

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CLINTON HEALTH ACCESS INITIATIVE, INC.		D Employer identification number 27-1414646		
	Doing business as				
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number	
	383 DORCHESTER AVENUE		400	617-774-0110	
	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 133,248,928.		
BOSTON, MA 02127		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
F Name and address of principal officer: IRA C. MAGAZINER		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SAME AS C ABOVE		If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: WWW.CLINTONHEALTHACCESS.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
			L Year of formation: 2009	M State of legal domicile: AR	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CLINTON HEALTH ACCESS INITIATIVE, INC. (CHAI) IS A GLOBAL HEALTH ORGANIZATION COMMITTED TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	351
	6 Total number of volunteers (estimate if necessary)	6	106
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	142,749,140.	127,234,079.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192,217.	204,819.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,901.	111,878.
		142,953,258.	127,550,776.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,368,417.	12,741,468.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	72,957,330.	73,681,767.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	60,000.	60,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,096,744.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,527,613.	48,453,297.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	139,913,360.	134,936,532.	
19 Revenue less expenses. Subtract line 18 from line 12	3,039,898.	-7,385,756.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	90,764,479.	82,858,248.
	22 Net assets or fund balances. Subtract line 21 from line 20	28,173,741.	27,653,266.
		62,590,738.	55,204,982.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	IRA C. MAGAZINER, CHIEF EXECUTIVE OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CRAIG KLEIN		11/14/18		P00734640
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 26-3753134			
	Firm's address ▶ 500 BOYLSTON STREET		Phone no. 617-761-0600		
	BOSTON, MA 02116				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CHAI IS COMMITTED TO SAVING LIVES, REDUCING THE BURDEN OF DISEASE, AND SUSTAINABLY STRENGTHENING HEALTH SYSTEMS IN LOW- AND MIDDLE-INCOME COUNTRIES.

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

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

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

4a (Code:) (Expenses \$ 29,036,519. including grants of \$ 2,972,319.) (Revenue \$) SUSTAINABLE HEALTH FINANCING: EACH YEAR, AT LEAST HALF OF THE WORLD'S POPULATION IS UNABLE TO OBTAIN BASIC HEALTH SERVICES, WITH ALMOST 100 MILLION PEOPLE PUSHED INTO EXTREME POVERTY DUE TO HEALTH CARE COSTS. STRONG HEALTH SYSTEMS ARE THE KEY TO ELIMINATING DISEASE, TREATING THOSE WHO ARE SICK AND SAVING LIVES. THE PEOPLE IN COUNTRIES WHERE CHAI WORKS FACE A SIGNIFICANT DISEASE BURDEN, BUT THOSE COUNTRIES ACCOUNT FOR ONLY AROUND 8.5 PERCENT OF TOTAL GLOBAL HEALTH SPENDING. CHAI WORKS WITH PARTNER GOVERNMENTS TO STRENGTHEN AND REFORM THEIR HEALTH FINANCING SYSTEMS TO INCREASE SUSTAINABILITY AND REDUCE FINANCIAL BARRIERS THAT PREVENT ACCESS TO ESSENTIAL HEALTH SERVICES. CHAI HELPS GOVERNMENTS MOVE TOWARD INDEPENDENCE FROM DONOR FUNDING AND, WHERE POSSIBLE, REFORM HEALTH INSURANCE SYSTEMS TO ENSURE ACCESS TO QUALITY

4b (Code:) (Expenses \$ 28,106,791. including grants of \$ 2,813,462.) (Revenue \$) MATERNAL, NEWBORN, CHILD AND REPRODUCTIVE HEALTH: WOMEN AND CHILDREN SUFFER THE GREATEST BURDEN FROM DISEASE GLOBALLY. CHAI WORKS TO ENSURE THAT WOMEN AND CHILDREN HAVE ACCESS TO LIFESAVING HEALTH INTERVENTIONS AND FAMILIES HAVE THE TOOLS TO IMPROVE HEALTH OUTCOMES AND STRENGTHEN ECONOMIC WELL-BEING. CHAI HAS SIGNIFICANTLY INCREASED ACCESS TO RECOMMENDED TREATMENTS FOR DIARRHEA AND PNEUMONIA, THE LARGEST KILLERS OF CHILDREN UNDER FIVE, IS COMBATTING CHRONIC MALNUTRITION, AND IS DRAMATICALLY AND SUSTAINABLY REDUCING MATERNAL AND NEWBORN DEATHS THROUGH AN INTEGRATED APPROACH THAT ADDRESSES GAPS IN HEALTH SYSTEMS IN THE CRITICAL PERIOD AROUND CHILDBIRTH. IN 2017, TWO INDEPENDENT EXTERNAL EVALUATIONS DEMONSTRATED THAT THIS APPROACH, IN A TARGET AREA OF 10 MILLION PEOPLE IN NORTHERN NIGERIA, CONTRIBUTED TO A SUSTAINED 37

4c (Code:) (Expenses \$ 23,214,693. including grants of \$ 2,205,176.) (Revenue \$) HIV/AIDS: SINCE 2002, CHAI HAS WORKED TO IMPROVE ACCESS TO DIAGNOSIS, TREATMENT AND PREVENTION OF HIV/AIDS IN LOW- AND MIDDLE-INCOME COUNTRIES AROUND THE WORLD. ALONGSIDE PARTNERS, CHAI HAS HELPED SAVE THE LIVES OF OVER 11 MILLION PEOPLE AND SIGNIFICANTLY LOWERED THE PRICES OF LIFESAVING TREATMENTS. CHAI CATALYZED THE SCALE UP OF PEDIATRIC AIDS TREATMENT FROM APPROXIMATELY 75,000 CHILDREN RECEIVING TREATMENT IN 2005, OR ONLY 11 PERCENT OF THOSE IN NEED, TO OVER 900,000 ON TREATMENT TODAY. CHAI SUPPORTS A 'TEST SMART, TREAT RIGHT, STAY NEGATIVE' STRATEGY THAT APPLIES A TARGETED APPROACH TO TESTING, TREATMENT, AND PREVENTION AND STRENGTHENS THE LINKS BETWEEN SERVICES, ENABLING COUNTRIES TO EMPLOY A COST EFFECTIVE STRATEGY TO IDENTIFY AND TREAT THE VAST MAJORITY OF PEOPLE LIVING WITH HIV AND REDUCE NEW

