SUB-SAHARAN									
		AFRICA	HEALTH	5,301.		٥.					

CLINTON HEALTH ACCESS INITIATIVE, INC.

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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.		٥.		
		SUB-SAHARAN						
		AFRICA	HEALTH	5,092.		0.		
		SUB-SAHARAN						
		AFRICA	HEALTH	5,038.		0.		
		EUROPE (INCLUDING ICELAND AND						
		GREENLAND)	HEALTH	268,518.		Ο.		
		EUROPE (INCLUDING ICELAND AND						
			HEALTH	110,575.		Ο.		
		EUROPE (INCLUDING ICELAND AND						
			HEALTH	21,179.		0.		
				,				
		EUROPE (INCLUDING						
		ICELAND AND GREENLAND)	HEALTH	17,210.		Ο.		
		· ·						
		1						

27-1414646

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 4 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

632074 09-21-16

Schedule F (Form 990) 2016 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646 Page 5 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.
632075 09-21-16 Schedule F (Form 990) 2016
50 411113 756948 25760.001 2016.05000 CLINTON HEALTH ACCESS INITI 25760_01

SCHEDULE G	Supplana	ntal Information Dag	ordina	Euro	draia	ing or Coming	A ativ		OMB No. 1545-0047
(Form 990 or 990-EZ)		ental Information Reg e organization answered "	-						2016
Department of the Treasury Internal Revenue Service		organization entered more Attach to F	orm 990	or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization		bout Schedule G (Form 990 o	r 990-EZ)	and its	s instru	uctions is at WWW.irs.			entification number
5		HEALTH ACCESS	5 INI	TIA	TIV	E, INC.		27-1414	
	complete this par	Complete if the organizatio t.	on answe	ered "Y	es" o	n Form 990, Part IV,	line 17	7. Form 990-E	Z filers are not
 Indicate whether th a Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 b 	e organization rais icions email solicitations tations dicitations on have a written o red in Form 990, P d highest paid indir	sed funds through any of the e X f X g or oral agreement with any ir part VII) or entity in connection viduals or entities (fundraise	Solicitat Solicitat Special ndividual on with p	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru iundraising services?	stees,	X Ye	
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres or entity (fund		(ii) Activity		(iii) fundr have c or cor contrib	aiser ustody	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
THE HELEN BROWN GR	OUP LLC -			Yes	No				
48 SUMMER ST., SUI	TE 2,	RESEARCH			x	250,000.		60,000	. 190,000.
					L				
Total	ich the organizatio	on is registered or licensed t	o solicit /	Contrib		250,000.	d it is	60,000 exempt from (. 190,000.
or licensing.				John			a n 13		ogistration

AR, CA, CT, FL, IL, NJ, NY, PA, RI, MA, WA

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2016

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	Schedule G (Form 990 or 990-EZ) 2016 CI	LINTON HEALTH	ACCESS	INITIATIVE,	INC.	27-1414646	Page 2
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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 (add col. (a) through col. (c))
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
-	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
SS	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8 9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)	·	►	
De	11	Net income summary. Subtract line 10 from li		- 000 Det N/ Kee 40		
Pa	II L I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
				(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev						
	1	Gross revenue				
SS	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		· · · · · · · · · · · · · · · · · · ·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	er the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:				Yes No
10a	We	re any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "`	Yes," explain:				
6320	32 09)-12-16			Schedule G (Fo	rm 990 or 990-EZ) 2016

Sche	edule G (Form 990 or 990-EZ) 2016 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1	414646	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		—
10	to administer charitable gaming?	└── Yes	└── No
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	I	
	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 $ ightarrow$ \$		
С	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		
47			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	
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 > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	10 10 10 10 10 10 10 10 10 10 10 10 10 1)b, 1 5b,
	isc, is, and isb, as applicable. Also provide any additional information. See instructions		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:	
(I) NAME OF FUNDRAISER: THE HELEN BROWN GROUP LLC		
<u>`</u>			
(I) ADDRESS OF FUNDRAISER: 48 SUMMER ST., SUITE 2, WATERTOWN, MA	0247	2
63208	33 09-12-16 Schedule G (Form	990 or 990	-EZ) 2016
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Schedule G	(Form 990 or 990-EZ) Supplemental Info	CLINTON	HEALTH	ACCESS	INITIATIVE,	INC.	27-1414646	Page 4
Part IV	Supplemental Info	fination (contin	ued)					
62000 4						Sc	hedule G (Form 990 or	⁻ 990-EZ)
632084 04-01-16				54				

