

**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 JUL 1, 2012 and ending JUN 30, 2013**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>HEALTH RESOURCES IN ACTION, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>95 BERKELEY STREET</b> City, town, or post office, state, and ZIP code <b>BOSTON, MA 02116</b> <b>F Name and address of principal officer: RAYMOND CONSIDINE</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>04-2229839</b> <b>E Telephone number</b> <b>(617) 451-0049</b> <b>G Gross receipts \$</b> <b>16,640,926.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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		
<b>J Website:</b> ▶ <b>WWW.HRIA.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1957</b> <b>M State of legal domicile:</b> <b>MA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>FOUNDED IN 1957, HEALTH RESOURCES IN ACTION (HRIA) WORKS TO HELP PEOPLE LIVE HEALTHIER LIVES</b>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>22</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>21</b>
<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>		<b>95</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		<b>139</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>12,732,286.</b>	<b>Prior Year</b>	<b>11,624,902.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,921,280.</b>		<b>4,163,485.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>70,455.</b>		<b>126,860.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>		<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,724,021.</b>		<b>15,915,247.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,052,659.</b>		<b>6,689,983.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>		<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,449,311.</b>		<b>5,635,250.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>		<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>171,352.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,192,396.</b>		<b>4,446,390.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,694,366.</b>		<b>16,771,623.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,029,655.</b>		<b>-856,376.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>11,251,053.</b>	<b>Beginning of Current Year</b>	<b>9,795,941.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,417,047.</b>		<b>3,775,497.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>6,834,006.</b>		<b>6,020,444.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>RAYMOND CONSIDINE, PRESIDENT</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID KELLEHER, CPA</b>	Preparer's signature <b>DAVID KELLEHER, CPA</b>
	Date <b>05/05/14</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01059560</b>
	Firm's name ▶ <b>ALEXANDER, ARONSON, FINNING &amp; CO., P.C.</b>	Firm's EIN ▶ <b>04-2571780</b>
	Firm's address ▶ <b>21 EAST MAIN STREET</b> <b>WESTBORO, MA 01581</b>	Phone no. <b>508-366-9100</b>

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 to any question in this Part III

1 Briefly describe the organization's mission:
FOUNDED IN 1957, HEALTH RESOURCES IN ACTION (HRIA) WORKS TO HELP PEOPLE LIVE HEALTHIER LIVES AND BUILD HEALTHY COMMUNITIES THROUGH POLICY, RESEARCH, PREVENTION, AND HEALTH PROMOTION.

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 No

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

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

4a (Code: ) (Expenses \$ 9,050,508. including grants of \$ 1,475,107.) (Revenue \$ 3,304,314.)
THE COMMUNITY HEALTH DIVISION REACHES OVER 100,000 INDIVIDUALS ANNUALLY, THROUGH RESEARCH AND EVALUATION, TRAINING AND CAPACITY BUILDING, PLANNING AND IMPLEMENTATION, HEALTH COMMUNICATION, ADVOCACY AND POLICY DEVELOPMENT, ENVIRONMENTAL HEALTH, AND INFORMATION AND REFERRAL SERVICES. HRIA'S WORK WITH INDIVIDUALS, COMMUNITIES, AND PARTNERS IS GUIDED BY THE ORGANIZATION'S VALUES OF EXCELLENCE IN SETTING THE STANDARD AND PRODUCING THE HIGHEST QUALITY PRODUCT OR SERVICE; INNOVATION IN LEADING THE WAY AND STRETCHING CREATIVE BOUNDARIES; DIVERSITY IN ORGANIZATIONAL PRACTICES RESULTING IN CULTURALLY COMPETENT SERVICES, PROGRAMS, AND POLICIES; AND FLEXIBILITY AND RESPONSIVENESS TO NEW OPPORTUNITIES AND EMERGING TRENDS.