4d Other program services (Describe in Schedule O.) (Expenses \$ 44,181,077. including grants of \$ 4,750,510.) (Revenue \$)

4e Total program service expenses 124,539,080.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AR, CA, CT, FL, IL, MA, NJ, NY, PA, RI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: PALESA MOHASOA - 617-774-0110 383 DORCHESTER AVENUE, #400, BOSTON, MA 02127

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GRO HARLEM BRUNDTLAND BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(2) RAYMOND CHAMBERS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(3) CHELSEA CLINTON BOARD MEMBER	10.00 25.00	X						0.	0.	0.
(4) WILLIAM J. CLINTON BOARD MEMBER	5.00 20.00	X						0.	0.	0.
(5) AWA MARIE COLL-SECK BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(6) ALIKO DANGOTE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(7) DAME SALLY DAVIES BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(8) MARK DYBUL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(9) PAUL FARMER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(10) MALA GAONKAR BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(11) BRUCE LINDSEY BOARD MEMBER	5.00 35.00	X						0.	362,318.	45,043.
(12) ALAN SCHWARTZ BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(13) ROBERT W. SELANDER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) ANN VENEMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(15) IRA MAGAZINER CEO/VICE-CHAIR OF THE BOARD	40.00 0.00	X		X				396,827.	0.	21,193.
(16) TACHI YAMADA CHAIR OF THE BOARD	1.00 0.00	X						0.	0.	0.
(17) MAGGIE WILLIAMS BOARD MEMBER	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE B. FEDER CFO (UNTIL JULY 2017)	40.00 0.00			X				166,423.	0.	20,940.
(19) MUSTAPHA LEAVENWORTH BAKALI COO (UNTIL JANUARY 2017)	40.00 0.00			X				24,789.	0.	3,882.
(20) ALICE KANG'ETHE COO	40.00 0.00			X				247,269.	0.	21,531.
(21) PALESA MOHASOA INTERNATIONAL CONTROLLER	40.00 0.00			X				134,238.	0.	20,660.
(22) OWENS WIWA EVP, GLOBAL RESOURCES	40.00 0.00				X			336,480.	0.	30,632.
(23) KELLY MCCRYSTAL EVP, NEW INITIATIVES	40.00 0.00				X			232,946.	0.	19,195.
(24) DAVID RIPIN EVP, ACCESS PROGRAMS	40.00 0.00				X			230,946.	0.	41,035.
(25) COLLEEN CONNELL VP, ACCESS DISEASE STRATEGY	40.00 0.00				X			189,682.	0.	27,145.
(26) CORRIE MARTIN VP, GLOBAL OPERATIONS	40.00 0.00				X			203,729.	0.	33,018.
1b Sub-total								2,163,329.	362,318.	284,274.
c Total from continuation sheets to Part VII, Section A								1,440,216.	0.	135,077.
d Total (add lines 1b and 1c)								3,603,545.	362,318.	419,351.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **96**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AFRICAN ENVIRONMENTAL AND HUMAN DEVELOPLMEN 24 AGGREY ROAD, PORT HARCOURT, RIVERS, NIGE	PROFESSIONAL HEALTHCARE SERVICES	439,299.
COMPLETE HEALTH IMPACT & DEVELOPMENT ALL. L C/O DENK SPACES, 23 UYO CRESCENT GARKI AREA	PROFESSIONAL HEALTHCARE SERVICES	346,240.
Q PARTNERSHIP INTERNATIONAL, AGRICULTURE HOUSE, CNR ADYLINN ROAD/MARLBOROUGH DR,	PROFESSIONAL HEALTHCARE SERVICES	317,151.
PRACTICAL SAMPLING INTERNATIONAL, 118B, BISI OBADINA ST, OMOLE PHASE 1, LAGOS,	PROFESSIONAL HEALTHCARE SERVICES	172,398.
LUIS MIGUEL PEREZ ROJAS LOS CIPRESES N63-19, QUITO, ECUADOR	PROFESSIONAL HEALTHCARE SERVICES	149,569.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	62,681,596.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	64,552,483.				
	g Noncash contributions included in lines 1a-1f: \$		5,862,521.				
	h Total. Add lines 1a-1f		127,234,079.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		55,337.			55,337.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		5,844,483.	3,151.				
		b Less: cost or other basis and sales expenses					
		5,698,152.	0.				
	c Gain or (loss)	146,331.	3,151.				
	d Net gain or (loss)			149,482.		149,482.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISC. REVENUE	900099		111,878.			111,878.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			111,878.				
12 Total revenue. See instructions.			127,550,776.	0.	0.	316,697.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	942,018.	942,018.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,845.	3,845.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	11,795,605.	11,795,605.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,909,012.	2,254,558.	654,454.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	52,189,872.	46,602,327.	4,848,510.	739,035.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,958,747.	2,653,306.	265,285.	40,156.
9 Other employee benefits	12,529,372.	11,208,248.	1,182,301.	138,823.
10 Payroll taxes	3,094,764.	2,722,462.	319,063.	53,239.
11 Fees for services (non-employees):				
a Management				
b Legal	608,473.	319,810.	287,897.	766.
c Accounting	462,945.	254,234.	208,711.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	60,000.			60,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,203,791.	6,012,231.	191,560.	
12 Advertising and promotion				
13 Office expenses	1,514,650.	1,612,542.	-101,887.	3,995.
14 Information technology				
15 Royalties				
16 Occupancy	2,152,703.	1,760,003.	392,587.	113.
17 Travel	20,644,453.	20,247,180.	353,012.	44,261.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,057,598.	3,039,444.	15,502.	2,652.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	88,703.	52,011.	36,692.	
23 Insurance	504,531.	409,616.	94,915.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PHARMACEUTICALS	2,225,072.	2,225,072.		
b TELEPHONE	1,864,304.	1,666,057.	189,589.	8,658.
c POSTAGE & SHIPPING	1,638,989.	1,632,850.	5,945.	194.
d EQUIPMENT RENTAL AND MA	588,073.	568,682.	16,825.	2,566.
e All other expenses	6,899,012.	6,556,979.	339,747.	2,286.
25 Total functional expenses. Add lines 1 through 24e	134,936,532.	124,539,080.	9,300,708.	1,096,744.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,231,644.	2	1,164,612.
	3 Pledges and grants receivable, net	8,922,406.	3	4,155,833.
	4 Accounts receivable, net	410,922.	4	612,069.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,049,344.	9	5,081,677.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,316,599.		
	b Less: accumulated depreciation	10b 2,112,806.	247,329.	10c 203,793.
	11 Investments - publicly traded securities	301,147.	11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	72,601,687.	15	71,640,264.
16 Total assets. Add lines 1 through 15 (must equal line 34)	90,764,479.	16	82,858,248.	
Liabilities	17 Accounts payable and accrued expenses	4,511,351.	17	6,534,515.
	18 Grants payable		18	
	19 Deferred revenue	23,442,391.	19	21,118,751.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	219,999.	25	0.
	26 Total liabilities. Add lines 17 through 25	28,173,741.	26	27,653,266.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,621,616.	27	2,895,733.
	28 Temporarily restricted net assets	59,969,122.	28	52,309,249.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	62,590,738.	33	55,204,982.	
34 Total liabilities and net assets/fund balances	90,764,479.	34	82,858,248.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	127,550,776.
2	Total expenses (must equal Part IX, column (A), line 25)	2	134,936,532.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,385,756.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,590,738.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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	55,204,982.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 _____	X	