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	990) 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.									
Name of the organization		ion about Schedule I	(Form 990) and its	s instructions is a	(www.i/s.gov//o////99	0.	Employer id	Inspec ⁻		
	EALTH ACC	CESS INITIAT	IVE, INC.					27-141		
Part I General Information on Grants a										
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	ction			
criteria used to award the grants or assis								X Yes	No No	
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	funds in the United	d States.						
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "א	/es" on Form 990, Par	t IV, line 21, f	or any		
recipient that received more than	\$5,000. Part II car	n be duplicated if addit	tional space is need	ded.						
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		urpose of gr 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.	52 0505110	E01(C)(2)	100 000	0.			HEALTH			
BALTIMORE, MD 21211 TRUSTEES OF BOSTON UNIVERSITY DBA	52-0595110	501(C)(3)	189,800.	0.			neAlin			
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) a			,	۰.			•••••••		12.	
a Enter total number of section 50 (C)(3) aa Enter total number of other organization	•	•	יש וווש ו נמטוש				······ 【 ·		$\frac{12}{10}$	
LHA For Paperwork Reduction Act Notice							Schedu	le I (Form 9		

CLINTON HEALTH ACCESS INITIATIVE, INC. Schedule I (Form 990)

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(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	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
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
	01 21/0025		57,000.				
TRUSTEES OF COLUMBIA UNIVERSITY							
P.O. BOX 29789							
NEW YORK, NY 10087	13-5598093	501(C)(3)	24,885.	Ο.			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)

Schedule | (Form 990) CLINTON HEALTH ACCESS INITIATIVE, INC.

27-1414646 Page 1

							17-1414040 Pa
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt 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
NSTEDD							
955 BENECIA AVENUE							
SUNNYVALE, CA 94085	20-4895174	501(C)(3)	12,269.	0.			HEALTH
	10 1055171	501(0)(3)	12,203.				
OPEN FUNCTION GROUP LLC							
56 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.	٥.			HEALTH
DNA SYSTEMS INC.							
126 E 12TH ST., SUITE 4A							
NEW YORK, NY 10003-5320	38-3940780		8,500.	0.			HEALTH

Schedule I (Form 990)

27-1414646

Page 2

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 VERIFED, 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.

sc		OMB No.	1545-00	47						
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	16	<u> </u>				
•	-	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ΖU	IU					
Dena	tment of the Treasury	Attach to Form 990.		Open to						
	al Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspection						
Nan	ne of the organizatio		Employer in			mber				
		CLINTON HEALTH ACCESS INITIATIVE, INC.	27-1	41464	6					
Ра	rt I Question	s Regarding Compensation				·				
	.				Yes	No				
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,							
		line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or Travel for con	, , , , , , , , , , , , , , , , , , ,								
		appanions Payments for business use of personal resonance cation and gross-up payments X Health or social club dues or initiation fees								
		spending account Personal services (such as, maid, chauffer								
			u, onen							
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or								
~	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b	х					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
		ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х					
	,									
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiza	ation's							
	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to							
	establish compens	ation of the CEO/Executive Director, but explain in Part III.								
	Compensatio	n committee X Written employment contract								
	Independent	compensation consultant <u>X</u> Compensation survey or study								
	Form 990 of c	ther organizations	ommittee							
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
	•	elated organization:				v				
a		ce payment or change-of-control payment?				X X				
b		ceive payment from, a supplemental nonqualified retirement plan?				A X				
С		ceive payment from, an equity-based compensation arrangement?		4c						
	If Yes to any of I	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	าก							
•	contingent on the									
а	-			5a		X				
		zation?				Х				
		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 compensatio	on							
	contingent on the	net earnings of:								
а		-		6a		Х				
b		zation?				X				
		or 6b, describe in Part III.								
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
		nes 5 and 6? If "Yes," describe in Part III		7		X				
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X				
9		lid the organization also follow the rebuttable presumption procedure described in								
		n 53.4958-6(c)?			<i></i>					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990) 2016				

632111 09-09-16

CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646

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.