4b (Code: ) (Expenses \$ 6,067,610. including grants of \$ 5,214,876.) (Revenue \$ 859,171.)
THE MEDICAL FOUNDATION DIVISION WORKS WITH PRIVATE INDIVIDUALS, FAMILY FOUNDATIONS, BANK TRUSTS AND CORPORATIONS TO DESIGN CUSTOMIZED GRANT PROGRAMS THAT FUND OUTSTANDING BIOMEDICAL INVESTIGATORS. BY BRINGING TOGETHER THE VISION OF OUR CLIENTS AND THE COMMITMENT OF OUR SCIENTIFIC REVIEWERS, WE SUPPORT MEDICAL DISCOVERIES THAT MAY IMPROVE THE LIVES OF MILLIONS. FOR EACH CLIENT PROGRAM, WE WRITE APPLICATION GUIDELINES, ANNOUNCE THE PROGRAM TO POTENTIAL APPLICANTS, ESTABLISH A SCIENTIFIC REVIEW COMMITTEE, ACCEPT APPLICATIONS THROUGH AN ONLINE SYSTEM, MANAGE THE REVIEW PROCESS AND HANDLE AWARD RECIPIENT CORRESPONDENCE. LAST YEAR ALONE, WE CONVENED 12 SCIENTIFIC REVIEW COMMITTEES, ACCEPTED MORE THAN 500 APPLICATIONS, WORKED WITH OVER 175 FUNDED AWARD RECIPIENTS AND AWARDED MORE THAN \$17 MILLION.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 15,118,118.

**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 <b>Section 501(c)(3) organizations.</b> 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....		

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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 questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: HEALTH RESOURCES IN ACTION, INC. - 617-451-0049 95 BERKELEY STREET, BOSTON, MA 02116

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

Check if Schedule O contains a response to any question 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) RAYMOND CONSIDINE PRESIDENT	35.00	X		X			190,555.	0.	30,665.	
(2) LAURIE CAMMISA, ESQ CHAIR	1.00	X		X			0.	0.	0.	
(3) ERIC KRAMER, PHD VICE CHAIR	1.00	X		X			0.	0.	0.	
(4) MARY FIFIELD MEMBER	1.00	X					0.	0.	0.	
(5) PHILIP CAPER, MD MEMBER	1.00	X					0.	0.	0.	
(6) CHESTER W. DOUGLASS, DMD, PHD MEMBER	1.00	X					0.	0.	0.	
(7) TIMOTHY EDGAR, PHD MEMBER	1.00	X					0.	0.	0.	
(8) WALTER GURALNICK, DMD MEMBER	1.00	X					0.	0.	0.	
(9) PETER HIAM, ESQ MEMBER	1.00	X					0.	0.	0.	
(10) LEROI S. HICKS, MD, MPH MEMBER	1.00	X					0.	0.	0.	
(11) LORI FRESINA MEMBER	1.00	X					0.	0.	0.	
(12) STEPHANIE POLLACK, ESQ MEMBER	1.00	X					0.	0.	0.	
(13) JOAN QUINLAN, MPA MEMBER	1.00	X					0.	0.	0.	
(14) THALEIA TSONGAS SCHLESINGER MEMBER	1.00	X					0.	0.	0.	
(15) MILES F. SHORE, MD MEMBER	1.00	X					0.	0.	0.	
(16) HARRIET G. TOLPIN, PHD SECRETARY	1.00	X		X			0.	0.	0.	
(17) NELSON A. VALVERDE, MBA TREASURER	1.00	X		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) JENNIFER K. SANTOS, ESQ MEMBER	1.00	X						0.	0.	0.
(19) HARRY P. SELKER, MD, MSPH MEMBER	1.00	X						0.	0.	0.
(20) CAROLE ALLEN, MD MEMBER	1.00	X						0.	0.	0.
(21) ALLEN B. KACHALIA, MD, JD MEMBER	1.00	X						0.	0.	0.
(22) LISA M. QUEENIN MEMBER	1.00	X						0.	0.	0.
(23) NEBULLA STEPHEN MEMBER	1.00	X						0.	0.	0.
(24) JAMES CORBETT, MDIV, JD MEMBER	1.00	X						0.	0.	0.
(25) HANK LAYFIELD CHIEF FINANCIAL OFFICER (END 3/13)	35.00			X				89,473.	0.	7,974.
(26) MITZI FENNEL CHIEF OPERATING OFFICER (START 3/13)	35.00			X				0.	0.	0.
<b>1b Sub-total</b>								280,028.	0.	38,639.
<b>c Total from continuation sheets to Part VII, Section A</b>								424,012.	0.	39,184.
<b>d Total (add lines 1b and 1c)</b>								704,040.	0.	77,823.

