

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
CLINTON HEALTH ACCESS INITIATIVE, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
383 DORCHESTER AVENUE 400
 City, town, or post office, state, and ZIP code
BOSTON, MA 02127
 F Name and address of principal officer: **IRA C. MAGAZINER**
SAME AS C ABOVE

D Employer identification number
27-1414646

E Telephone number
617-774-0110

G Gross receipts \$ **88,701,261.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.CLINTONHEALTHACCESS.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2009** **M State of legal domicile:** **AR**

H(c) Group exemption number ▶

Part I Summary

		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORT GOVERNMENTS TO BUILD AND STRENGTHEN INTEGRATED HEALTH SYSTEMS IN THE DEVELOPING WORLD AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	260
	6 Total number of volunteers (estimate if necessary)	6	116
	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)	64,721,151.	88,448,655.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,202.	98,029.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,811.	148,563.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,944,164.	88,695,247.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,859,527.
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)		32,921,766.	37,223,521.
16a Professional fundraising fees (Part IX, column (A), line 11e)		6,000.	59,500.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,184,776.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,219,734.	33,270,412.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	66,007,027.	76,970,166.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,062,863.	11,725,081.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 52,362,846.	End of Year 68,838,138.
	21 Total liabilities (Part X, line 26)	38,510,274.	43,413,925.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,852,572.	25,424,213.

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: **JULIE B. FEDER, CFO**
 Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **CRAIG KLEIN**
 Preparer's signature: _____
 Date: _____
 Check if self-employed: PTIN: **P00734640**
 Firm's name: **CBIZ TOFIAS**
 Firm's EIN: **26-3753134**
 Firm's address: **500 BOYLSTON STREET**
BOSTON, MA 02116
 Phone no.: **617-761-0600**