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

Schedule J (Form 990) 2016

0) 2016 CLINTON HEALTH ACCESS INITIATIVE, INC. 27-1414646

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.

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

632113 09-09-16

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	Μ
(Earm 990)	

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public

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.

INC.

Inspection Employer identification number 27 - 1414646

Name of the organization				
	CLINTON	HEALTH	ACCESS	INITIATIVE,

Par	tl	Types of Property				-			
			(a) Obsektif	(b)	(c)	(d)	+		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	's
			applicable		Form 990, Part VIII, line 1g	noneasireontinoe	nion a	nount	5
1	Art -	Works of art							
2	Art -	Historical treasures							
3	Art -	Fractional interests							
4	Boo	ks and publications							
5	Clot	hing and household goods							
6	Cars	and other vehicles							
7		ts and planes							
8		lectual property							
9		urities - Publicly traded	Х	2	301,147.	FAIR MARKET	VA	LUE	
10	Secu	urities - Closely held stock							
11	Secu	urities - Partnership, LLC, or							
	trust	interests							
12	Secu	urities - Miscellaneous							
13	Qua	lified conservation contribution -							
	Histo	pric structures							
14		lified conservation contribution - Other							
15	Real	estate - Residential							
16	Real	estate - Commercial							
17	Real	estate - Other							
18		ectibles							
19		d inventory							
20		s and medical supplies							
21		dermy							
22		orical artifacts							
23		ntific specimens							
24		eological artifacts							
25		er 🕨 ()							
26	Othe	er 🕨 ()							
27	Othe	er 🕨 ()							
28	Othe	er 🕨 (
29	Num	ber of Forms 8283 received by the organiz	zation during	g the tax year for c	contributions			_	
	for v	which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29			0	
								Yes	No
30a	Duri	ng the year, did the organization receive by	/ contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	mus	t hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	ised for			
	exer	npt purposes for the entire holding period?	?				30a		X
b	lf "Y	es," describe the arrangement in Part II.							
31	Does	s the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	utions?	31		Х
32a	Does	s the organization hire or use third parties o	or related or	ganizations to soli	cit, process, or sell noncash				
	cont	ributions?					32a		X
b	lf "Y	es," describe in Part II.							
33	If the	e organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
		cribe in Part II.							
Ц٨	Га	Paparwork Paduction Act Natica soa	the Instrue	tions for Form 00	•	Schodulo M	(F a 11 ma	0001	0046

work Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

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Part	is rep	orting i	n Part I,	, colun	mation nn (b), th I informat	e num	ide th Iber c	ne infor of contr	mation ibutions	require s, the r	ed by Pa number	art I, line of items	es 30b, s receiv	, 32b, a ved, or	and 33 a com	, and wi binatior	hether 1 of bo	the orga th. Also	anization complet	e
SCHI	EDULE 1	M, P	ART	I,	COLU	JMN	(В):												
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OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 16 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number CLINTON HEALTH ACCESS INITIATIVE, 27-1414646 INC. 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, то 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 CHAI EMPLOYS 1,325 PEOPLE AROUND THE GLOBE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN 2016, TWO INDEPENDENT EXTERNAL EVALUATIONS DEMONSTRATED CHILDBIRTH. 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 65

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REPORTED ON FORM W-3.

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

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.

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

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632212 08-25-16

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Schedule O (Form 990 or 9	Page 2					
Name of the organization						Employer identification number
	CLINTON	HEALTH	ACCESS	INITIATIVE,	INC.	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.