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 **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	134,086.					
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,849,939.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,640,877.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f			11,624,902.				
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM REVENUE	Business Code	900099	3,304,314.	3,304,314.			
	<b>b</b> GRANT ADMIN FEES		900099	859,171.	859,171.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			4,163,485.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			62,919.			62,919.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	789,620.				
		<b>b</b> Less: cost or other basis and sales expenses		725,679.				
		<b>c</b> Gain or (loss)		63,941.				
		<b>d</b> Net gain or (loss)			63,941.			63,941.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
		<b>b</b> Less: direct expenses	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code					
<b>11 a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d								
<b>12 Total revenue.</b> See instructions.				15,915,247.	4,163,485.	0.	126,860.	

**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 to any question in this Part IX  X

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 governments and organizations in the United States. See Part IV, line 21	3,252,983.	3,252,983.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	3,437,000.	3,437,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	351,058.	35,238.	315,820.	
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	4,196,586.	3,659,541.	431,475.	105,570.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	188,619.	173,116.	13,382.	2,121.
9 Other employee benefits	460,247.	367,820.	81,428.	10,999.
10 Payroll taxes	438,740.	366,549.	64,271.	7,920.
11 Fees for services (non-employees):				
a Management				
b Legal	44,659.	252.	44,407.	
c Accounting	30,902.		30,902.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,307.		21,307.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,137,429.	1,983,520.	124,948.	28,961.
12 Advertising and promotion				
13 Office expenses	269,149.	207,858.	60,343.	948.
14 Information technology	36,040.	11,230.	21,454.	3,356.
15 Royalties				
16 Occupancy	544,328.	438,752.	97,729.	7,847.
17 Travel	137,796.	128,106.	9,673.	17.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	356,118.	322,008.	33,735.	375.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,547.		16,547.	
23 Insurance	20,754.		20,754.	
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 <b>PUBLICATIONS AND MEDIA</b>	647,452.	636,319.	9,902.	1,231.
b <b>TEMPORARY HELP</b>	79,875.	19,280.	60,595.	
c <b>DUES, MEMBERSHIPS &amp; SUB</b>	33,150.	14,148.	17,968.	1,034.
d <b>MISCELLANEOUS</b>	29,913.	24,518.	5,323.	72.
e All other expenses	40,971.	39,880.	190.	901.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>16,771,623.</b>	<b>15,118,118.</b>	<b>1,482,153.</b>	<b>171,352.</b>
<b>26 Joint costs.</b> 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 to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,629,969.	<b>1</b>	2,021,401.
	<b>2</b> Savings and temporary cash investments .....	316,088.	<b>2</b>	86,015.
	<b>3</b> Pledges and grants receivable, net .....	3,716,921.	<b>3</b>	1,485,113.
	<b>4</b> Accounts receivable, net .....	2,745,961.	<b>4</b>	3,500,689.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	44,740.	<b>9</b>	57,122.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 449,935.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 355,322.	256,953.	<b>10c</b> 94,613.
	<b>11</b> Investments - publicly traded securities .....	2,540,421.	<b>11</b>	2,550,988.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		11,251,053.	<b>16</b>	9,795,941.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	916,876.	<b>17</b>	1,044,497.
	<b>18</b> Grants payable .....	3,500,171.	<b>18</b>	2,731,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		4,417,047.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,619,437.	<b>27</b>	1,516,247.
	<b>28</b> Temporarily restricted net assets .....	4,935,817.	<b>28</b>	4,225,445.
	<b>29</b> Permanently restricted net assets .....	278,752.	<b>29</b>	278,752.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	6,834,006.	<b>33</b>	6,020,444.	
<b>34</b> Total liabilities and net assets/fund balances .....		11,251,053.	<b>34</b>	9,795,941.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,915,247.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,771,623.
3	Revenue less expenses. Subtract line 2 from line 1	3	-856,376.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,834,006.
5	Net unrealized gains (losses) on investments	5	229,557.
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	-186,743.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,020,444.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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





**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12,973,974.	9,631,793.	10,152,567.	12,732,286.	11,624,902.	57,115,522.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	12,973,974.	9,631,793.	10,152,567.	12,732,286.	11,624,902.	57,115,522.
<b>5</b> 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) .....						15,737,786.
<b>6 Public support.</b> Subtract line 5 from line 4.						41,377,736.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	12,973,974.	9,631,793.	10,152,567.	12,732,286.	11,624,902.	57,115,522.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	65,623.	54,425.	53,574.	50,946.	62,919.	287,487.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						57,403,009.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	14,616,794.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	72.08 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	71.94 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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 .....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization HEALTH RESOURCES IN ACTION, INC. Employer identification number 04-2229839

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-8 and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 2a, 2b.