Form 990 (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	117270913	141533835	170688566	142749140	127234079	699476533
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	117270913	141533835	170688566	142749140	127234079	699476533
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)						429006205
6 Public support. Subtract line 5 from line 4.						270470328

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	117270913	141533835	170688566	142749140	127234079	699476533
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	95,183.	133,981.	98,827.	88,986.	55,337.	472,314.
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.)	38,717.	13,714.	47,352.	11,901.	111,878.	223,562.
11 Total support. Add lines 7 through 10						700172409
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	38.63 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	39.15 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>37,788,699.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>20,306,329.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>20,890,349.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>2,969,460.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>3,129,540.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>7,678,401.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>5,484,429.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>5,291,196.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	STOCK _____ _____ _____	\$ 5,291,196.	12/31/17
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017
Open to Public Inspection

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		176,021.	170,794.	5,227.
d Equipment		2,140,578.	1,942,012.	198,566.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				203,793.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE FOR PROGRAMMATIC PURPOSES	71,640,264.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	71,640,264.

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	128,787,387.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1,236,611.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,236,611.
3	Subtract line 2e from line 1		3	127,550,776.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	127,550,776.

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

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

1	Total expenses and losses per audited financial statements		1	136,173,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,236,611.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,236,611.
3	Subtract line 2e from line 1		3	134,936,532.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	134,936,532.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

Part XIII Supplemental Information *(continued)*

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

Horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	17	844	PROGRAM SERVICES	HEALTH	88,409,668.
EAST ASIA AND THE PACIFIC	6	105	PROGRAM SERVICES	HEALTH	5,640,618.
SOUTH ASIA	1	93	PROGRAM SERVICES	HEALTH	5,817,320.
CENTRAL AMERICA AND THE CARIBBEAN	2	14	PROGRAM SERVICES	HEALTH	1,444,149.
RUSSIA AND NEIGHBORING STATES	0	2	PROGRAM SERVICES	HEALTH	230,444.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	17	PROGRAM SERVICES	HEALTH	0.
NORTH AMERICA	0	11	PROGRAM SERVICES	HEALTH	0.
SUB-SAHARAN AFRICA	0	0	GRANTS	HEALTH	7,154,254.
3 a Sub-total	26	1086			108,696,453.
b Total from continuation sheets to Part I	0	0			4,641,350.
c Totals (add lines 3a and 3b)	26	1086			113,337,803.

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

Schedule F (Form 990) 2017

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANTS	HEALTH	547,703.
SOUTH ASIA	0	0	GRANTS	HEALTH	1,256,546.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS	HEALTH	3,261.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS	HEALTH	2,613,128.
NORTH AMERICA	0	0	GRANTS	HEALTH	825.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS	HEALTH	219,887.
Totals					4,641,350.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	5,214.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,436.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,490.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	5,645.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	5,696.		0.		
		SOUTH ASIA	HEALTH	5,809.		0.		
		SUB-SAHARAN AFRICA	HEALTH	5,982.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,032.		0.		