632212 08-25-16

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

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27-1414646

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 632212 08-25-16 68 16411113 756948 25760.001 2016.05000 CLINTON HEALTH ACCESS INITI 25760_01

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
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 EXP	ANDED 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 B	OARD.

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	I 99	0,	PART	VI,	SE	СТІ	ON B	, LIN	1E	11B:	:									
THE	SEN	IIOR	ACC	OUNT	ING	MA	NAGE	R COI	LE	CTS	AND	CON	SOLII	ATES	THE	: II	IFOR	ITAN	ON	
AFTE	RT	ΉE	2016	AUD	IT :	IS	СОМР	LETEI).	THE	E RE'	TURN	IS E	REPA	RED	BY	OUR	EXT	ERNZ	AL
TAX	ADV	ISO	R. T	HE C	FO 1	REV	IEWS	THE	FO	RM 9	990,	WHI	CH IS	SUB	SEQU	ENT	LY I	REVI	EWEI	D
ву т	ΉE	AUD	IT C	OMMI	TTE	Ε.	THE	BOARI	0 0	F DI	IREC'	FORS	WILI	REC	EIVE	A	COP	Y OF	TH	E
990	VIA	EM	AIL :	PRIO	R T	тс	HE F	ILING	3 0	F TH	IE 9	90.								

	FORM	990,	PART	VI,	SECTION	в,	LINE	12C	:					_
	632212 08-25-16								69		Schedule O	(Form 990	or 990-EZ) (2016)	
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number $27 - 1414646$
INTERESTED PERSONS MUST DISCLOSE ANY TRANSACTION OR ARRAN	GEMENT WHICH
RESULTS IN A CONFLICT OF INTEREST TO THE BOARD OR COMMITT	EE OF WHICH THEY
ARE A MEMBER. THE BOARD MEETS, REVIEWS AND DISCUSSES ANY	DISCLOSED
CONFLICT OF INTEREST. CHAI SHALL TAKE APPROPRIATE DISCIP	LINARY ACTIONS, AS
DETERMINED BY THE BOARD, WITH RESPECT TO AN INTERESTED PE	RSON WHO HAS
VIOLATED THE CONFLICT OF INTEREST POLICY. THIS APPLIES T	O DIRECTORS,
OFFICERS, KEY EMPLOYEES, OR COMMITTEE MEMBERS AND ALL OTH	ERS 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.

70

632212 08-25-16

SCHEDULE R

(Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
CLINTON HEALTH ACCESS INITIATIVE INDIA					
26 OKHLA INDUSTRIAL ESTATE PHASE III					CLINTON HEALTH ACCESS
NEW DELHI, INDIA	HEALTH	INDIA	8,779,964.	216,648.	INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE					
3RD FLOOR, TIMAU PLAZA, ARGWINGS KODHEK RD.]				CLINTON HEALTH ACCESS
NAIROBI, KENYA	HEALTH	KENYA	4,203,510.	88,671.	INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE					
MAQALIKA, DR. PHORORO'S RESIDENCE]				CLINTON HEALTH ACCESS
MASERU, LESOTHO	HEALTH	LESOTHO	1,493,060.	15,707.	INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE -					
98-1316363, 7, GANGES STREET, MAITAMA]				CLINTON HEALTH ACCESS
DISTRICT ABUJA, NIGERIA	HEALTH	NIGERIA	15,758,202.	172,829.	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)(c)Primary activityLegal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		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	1						
LONDON, UNITED KINGDOM	FUNDRAISING	UNITED KINGDOM	N/A	N/A	BHCC FDN	X	
CLINTON FOUNDATION INSALINGSSTIFTELSE							
BIRGER JARLSGATAN 55	7						
STOCKHOLM, SWEDEN 11145	FUNDRAISING	SWEDEN	N/A	N/A	BHCC FDN	X	
	7						
	1						