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,116,772.	2,165,683.	1,700,517.	1,562,435.	1,967,826.
b Contributions					
c Net investment earnings, gains, and losses	356,417.	75,138.	590,889.	264,607.	-337,847.
d Grants or scholarships					
e Other expenditures for facilities and programs	114,000.	104,000.	106,000.	108,000.	50,000.
f Administrative expenses	21,307.	20,049.	19,723.	18,525.	17,544.
g End of year balance	2,337,882.	2,116,772.	2,165,683.	1,700,517.	1,562,435.

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

- a Board designated or quasi-endowment ▶ 79.14 %
- b Permanent endowment ▶ 11.92 %
- c Temporarily restricted endowment ▶ 8.94 %

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

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

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

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

b If "Yes" to 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.** 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		230,334.	155,170.	75,164.
d Equipment		219,601.	200,152.	19,449.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **94,613.**



**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** 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)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. 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

<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b> 16,884,004.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	<b>a</b> Net unrealized gains on investments	<b>2a</b> 229,557.	
	<b>b</b> Donated services and use of facilities	<b>2b</b> 947,250.	
	<b>c</b> Recoveries of prior year grants	<b>2c</b>	
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b> -208,050.	
	<b>e</b> Add lines <b>2a</b> through <b>2d</b>		<b>2e</b> 968,757.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b> 15,915,247.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>	
	<b>c</b> Add lines <b>4a</b> and <b>4b</b>		<b>4c</b> 0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b> 15,915,247.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b> 17,697,566.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	<b>a</b> Donated services and use of facilities	<b>2a</b> 947,250.	
	<b>b</b> Prior year adjustments	<b>2b</b>	
	<b>c</b> Other losses	<b>2c</b>	
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>	
	<b>e</b> Add lines <b>2a</b> through <b>2d</b>		<b>2e</b> 947,250.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b> 16,750,316.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 21,307.	
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>	
	<b>c</b> Add lines <b>4a</b> and <b>4b</b>		<b>4c</b> 21,307.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b> 16,771,623.

**Part XIII Supplemental Information**

Complete this part to 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 V, LINE 4: CONSISTS OF FUNDS SET ASIDE BY THE BOARD OF DIRECTORS FOR LONG-TERM INVESTMENT. THESE FUNDS CAN ONLY BE USED WITH APPROVAL OF THE BOARD OF DIRECTORS.**

**PART X, LINE 2: HRIA FOLLOWS THE STANDARDS FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH REQUIRE HRIA TO REPORT ANY UNCERTAIN TAX POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST THEIR FINANCIAL STATEMENTS FOR THE IMPACT THEREOF. AS OF JUNE 30, 2013, HRIA**

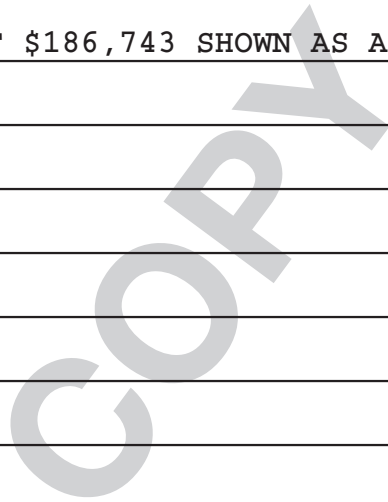
**Part XIII** Supplemental Information *(continued)*

DETERMINED THAT THEY HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT.  
HRIA FILES INCOME TAX AND INFORMATION RETURNS IN THE UNITED STATES FEDERAL  
AND CERTAIN STATE JURISDICTIONS. THESE RETURNS ARE GENERALLY SUBJECT TO  
EXAMINATION BY TAX AUTHORITIES FOR THE LAST THREE YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES & WRITE DOWN OF FIXED ASSETS