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

3 Enter total number of other organizations or entities **121**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	6,127.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,159.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,168.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,241.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,301.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,380.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	6,394.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,480.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,668.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	6,716.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	6,827.		0.		
		SUB-SAHARAN AFRICA	HEALTH	6,878.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,423.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,610.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,771.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,773.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,775.		0.		
		SUB-SAHARAN AFRICA	HEALTH	7,814.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	7,871.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	8,132.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,168.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,399.		0.		
		SUB-SAHARAN AFRICA	HEALTH	8,746.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,034.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,302.		0.		
		SUB-SAHARAN AFRICA	HEALTH	9,873.		0.		
		SUB-SAHARAN AFRICA	HEALTH	11,191.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HEALTH	11,192.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	12,496.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	12,981.		0.		
		SUB-SAHARAN AFRICA	HEALTH	13,237.		0.		
		SUB-SAHARAN AFRICA	HEALTH	14,599.		0.		
		SUB-SAHARAN AFRICA	HEALTH	15,153.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	15,368.		0.		
		SUB-SAHARAN AFRICA	HEALTH	15,533.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	15,720.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	16,654.		0.		
		CENTRAL AMERICA	HEALTH	17,097.		0.		
		SUB-SAHARAN AFRICA	HEALTH	19,816.		0.		
		SUB-SAHARAN AFRICA	HEALTH	19,857.		0.		
		SUB-SAHARAN AFRICA	HEALTH	20,324.		0.		
		SUB-SAHARAN AFRICA	HEALTH	20,412.		0.		
		SUB-SAHARAN AFRICA	HEALTH	21,130.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	22,530.		0.		
		CENTRAL AMERICA	HEALTH	23,570.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	HEALTH	25,102.		0.		
		SUB-SAHARAN AFRICA	HEALTH	25,468.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	25,515.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	26,810.		0.		
		SUB-SAHARAN AFRICA	HEALTH	26,826.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	27,012.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	27,484.		0.		
		SUB-SAHARAN AFRICA	HEALTH	28,408.		0.		
		SUB-SAHARAN AFRICA	HEALTH	29,345.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	29,450.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	30,150.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	32,659.		0.		
		SUB-SAHARAN AFRICA	HEALTH	36,686.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	39,125.		0.		
		SUB-SAHARAN AFRICA	HEALTH	40,463.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	42,917.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	43,030.		0.		
		SUB-SAHARAN AFRICA	HEALTH	43,261.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	43,919.		0.		
		SUB-SAHARAN AFRICA	HEALTH	43,987.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	45,933.		0.		
		SUB-SAHARAN AFRICA	HEALTH	46,433.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	47,077.		0.		
		SUB-SAHARAN AFRICA	HEALTH	54,380.		0.		
		SUB-SAHARAN AFRICA	HEALTH	55,820.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	60,913.		0.		
		SUB-SAHARAN AFRICA	HEALTH	61,948.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	63,170.		0.		
		SUB-SAHARAN AFRICA	HEALTH	63,533.		0.		
		SOUTH ASIA	HEALTH	66,916.		0.		
		SUB-SAHARAN AFRICA	HEALTH	68,728.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	69,223.		0.		
		SUB-SAHARAN AFRICA	HEALTH	73,484.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	75,997.		0.		
		SUB-SAHARAN AFRICA	HEALTH	82,498.		0.		
		SUB-SAHARAN AFRICA	HEALTH	83,219.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HEALTH	89,015.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	93,495.		0.		
		EAST ASIA AND THE PACIFIC	HEALTH	100,912.		0.		
		SUB-SAHARAN AFRICA	HEALTH	101,554.		0.		
		SUB-SAHARAN AFRICA	HEALTH	112,372.		0.		
		SUB-SAHARAN AFRICA	HEALTH	113,232.		0.		
		CENTRAL AMERICA	HEALTH	116,629.		0.		
		SOUTH ASIA	HEALTH	121,991.		0.		
		SOUTH ASIA	HEALTH	124,016.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	130,301.		0.		
		SUB-SAHARAN AFRICA	HEALTH	130,498.		0.		
		SUB-SAHARAN AFRICA	HEALTH	130,557.		0.		
		SUB-SAHARAN AFRICA	HEALTH	144,329.		0.		
		SUB-SAHARAN AFRICA	HEALTH	146,679.		0.		
		SUB-SAHARAN AFRICA	HEALTH	151,704.		0.		
		SUB-SAHARAN AFRICA	HEALTH	156,986.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	158,352.		0.		
		SUB-SAHARAN AFRICA	HEALTH	169,268.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	176,284.		0.		
		SOUTH ASIA	HEALTH	185,122.		0.		
		SOUTH ASIA	HEALTH	199,370.		0.		
		SOUTH ASIA	HEALTH	211,362.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	240,147.		0.		
		SUB-SAHARAN AFRICA	HEALTH	250,000.		0.		
		SUB-SAHARAN AFRICA	HEALTH	286,708.		0.		
		SUB-SAHARAN AFRICA	HEALTH	307,949.		0.		
		SOUTH ASIA	HEALTH	323,559.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH	346,536.		0.		
		SUB-SAHARAN AFRICA	HEALTH	546,659.		0.		
		SUB-SAHARAN AFRICA	HEALTH	664,819.		0.		
		SUB-SAHARAN AFRICA	HEALTH	1669597.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTH	1777994.		0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

FOR GRANTS OUTSIDE THE U.S., EVERY MONTH EACH COUNTRY OR PROGRAM TEAM REQUESTS ITS CASH NEEDS FROM THE GLOBAL CHAI OFFICE IN BOSTON. AFTER THE AMOUNTS ARE VERIFIED, THE FUNDS ARE DISBURSED FROM HEADQUARTERS TO THE COUNTRY OR PROGRAM TEAMS. AT THE END OF EACH MONTH, THE EXPENSES FOR EACH TEAM ARE REVIEWED TO EVALUATE HOW FUNDING WAS USED AND ACCOUNTED.

SCHEDULE F, PART II, LINE 3:

THE GRANTEES COUNTED ON LINE THREE CONSIST OF GOVERNMENT MINISTRIES OF HEALTH, HOSPITALS, AND OTHER ORGANIZATIONS IN FURTHERANCE OF CHAI'S MISSION TO SAVE LIVES. MANY OF THE GRANTEES MAY BE RECOGNIZED AS CHARITIES WITHIN THEIR LOCAL COUNTRY.