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

OMB No. 1545-0047

2016 Open to Public Inspection

Employer identification number

27-1414646

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.		CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE UGANDA LIMITED, P.O. BOX 33252, KAMPALA, UGANDA	HEALTH	UGANDA	4,536,096.		CLINTON HEALTH ACCESS INITIATIVE
, , , , ,	HEALTH	DOMINICAN REPUBLIC	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.		CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE-BOTSWANA N/A BOTSWANA	HEALTH	BOTSWANA	0.		CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE-UK N/A UNITED KINGDOM	HEALTH	UNITED KINGDOM	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.		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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yesl	lo		
HAITI DEVELOPMENT FUND LLC - 45-3819678, 1271 AVE OF	-												
AMERICAS, NEW YORK, NY 10020	INVESTMENT	DE	N/A	RELATED	0.	0.		x	N/A	2	.00%		
ACCESO FUND LLC - 27-2075171 1271 AVE OF AMERICAS NEW YORK, NY 10020	INVESTMENT	DE	N/A	RELATED	0.	0.		x	N/A	Þ	.00%		
ACCESO OFERTO LOCAL-PRODUCTOS CALLE EL MIRADOR Y 93 AVENIDA EL SALVADOR	-		ACCESO WORLDWIDE	RELATED	0.	0.		x	N/A	2	.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	(b) Primary activity	(c) Legal domicile (state or		(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	Sec 512(1	(i) ction (b)(13) trolled
of related organization		foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	ent	tity?
ACACIA DEVELOPMENT CO - 81-1675271									
1271 AVENUE OF AMERICAS]								
NEW YORK, NY 10020	INVESTMENT	DE	BHCC FDN	C CORP			.00%	Х	
ACCESO WORLDWIDE FUND INC 46-4160920									
1271 AVENUE OF AMERICAS]								
NEW YORK, NY 10020	INVESTMENT	DE	BHCC FDN	C CORP			.00%	Х	
ACCESO CASHEW ENTERPRISE LIMITED									
OFFICE NO 201			ACCESO						
KOHINOOR PARADISE AROGYA, MAHARASHTRA, INDIA	CASHEW PROCESSING	INDIA	WORLDWIDE	C CORP			.00%	Х	
RUAHA DEVELOPMENT COMPANY LIMITED									
IMMMA HSE, PLOT NO. 357, UN RD PO BX 72484]		ACACIA DEVLP						
UPANGA, DAR ES SA, TANZANIA	FARMING	TANZANIA	со	C CORP			.00%	Х	
CHAKIPI ACCESO SA									
CALLE CASCANUECES MZ M2]		ACCESSO FUND						
LOTE 4 LIMA, PERU	DISTRIBUTION OF GOODS	PERU	LLC	C CORP			.00%	Х	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b)	(c)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h)	(i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile (state or foreign countrol		Type of entity (C corp, S corp, or trust) Share of total income		Percentage ownership		i) b)(13) rolled ity?
		country)		,				Yes	No
TUKULA FARMING COMPANY LTD.									
PO BOX 5133 REALY HOUSE			ACACIA DEV.						
CHURCH HILL RD LIMBE, MALAWI	FARMING	MALAWI	CORP	C CORP			.00%		<u> </u>
									┣─
									<u> </u>
									<u> </u>
									1
									1

Schedule R (Form 990) 2016 CLINTON HEALTH ACCESS INITIATIVE, INC.

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

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		х
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		х
s	Other transfer of cash or property from related organization(s)	1s		Х
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)			
<u>(6)</u>	75		Sahadula D (Form 000) 2016

Schedule R (Form 990) 2016 CLINTON HEALTH ACCESS INITIATIVE, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	· · ·		1	(f)	(g)	0	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501(c orgs	all	Share of			opor-	Code V-UBI	General o	
of entity	T findary docivity	(state or foreign	(related, unrelated,	501 (c	s sec. c)(3)	total	end-of-year	tion	opor- nate tions?	amount in box 20	managin	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs Yes	S.7	income	assets	alloca	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		-
		,,		Yes	NO			Yes	NO	(1011111000)	Yes NC	'
												1
				+					-			1

Schedule R (Form 990) 2016

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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