INVESTMENT MANAGEMENT FEES OF \$21,307 SHOWN AS EXPENSES ON THE 990 AND  
WRITE-DOWN OF FIXED ASSETS OF \$186,743 SHOWN AS A CHANGE IN NET ASSETS ON  
THE 990.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

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

Name of the organization

**HEALTH RESOURCES IN ACTION, INC.**

Employer identification number  
04-2229839

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

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 non-cash assistance	(h) Purpose of grant or assistance
BERKSHIRE NURSING FAMILIES P.O. BOX 341 ADAMS, MA 01220	04-3529643		24,159.	0.			MASS IN MOTION GRANT
BERKSHIRE REGIONAL PLANNING COMMISSION - 1 FEEN ST., SUITE 201 - PITTSFIELD, MA 01201	04-2430187		23,000.	0.			DISTRICT INCENTIVE GRANT
BETTER ORAL HEALTH FOR MASSACHUSETTS COALITION - 40 COURT ST. 10TH FL - BOSTON, MA 02108	04-2507409	3	50,000.	0.			ORAL HEALTH GRANT
BROCKTON NEIGHBORHOOD HEALTH CENTER - 63 MAIN ST. - BROCKTON, MA 02301	04-3165044	3	18,000.	0.			BREASTFEEDING INITIATIVE GRANT
CITY OF CHELSEA 500 BROADWAY, WEST WING CHELSEA, MA 02150	04-2697983		60,000.	0.			MASS IN MOTION GRANT
CITY OF FALL RIVER 1 GOVERNMENT CENTER FALL RIVER, MA 02722	04-6001387		64,125.	0.			DISTRICT INCENTIVE & MASS IN MOTION GRANT

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

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

39.

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

Schedule I (Form 990) (2012)

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
CITY OF FITCHBURG 718 MAIN STREET, 2ND FLOOR FITCHBURG, MA 01420	04-6001388		98,625.	0.			DISTRICT INCENTIVE & MASS IN MOTION GRANT
CITY OF GLOUCESTER 3 POND RD. GLOUCESTER, MA 01930	04-6001390		64,125.	0.			MASS IN MOTION GRANT
CITY OF LYNN 3 CITY HALL SQUARE LYNN, MA 01901	04-2573633		60,000.	0.			MASS IN MOTION GRANT
CITY OF NEW BEDFORD 608 PLEASANT STREET NEW BEDFORD, MA 02740	04-6001402		64,125.	0.			MASS IN MOTION GRANT
CITY OF REVERE 281 BROADWAY REVERE, MA 02151	04-6001412		60,000.	0.			MASS IN MOTION GRANT
CITY OF SALEM 120 WASHINGTON ST SALEM, MA 01970	04-6001413		106,000.	0.			DISTRICT INCENTIVE & MASS IN MOTION GRANT
CITY OF WORCESTER 25 MEADE STREET WORCESTER, MA 01601	04-6001418		98,625.	0.			DISTRICT INCENTIVE & MASS IN MOTION GRANT
CODMAN SQUARE NEIGHBORHOOD COUNCIL 14 EUCLID STREET DORCHESTER, MA 02124	22-3315109	3	22,700.	0.			MAPP GRANT
COMMUNITY SERVICE CARE, INC. 36 PERKINS STREET JAMAICA PLAIN, MA 02130	04-2754281	3	26,000.	0.			MAPP GRANT