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

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

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

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHESAPEAKE RESEARCH REVIEW, LLC 6940 COLUMBIA GATEWAY DRIVE, STE 11 COLUMBIA, MD 21406	80-0876234		31,875.	0.			HEALTH
CLINIPACE, INC. 3800 PARAMOUNT PARKWAY MORRISVILLE, NC 27560	30-0266681		11,899.	0.			HEALTH
MALARIA NO MORE FUND 2341 EASTLAKE AVENUE EAST, SUITE 20 SEATTLE, WA 98102	20-5664575	501(C)(3)	88,110.	0.			HEALTH
OPTION2 DBA EDGEX LLC 1830 EMBARCADERO 106 OAKLAND, CA 94606	81-2178029		74,800.	0.			HEALTH
PRINCETON IN AFRICA 194 NASSUA STREET, SUITE 219 PRINCETON, NJ 08542	22-3824520	501(C)(3)	15,000.	0.			HEALTH
REGENTS OF UNIVERSITY OF CALIFORNIA - 3333 CALIFORNIA STREET, SUITE 315 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	122,000.	0.			HEALTH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **7.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **8.**

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

Schedule I (Form 990) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOUGHTWORKS, INC. 200 EAST RANDOLPH STREET CHICAGO, IL 60601	36-3888809		177,169.	0.			HEALTH
TRUSTEES OF BOSTON UNIVERSITY DBA BOSTON UNIVERSITY - 25 BUICK STREET, 2ND FLOOR - BOSTON, MA 02215	04-2103547	501(C)(3)	121,180.	0.			HEALTH
WATSI, INC, DBA WATSI 2132 FOLSOM STREET SAN FRANCISCO, CA 94110	45-3236734	501(C)(3)	87,750.	0.			HEALTH
MEDICAL DEVICE DEPOT, INC. 3230 BETHANY LANE ELLCOTT CITY, MD 21042	26-0222502		73,484.	0.			HEALTH
NEW YORK UNIVERSITY 105 E. 17TH STREET, 2ND FLOOR NEW YORK, NY 10003	13-5562308	501(C)(3)	59,135.	0.			HEALTH
INTERNATIONAL PROCUREMENT AGENCY (USA), INC. DBA USA IPA - 4322 AVONDALE LANE NW - CANTON, OH 44708	16-1204795		35,588.	0.			HEALTH
ARCHIVE GLOBAL 111 5TH AVENUE NEW YORK, NY 10003	20-5231643	501(C)(3)	15,560.	0.			HEALTH
TESTNETSOFT, LLC 38 STONE CT EAST BRUNSWICK, NJ 08816	43-1994327		15,000.	0.			HEALTH
KANI SOLUTIONS, INC. 5 INDEPENDENCE DRIVE PRINCETON, NJ 08540	20-8270350		6,129.	0.			HEALTH

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRUCE LINDSEY BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	362,318.	0.	0.	15,060.	29,983.	407,361.	0.
(2) IRA MAGAZINER CEO/VICE-CHAIR OF THE BOARD	(i)	396,827.	0.	0.	0.	21,193.	418,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIE B. FEDER CFO (UNTIL JULY 2017)	(i)	166,423.	0.	0.	4,996.	15,944.	187,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALICE KANG'ETHE COO	(i)	247,269.	0.	0.	14,692.	6,839.	268,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PALESA MOHASOA INTERNATIONAL CONTROLLER	(i)	134,238.	0.	0.	8,070.	12,590.	154,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) OWENS WIWA EVP, GLOBAL RESOURCES	(i)	336,480.	0.	0.	14,688.	15,944.	367,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KELLY MCCRYSTAL EVP, NEW INITIATIVES	(i)	232,946.	0.	0.	13,695.	5,500.	252,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID RIPIN EVP, ACCESS PROGRAMS	(i)	230,946.	0.	0.	13,992.	27,043.	271,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) COLLEEN CONNELL VP, ACCESS DISEASE STRATEGY	(i)	189,682.	0.	0.	11,541.	15,604.	216,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CORRIE MARTIN VP, GLOBAL OPERATIONS	(i)	203,729.	0.	0.	11,901.	21,117.	236,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MPHU RAMATLAPENG EVP, HIV/AIDS & TB PROGRAM	(i)	164,383.	0.	0.	0.	3,414.	167,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) YOUNG (JOSHUA) CHU VP, GLOBAL VACCINES & SE ASIA	(i)	187,238.	0.	0.	10,957.	6,839.	205,034.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) GERALD MACHARIA EVP, COUNTRY DIRECTOR	(i)	180,758.	0.	0.	11,536.	9,099.	201,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) VISHAL BRIJLAL SENIOR ADVISOR TO MINISTER OF HEALTH	(i)	185,509.	0.	0.	9,300.	0.	194,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) FOLU LUFADJEU DEPUTY COUNTRY DIRECTOR	(i)	203,983.	0.	0.	21,449.	600.	226,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) HARKESH DABAS SENIOR COUNTRY DIRECTOR	(i)	179,000.	0.	0.	20,182.	1,233.	200,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JUSTIN COHEN DIRECTOR, GLOBAL MALARIA	(i)	169,665.	0.	0.	10,176.	21,193.	201,034.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ELYA TAGAR SENIOR DIRECTOR, HIV PROGRAMS	(i)	169,680.	0.	0.	0.	9,099.	178,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

STAFF MEMBERS WHO ARE ENROLLED IN THE CHAI DOMESTIC MEDICAL PLAN ARE ELIGIBLE FOR REIMBURSEMENT OF THEIR GYM MEMBERSHIP UP TO \$250 PER CALENDAR YEAR. THE REIMBURSEMENT IS CONSIDERED TAXABLE INCOME.

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	5,862,521.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

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

SAVING LIVES AND REDUCING THE BURDEN OF DISEASE IN LOW- AND
MIDDLE-INCOME COUNTRIES.