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BOSTON SOCIAL CENTERS 68 CENTRAL SQUARE EAST BOSTON, MA 02128	04-2204257	3	23,000.	0.			MAPP GRANT
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	04-2485308	3	18,000.	0.			BREASTFEEDING INITIATIVE GRANT
HALLMARK HEALTH SYSTEMS - MELROSE WAKEFIELD HOSPITAL - 585 LEBANON ST. - MELROSE, MA 02176	04-2767880	3	22,400.	0.			MASS IN MOTION GRANT
HARVARD STREET NEIGHBORHOOD HEALTH CENTER - 632 BLUE HILL AVE. - DORCHESTER, MA 02121	04-2600042	3	15,660.	0.			MAPP GRANT
HEALTH IMPERATIVES 123 CAMELOT DRIVE PLYMOUTH, MA 02360	04-2609177	3	15,143.	0.			MASS IN MOTION GRANT
HOCKOMOCK AREA YMCA 45 FORGE HILL RD FRANKLIN, MA 02038	04-2131749	3	64,125.	0.			MASS IN MOTION GRANT
HOPE HOUSE, INC. 8 FARNHAM STREET BOSTON, MA 02119	04-2448579	3	23,000.	0.			MAPP GRANT
LYNN COMMUNITY HEALTH, INC. 269 UNION ST. LYNN, MA 01901	04-2525066	3	18,000.	0.			MASS IN MOTION GRANT
MASS GENERAL HOSPITAL - RESEARCH P.O. BOX 414876 BOSTON, MA 02241-4876	04-2697983	3	11,500.	0.			MAPP GRANT

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
MERCY MEDICAL CENTER 271 CAREW STREET SPRINGFIELD, MA 01002-9012	64-3398280	3	18,125.	0.			MASS IN MOTION GRANT
METHUEN HEALTH DEPARTMENT 41 PLEASANT ST. ROOM 33 METHUEN, MA 01844	04-6001220		34,500.	0.			DISTRICT INCENTIVE GRANT
MGH CHELSEA HEALTH CARE CENTER 151 EVERETT AVE. CHELSEA, MA 02150	04-2697983	3	10,000.	0.			MASS IN MOTION GRANT
MONTAUSSETT OPPORTUNITY COUNCIL, INC. - 375 NICHOLS ROAD - FITCHBURG, MA 01420	04-2401111	3	23,805.	0.			MASS IN MOTION GRANT
PIONEER VALLEY PLANNING COMMISSION 60 CONGRESS ST. SPRINGFIELD, MA 01104	04-3560952		20,000.	0.			DISTRICT INCENTIVE GRANT
REGIONAL ENVIRONMENTAL COUNCIL 9 CASTLE STREET WORCESTER, MA 01613	04-6364350		10,000.	0.			MASS IN MOTION GRANT
SOUTH BOSTON ACTION COUNCIL (STAT) 424 WEST BROADWAY SOUTH BOSTON, MA 02127	04-2441041	3	23,000.	0.			MAPP GRANT
SOUTHEAST REGIONAL PLANNING & ECONOMIC DEV. DISTRICT - 88 BROADWAY - TAUNTON, MA 02780	04-2376717		20,000.	0.			DISTRICT INCENTIVE GRANT
SPORTSMEN'S TENNIS CLUB 950 BLUE HILL AVE. DORCHESTER, MA 02124	23-7037183	3	50,000.	0.			MASS IN MOTION GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF NORTHBOROUGH 63 MAIN ST. NORTHBOROUGH, MA 01532	04-6001249		64,125.	0.			MASS IN MOTION GRANT
TOWN OF WEYMOUTH 75 MIDDLE STREET WEYMOUTH, MA 02189	04-6001363		74,125.	0.			MASS IN MOTION GRANT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE, SUITE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	3	1,777,876.	0.			KLARMAN FOUNDATION ANGI AWARDS
VALLEY OPPORTUNITY COUNCIL 300 HIGH ST. HOLYOKE, MA 01040	04-2692763	3	15,615.	0.			MASS IN MOTION GRANT
VERMONT ORAL HEALTH COALITION 47 MAPLE ST., SUITE 203 BURLINGTON, VT 05401	04-2578580	3	50,000.	0.			ORAL HEALTH GRANT
WORCESTER HEALTH DEPT-CENTRAL MA PUBLIC HEALTH NETWORK - 25 MEADE STREET - WORCESTER, MA 01608	04-6001418		11,500.	0.			DISTRICT INCENTIVE GRANT

Schedule I (Form 990)

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

(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 non-cash assistance
KLARMAN FOUNDATION FELLOWSHIP AWARDS	10	1,841,000.	0.		
DAVIS FOUNDATION FELLOWSHIP AWARDS	5	777,000.	0.		
BARRUS FUND FELLOWSHIP AWARD	1	150,000.	0.		
LYMPHATIC RESEARCH FOUNDATION FELLOWSHIP AWARD	3	184,000.	0.		
RESEARCH GRANTS - NON-KING POST DOCTORAL FELLOWSHIP PROGRAM	5	485,000.	0.		