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

CHAI WAS FOUNDED IN 2002 WITH A TRANSFORMATIONAL GOAL: HELP SAVE THE
LIVES OF MILLIONS OF PEOPLE LIVING WITH HIV/AIDS IN LOW- AND
MIDDLE-INCOME COUNTRIES BY DRAMATICALLY SCALING UP ACCESS TO
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. WHILE CONTINUING TO WORK TO
SCALE UP CARE AND TREATMENT TO THOSE IMPACTED WITH HIV/AIDS, CHAI ALSO
WORKS TO PREVENT AND TREAT MALARIA, TUBERCULOSIS, HEPATITIS, AND
CANCER, ACCELERATE THE ROLLOUT OF LIFESAVING VACCINES, REDUCE MATERNAL
AND NEWBORN MORTALITY, PREVENT THE DEATHS OF CHILDREN CAUSED BY
DIARRHEA AND PNEUMONIA, COMBAT CHRONIC MALNUTRITION, EDUCATE HEALTH
WORKERS AND IMPROVE HEALTH FINANCING SYSTEMS WITH THE GOAL OF QUALITY,
AFFORDABLE HEALTH CARE FOR EVERYONE. CHAI OPERATES IN 36 COUNTRIES
AROUND THE WORLD AND MORE THAN 80 COUNTRIES HAVE ACCESS TO
CHAI-NEGOTIATED PRICE REDUCTIONS FOR MEDICATIONS, VACCINES, MEDICAL
DEVICES AND DIAGNOSTICS.

FORM 990, PART I, LINE 5:

THE NUMBER REPORTED ON PART I, LINE 5 REFLECTS THE NUMBER OF PEOPLE
REPORTED ON FORM W-3. CHAI EMPLOYS 1,269 PEOPLE AROUND THE GLOBE.

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

Schedule O (Form 990 or 990-EZ) (2017)

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

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

HEALTH CARE SERVICES, REGARDLESS OF ABILITY TO PAY.

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

PERCENT REDUCTION IN MATERNAL MORTALITY, A 43 PERCENT REDUCTION IN NEONATAL MORTALITY, AND A 15 PERCENT REDUCTION IN STILLBIRTHS OVER A 12 MONTH PERIOD.

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

INFECTIONS. OVER THE NEXT DECADE, CHAI WILL CONTINUE TO SUPPORT GOVERNMENTS TO MAKE SIGNIFICANT PROGRESS TOWARD CONTROLLING THE HIV EPIDEMIC BY WORKING TOGETHER TO IDENTIFY AND INITIATE 10 MILLION NEW HIV PATIENTS INCLUDING ONE MILLION CHILDREN ONTO TREATMENT AND TO CONTINUE TO IMPROVE THE QUALITY AND COST OF CARE WITH THE MOST EFFECTIVE MEDICINES AND SERVICES.

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. DESPITE THIS, ONE OUT OF EVERY FIVE CHILDREN - AN ESTIMATED 20 MILLION EACH YEAR - DO NOT RECEIVE EVEN THE MOST BASIC VACCINES AND MORE THAN TWO MILLION CHILDREN DIE FROM VACCINE-PREVENTABLE DISEASES ANNUALLY. CHAI IS WORKING GLOBALLY TO ENSURE THAT VACCINES ARE AVAILABLE, EFFECTIVE, AND AFFORDABLE. OVER THE PAST FIVE YEARS, CHAI HAS WORKED WITH SUPPLIERS AND GLOBAL PARTNERS TO REDUCE THE COST OF PROCURING VACCINES AGAINST 12 DISEASES REQUIRED TO FULLY IMMUNIZE A CHILD BY 35 PERCENT. IN 2017, CHAI HELPED BRING THE COST OF A NEW TYPHOID VACCINE DOWN TO U.S. \$1.50

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

PER UNIT - 95 PERCENT CHEAPER THAN THE CURRENT PRIVATE SECTOR PRICE.

CHAI HAS HELPED ACCELERATE THE INTRODUCTION OF NEW VACCINES, INCREASED SPEED AND EFFICIENCY TO REACH TARGET COVERAGE, STRENGTHENED NATIONAL IMMUNIZATION PROGRAMS, AND IS WORKING TO ENSURE THAT VACCINES ARE AVAILABLE AND POTENT WHEN ADMINISTERED.

EXPENSES \$ 16,872,148. INCLUDING GRANTS OF \$ 318,838. REVENUE \$ 0.

HEALTH WORKFORCE: 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. CHAI IS HELPING PARTNER COUNTRIES ADDRESS HEALTH RESOURCE GAPS BY IDENTIFYING HEALTH WORKFORCE NEEDS AND TRANSFORMING THE CAPACITY OF EDUCATIONAL INSTITUTIONS IN THE COUNTRY TO TRAIN THE RIGHT NUMBER AND KIND OF HEALTH WORKERS. CHAI HAS HELPED TRAIN THOUSANDS OF WORKERS AND ENABLED EDUCATION FACILITIES TO SUSTAINABLY TEACH AND TRAIN NEW WORKERS AND MENTORS INCLUDING NURSES, DOCTORS, COMMUNITY HEALTH WORKERS, SKILLED BIRTH ATTENDANTS AND MIDWIVES

EXPENSES \$ 11,425,852. INCLUDING GRANTS OF \$ 2,789,326. REVENUE \$ 0.