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION HAS A COMMITTEE WHICH REVIEWS

ALL CANDIDATES FOR THE MEDICAL RESEARCH GRANTS. THE CANDIDATES ARE CHOSEN

BASED ON THEIR QUALIFICATIONS AND TOPICS OF RESEARCH. ONCE THE CANDIDATE

HAS BEEN AWARDED, THE CANDIDATE MUST SUBMIT QUARTERLY REPORTS TO THE

ORGANIZATION DETAILING THE PROGRESS OF HIS OR HER RESEARCH. THE

ORGANIZATION'S ADMINISTRATION REVIEWS THESE REPORTS TO ENSURE THAT THE

RESEARCH AND HOURS INVOLVED ARE ADEQUATE AND COMPLY WITH THE GRANT

AGREEMENT BETWEEN THE RECIPIENT AND THE ORGANIZATION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

**HEALTH RESOURCES IN ACTION, INC.**

Employer identification number

**04-2229839**

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <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 type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

- |                                    |           |  |                                     |
|------------------------------------|-----------|--|-------------------------------------|
| <b>a</b> The organization?         | <b>5a</b> |  | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? | <b>5b</b> |  | <input checked="" type="checkbox"/> |
- If "Yes" to line 5a or 5b, describe in Part III.

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

- |                                    |           |  |                                     |
|------------------------------------|-----------|--|-------------------------------------|
| <b>a</b> The organization?         | <b>6a</b> |  | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? | <b>6b</b> |  | <input checked="" type="checkbox"/> |
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2012







**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

HEALTH RESOURCES IN ACTION, INC.

Employer identification number  
04-2229839

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

AND BUILD HEALTHY COMMUNITIES THROUGH POLICY, RESEARCH, PREVENTION AND  
HEALTH PROMOTION.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WAS PROVIDED  
TO THE BOARD OF DIRECTORS FOR REVIEW. THE FINANCE COMMITTEE REVIEWED AND  
APPROVED THE FORM. THIS WAS DOCUMENTED IN THE MINUTES OF THE RESPECTIVE  
MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD OF DIRECTORS ARE REQUIRED TO  
ANNUALLY SIGN A CONFLICT OF INTEREST POLICY DISCLOSING ALL POTENTIAL  
CONFLICTS OF INTERESTS. THESE ARE SUBMITTED TO THE PRESIDENT FOR REVIEW.  
IF AN ITEM OF CONFLICT IS REPORTED, IT IS COMMUNICATED TO THE CHAIR.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE REVIEWS THE  
PRESIDENT'S SALARY ON A PERIODIC BASIS AND VOTES ON ANY RAISES FOR THE  
YEAR. THE EXECUTIVE COMMITTEE REQUESTS AN ASSESSMENT OF COMPENSATION FROM  
A THIRD PARTY FOR REVIEW AND REQUESTS COMPARABLES.

FORM 990, PART VI, SECTION C, LINE 19: HRIA MAKES ITS GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICY AND TAX RETURN AVAILABLE TO THE GENERAL PUBLIC  
UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE SERVICES - MEDICAL SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES

843,611.

Name of the organization <b>HEALTH RESOURCES IN ACTION, INC.</b>	Employer identification number <b>04-2229839</b>
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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	843,611.

## WEBSITE DEVELOPMENT AND MAINTENANCE:

PROGRAM SERVICE EXPENSES	33,329.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,329.

## TOBACCO CESSATION CAMPAIGN:

PROGRAM SERVICE EXPENSES	57,654.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	57,654.

## ALLSTON-BRIGHTON SUBSTANCE ABUSE COALITION:

PROGRAM SERVICE EXPENSES	6,150.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,150.

## SPEED REDUCTION POLICY COMPETITION:

PROGRAM SERVICE EXPENSES	35,277.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,277.

Name of the organization

HEALTH RESOURCES IN ACTION, INC.

Employer identification number

04-2229839

## HEALTHY HOMES AND COMMUNITIES CONSULTING:

PROGRAM SERVICE EXPENSES	85,418.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	85,418.