MALARIA: EACH YEAR, NEARLY HALF THE WORLD'S POPULATION IS AT RISK OF CONTRACTING MALARIA. THE DISEASE KILLS AROUND 400,000 PEOPLE ANNUALLY, WITH CHILDREN UNDER FIVE REPRESENTING 90 PERCENT OF THESE DEATHS. CHAI IS WORKING WITH GOVERNMENT MALARIA PROGRAMS, THE PRIVATE SECTOR, AND THEIR PARTNERS TO MORE EFFICIENTLY TARGET PREVENTION, DIAGNOSIS, AND TREATMENT TO GREATLY REDUCE INFECTION, SAVE LIVES, AND IN SOME PLACES, ELIMINATE THE DISEASE ALTOGETHER. CHAI'S APPROACH FOCUSES ON EXPANDING DIAGNOSTIC TESTING AND STRENGTHENING DISEASE SURVEILLANCE TO HELP

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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GOVERNMENTS DEPLOY TARGETED, TAILORED PREVENTION AND TREATMENT. OVER THE NEXT 10 YEARS, CHAI AIMS TO ELIMINATE MALARIA PERMANENTLY FROM CONNECTED REGIONS OF CENTRAL AMERICA, THE CARIBBEAN, SOUTHEAST ASIA, AND SOUTHERN AFRICA, WHILE GREATLY DRIVING DOWN INCIDENCE AND MORTALITY IN AREAS WITH THE HIGHEST RATES OF MALARIA INCLUDING WEST, CENTRAL, AND EAST AFRICA.

EXPENSES \$ 15,138,370. INCLUDING GRANTS OF \$ 1,642,346. REVENUE \$ 0.

OTHER PROGRAM SERVICES

EXPENSES \$ 744,707. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

CAMBODIA, CAMEROON, ETHIOPIA, INDIA,
INDONESIA, KENYA, LESOTHO, LIBERIA,
MALAWI, MOZAMBIQUE, NIGERIA, PAPUA-NEW GUINEA,
RWANDA, SOUTH AFRICA, SWAZILAND, TANZANIA,
UKRAINE, UGANDA, VIETNAM, ZAMBIA,
ZIMBABWE, UNITED KINGDOM, LAOS, SIERRA LEONE,
BURMA, HAITI

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

WILLIAM J. CLINTON AND CHELSEA V. CLINTON HAVE A FAMILY RELATIONSHIP.

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

FORM 990, PART VI, SECTION A, LINE 4:

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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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 ELECTED BY THE BOARD AS A WHOLE. EFFECTIVE FROM MARCH 7, 2017, THE BOARD WAS EXPANDED TO 15 MEMBERS, ALL OF WHOM ARE ELECTED BY THE BOARD AS A WHOLE. THREE OF CHAI'S CURRENT 15 BOARD MEMBERS ALSO SERVE ON THE CLINTON FOUNDATION'S BOARD.

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

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 ELECTED BY THE BOARD AS A WHOLE. EFFECTIVE FROM MARCH 7, 2017, THE BOARD WAS EXPANDED TO 15 MEMBERS, ALL OF WHOM ARE ELECTED BY THE BOARD AS A WHOLE. THREE OF CHAI'S CURRENT 15 BOARD MEMBERS ALSO SERVE ON THE CLINTON FOUNDATION'S BOARD.

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

CHAI'S ASSOCIATE DIRECTOR OF ACCOUNTING COLLECTS AND CONSOLIDATES INFORMATION AFTER THE 2017 AUDIT IS COMPLETED. THE RETURN IS PREPARED BY AN EXTERNAL TAX ADVISOR. CHAI'S INTERNATIONAL CONTROLLER AND CHAI'S CFO REVIEW THE FORM 990 WHICH IS SUBSEQUENTLY REVIEWED BY THE AUDIT COMMITTEE, WHICH THEN MAKES A RECOMMENDATION FOR APPROVAL TO THE BOARD TO EITHER APPROVE OR REJECT THE FORM. THE BOARD OF DIRECTORS RECEIVE A FINAL COPY VIA EMAIL PRIOR TO FILING.

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

INTERESTED PERSONS MUST DISCLOSE ANY TRANSACTION OR ARRANGEMENT WHICH RESULTS IN A CONFLICT OF INTEREST TO THE BOARD OR COMMITTEE OF WHICH THEY ARE A MEMBER. THE BOARD MEETS, REVIEWS, AND DISCUSSES ANY DISCLOSED

Name of the organization

CLINTON HEALTH ACCESS INITIATIVE, INC.

Employer identification number

27-1414646

CONFLICT OF INTEREST. CHAI SHALL TAKE APPROPRIATE DISCIPLINARY ACTIONS, AS DETERMINED BY THE BOARD, WITH RESPECT TO AN INTERESTED PERSON WHO HAS VIOLATED THE CONFLICT OF INTEREST POLICY. THIS APPLIES TO DIRECTORS, OFFICERS, KEY EMPLOYEES, OR COMMITTEE MEMBERS, AND ALL OTHERS WHO ARE PERMITTED TO VOTE AT BOARD OF DIRECTOR MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:

CEO, COO AND CFO COMPENSATION WAS LAST REVIEWED IN 2016. THE ONLY CHANGE TO THE THREE OFFICER'S REMUNERATION WAS A COST OF LIVING ADJUSTMENT WHICH WAS APPROVED FOR ALL EMPLOYEES OF CHAI.

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

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

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

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

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

CHAI IS AN OPERATING CHARITY. CHAI'S STAFF DIRECTLY IMPLEMENTS PROGRAMS AND THEIR SALARIES ARE DEDICATED TO THAT WORK. OUT OF THE TOTAL FUNCTIONAL EXPENSES OF \$52 MILLION, \$46.6 MILLION (89.3 PERCENT) IS DIRECTLY RELATED TO CARRYING OUT PROGRAMS TO SAVE LIVES; \$4.8 MILLION (9.3 PERCENT) IS FOR GENERAL MANAGEMENT AND \$739,000 (1.4 PERCENT) IS DIRECTED TO FUNDRAISING.

Name of the organization CLINTON HEALTH ACCESS INITIATIVE, INC.	Employer identification number 27-1414646
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FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 17:

CHAI'S MISSION IS TO SAVE LIVES AND REDUCE THE BURDEN OF DISEASE. TO DO SO WITH MAXIMUM IMPACT, WE CHOOSE TO WORK IN THE REGIONS OF COUNTRIES WHERE THE BURDEN OF DISEASE IS THE GREATEST AND THE MOST LIVES ARE BEING LOST. THESE AREAS ARE OFTEN VERY RURAL AND REMOTE AREAS OF COUNTRIES, FAR FROM CAPITAL CITIES. OUR WORK TO SUPPORT MINISTRIES OF HEALTH TO STRENGTHEN THEIR HEALTH SYSTEMS ENTAILS SIGNIFICANT FIELD WORK, TO WORK ALONGSIDE STATE, DISTRICT AND LOCAL HEALTH OFFICIALS AND HEALTH CARE WORKERS AND TO TRAIN AND MENTOR LOCAL HEALTH PROFESSIONALS SUCH AS DOCTORS, NURSES AND COMMUNITY HEALTH WORKERS. FOR MAXIMUM IMPACT, THESE EDUCATIONAL ACTIVITIES ARE OFTEN CARRIED OUT ONSITE AT DISTRICT HOSPITALS OR PRIMARY HEALTH CARE CENTERS. COSTS ASSOCIATED WITH THESE TRAININGS AND MEETINGS ARE INCLUDED IN THIS CATEGORY AS WELL AS TRAVEL COSTS OF MENTORS AND PROGRAM MANAGERS, AND COSTS TO COLLECT DATA IN THE FIELD TO MONITOR AND EVALUATE PROGRAM EFFECTIVENESS. AROUND 90 PERCENT OF CHAI'S FUNDING IS DEDICATED DIRECTLY TO PROGRAMS TO SAVE LIVES. IN ADDITION, CHAI HAS NEGOTIATED OVER 125 AGREEMENTS THAT HAVE DRAMATICALLY LOWERED THE PRICE AND INCREASED THE AVAILABILITY OF DRUGS, DIAGNOSTICS, VACCINES AND OTHER HEALTH PRODUCTS IN LOW AND MIDDLE INCOME COUNTRIES. THE TRAVEL ASSOCIATED WITH NEGOTIATIONS WITH COMPANIES AROUND THE WORLD TO NEGOTIATE THESE AGREEMENTS IS ALSO INCLUDED IN THIS CATEGORY.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CLINTON HEALTH ACCESS INITIATIVE INDIA 26 OKHLA INDUSTRIAL ESTATE PHASE III NEW DELHI, INDIA	HEALTH	INDIA	6,287,926.	345,968.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE 3RD FLOOR, TIMAU PLAZA, ARGWINGS KODHEK RD. NAIROBI, KENYA	HEALTH	KENYA	4,609,734.	116,001.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE MAQALIKA, DR. PHORORO'S RESIDENCE MASERU, LESOTHO	HEALTH	LESOTHO	1,235,010.	11,195.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316363, 7, GANGES STREET, MAITAMA DISTRICT ABUJA, NIGERIA	HEALTH	NIGERIA	14,875,596.	81,226.	CLINTON HEALTH ACCESS INITIATIVE

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

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

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

Schedule R (Form 990) 2017

SEE PART VII FOR CONTINUATIONS

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CLINTON HEALTH ACCESS INITIATIVE-SOUTH AFRICA, 1166 FRANCIS BAARD STREET, BLOCK B, 1ST FL., PRETORIA, GAUTENG, SOUTH AFRICA	HEALTH	SOUTH AFRICA	4,523,242.	1,056,544.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE - 98-1316357, MBABANE OFFICE PARK, BUILDING 1, 3RD FL., MBABANE, SWAZILAND	HEALTH	SWAZILAND	2,442,253.	27,868.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE UGANDA LIMITED, P.O. BOX 33252, KAMPALA, UGANDA	HEALTH	UGANDA	3,327,229.	437,769.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC. - 98-1316375, GUSTAVO MEJIA RICANT AVE., PIANTINI TOWER, SIXTH FLOOR, SANTA DOMINGO,	HEALTH	DOMINICAN REPUBLIC	0.	0.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE SKYWAYS BUILDING, 3RD FLOOR, P.O. BOX 77277 DAR ES SALAAM, TANZANIA	HEALTH	TANZANIA	3,047,708.	132,326.	CLINTON HEALTH ACCESS INITIATIVE
CLINTON HEALTH ACCESS INITIATIVE-BOTSWANA N/A BOTSWANA	HEALTH	BOTSWANA	536,141.	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)	0.	0.	CLINTON HEALTH ACCESS INITIATIVE

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ACACIA DEVELOPMENT CO - 81-1675271 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AK 72201	INVESTMENT	DE	BHCC FDN	C CORP			.00%	X	
ACCESO WORLDWIDE FUND INC. - 46-4160920 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AK 72201	INVESTMENT	DE	BHCC FDN	C CORP			.00%	X	
ACCESO CASHEW ENTERPRISE LIMITED OFFICE NO 201 KOHINOOR PARADISE AROGYA, MAHARASHTRA, INDIA	CASHEW PROCESSING	INDIA	ACCESO WORLDWIDE	C CORP			.00%	X	
RUAHA DEVELOPMENT COMPANY LIMITED IMMMA HSE, PLOT NO. 357, UN RD PO BX 72484 UPANGA, DAR, TANZANIA	FARMING	TANZANIA	ACACIA DEVL CO	C CORP			.00%	X	
CHAKIPI ACCESO SA PERU CALLE CASCANUECES MZ M2 LOTE 4 LIMA, PERU	DISTRIBUTION OF GOODS	PERU	ACCESO FUND LLC	C CORP			.00%	X	

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

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

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

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

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

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

Part VII Supplemental Information.

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

CLINTON FOUNDATION HIV/AIDS INITIATIVE, INC.

EIN: 98-1316375

GUSTAVO MEJIA RICANT AVE., PIANTINI TOWER, SIXTH FLOOR

SANTA DOMINGO, DOMINICAN REPUBLIC