## YOUTH WORKSHOPS-MENTORING PROGRAMS:

PROGRAM SERVICE EXPENSES	18,850.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,850.

## GRANT-PROPOSAL-PROFILE WRITING:

PROGRAM SERVICE EXPENSES	11,600.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,920.
TOTAL EXPENSES	13,520.

## TRANSCRIPTION SERVICES:

PROGRAM SERVICE EXPENSES	4,088.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,088.

## TRANSLATION SERVICES:

PROGRAM SERVICE EXPENSES	8,658.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization

HEALTH RESOURCES IN ACTION, INC.

Employer identification number

04-2229839

TOTAL EXPENSES	8,658.
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**MASS ALLIANCE AGAINST TEEN PREGNANCY CAMPAIGN :**

PROGRAM SERVICE EXPENSES	35,000.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	35,000.
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**OBESITY AND CANCER CAMPAIGN :**

PROGRAM SERVICE EXPENSES	136,618.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	136,618.
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**DESIGN-PRINTING FOR ANNUAL MEETING:**

PROGRAM SERVICE EXPENSES	0.
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MANAGEMENT AND GENERAL EXPENSES	3,358.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	3,358.
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**NEC WATER FLUORIDATION CAMPAIGN:**

PROGRAM SERVICE EXPENSES	17,670.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	17,670.
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**BOSTON ALLIANCE FOR COMMUNITY HEALTH :**

PROGRAM SERVICE EXPENSES	22,581.
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Name of the organization	HEALTH RESOURCES IN ACTION, INC.	Employer identification number	04-2229839
MANAGEMENT AND GENERAL EXPENSES			0.
FUNDRAISING EXPENSES			0.
TOTAL EXPENSES			22,581.
DATABASE DESIGN AND ONGOING SUPPORT:			
PROGRAM SERVICE EXPENSES			30,368.
MANAGEMENT AND GENERAL EXPENSES			0.
FUNDRAISING EXPENSES			0.
TOTAL EXPENSES			30,368.
DPH PROJECT CONSULTING :			
PROGRAM SERVICE EXPENSES			49,421.
MANAGEMENT AND GENERAL EXPENSES			0.
FUNDRAISING EXPENSES			0.
TOTAL EXPENSES			49,421.
GRAPHIC DESIGN:			
PROGRAM SERVICE EXPENSES			42,299.
MANAGEMENT AND GENERAL EXPENSES			0.
FUNDRAISING EXPENSES			0.
TOTAL EXPENSES			42,299.
HR CONSULTING:			
PROGRAM SERVICE EXPENSES			0.
MANAGEMENT AND GENERAL EXPENSES			11,290.
FUNDRAISING EXPENSES			0.
TOTAL EXPENSES			11,290.

Name of the organization

HEALTH RESOURCES IN ACTION, INC.

Employer identification number

04-2229839

## MEDIA CAMPAIGN AD BUYS:

PROGRAM SERVICE EXPENSES	115,647.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	115,647.

## MASSACHUSETTS PROMISE FELLOWS:

PROGRAM SERVICE EXPENSES	10,313.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,313.

## 2012 ANNUAL DIVISION REVIEW DESIGN:

PROGRAM SERVICE EXPENSES	9,538.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,538.

## PUBLIC RELATION SERVICES :

PROGRAM SERVICE EXPENSES	6,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,000.

## IT CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	75,725.
FUNDRAISING EXPENSES	0.

Name of the organization

HEALTH RESOURCES IN ACTION, INC.

Employer identification number

04-2229839

TOTAL EXPENSES	75,725.
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## COMMUNITY HEALTH ASSESSMENTS-COMMUNITY HEALTH IMPROV PLANS:

PROGRAM SERVICE EXPENSES	57,653.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	57,653.
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## STATE HEALTH REFORM EFFORTS:

PROGRAM SERVICE EXPENSES	14,400.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	14,400.
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## OTHER OUTSIDE SERVICES - CONSULTANTS:

PROGRAM SERVICE EXPENSES	331,377.
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MANAGEMENT AND GENERAL EXPENSES	34,575.
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FUNDRAISING EXPENSES	27,041.
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TOTAL EXPENSES	392,993.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,137,429.
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## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE-DOWN OF FIXED ASSETS, NET	-186,743.
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## FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM LAST YEAR.