

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2013** calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

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	C Name of organization HEALTH RESOURCES IN ACTION, INC.		D Employer identification number 04-2229839	
	Doing Business As		E Telephone number 617-451-0049	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 95 BERKELEY STREET		G Gross receipts \$ 12,327,931.	
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02116		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: RAYMOND CONSIDINE SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.HRIA.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: 1957 M State of legal domicile: MA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOUNDED IN 1957, HEALTH RESOURCES IN ACTION (HRIA) WORKS TO HELP PEOPLE LIVE HEALTHIER LIVES
	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 16
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 94
	6 Total number of volunteers (estimate if necessary) 6 166
	7a 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) 11,624,902. Prior Year 7,952,019. Current Year
	9 Program service revenue (Part VIII, line 2g) 4,163,485. 11,869,086.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 126,860. 201,087.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 631.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,915,247. 11,869,086.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,689,983. 2,806,566.
Expenses	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) 5,635,250. 5,630,870.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 33,713.
	b Total fundraising expenses (Part IX, column (D), line 25) 299,212.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,446,390. 4,423,241.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,771,623. 12,894,390.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 -856,376. -1,025,304.
	20 Total assets (Part X, line 16) 9,795,941. Beginning of Current Year 7,451,318. End of Year
	21 Total liabilities (Part X, line 26) 3,775,497. 2,233,558.
	22 Net assets or fund balances. Subtract line 21 from line 20 6,020,444. 5,217,760.

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 RAYMOND CONSIDINE, PRESIDENT	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KRISTIN E. LABONTE, CPA	Preparer's signature KRISTIN E. LABONTE,	Date 02/10/15	Check if self-employed <input type="checkbox"/>	PTIN P00744707
	Firm's name KEVIN P MARTIN ASSOCIATES, P.C.	Firm's EIN 04-3097400	Firm's address 10 FORBES WEST BRAINTREE, MA 02184	Phone no. (781) 380-3520	

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: TO HELP PEOPLE LIVE HEALTHIER LIVES AND CREATE HEALTHY COMMUNITIES THROUGH PREVENTION, HEALTH PROMOTION, POLICY AND RESEARCH.

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

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

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

4a (Code:) (Expenses \$ 8,998,677. including grants of \$ 1,312,998.) (Revenue \$ 2,766,523.) 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 \$ 2,198,062. including grants of \$ 1,493,568.) (Revenue \$ 948,505.) 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 10 SCIENTIFIC REVIEW COMMITTEES (124 REVIEWERS WHO SPENT OVER 3,000 HOURS ON GRANT REVIEWS). ALTOGETHER, 80 AWARD RECIPIENTS WERE SELECTED FROM THE 446 APPLICATIONS RECEIVED. THESE NEW

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 11,196,739.

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 Schedule B, Schedule of Contributors?	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
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?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States 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) and 501(c)(4) 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? If so, complete Schedule L, Part II		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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2013)

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

Table with columns for question number, description, and Yes/No boxes. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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 (16), 1b (15), 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: 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: MITZI FENNEL - 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 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) RAYMOND CONSIDINE, MSW PRESIDENT	35.00	X		X			198,639.	0.	32,418.	
(2) HARRIET TOLPIN, PHD CO-VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) STEPHANIE POLLACK, ESQ CO-VICE CHAIR	1.00	X		X			0.	0.	0.	
(4) NELSON VALVERDE, MBA TREASURER	1.00	X		X			0.	0.	0.	
(5) CAROLE ALLEN, MD MEMBER	1.00	X					0.	0.	0.	
(6) PHILIP CAPER, MD MEMBER	1.00	X					0.	0.	0.	
(7) MARY FIFIELD MEMBER	1.00	X					0.	0.	0.	
(8) LORI FRESINA MEMBER	1.00	X					0.	0.	0.	
(9) PETER HIAM, ESQ MEMBER	1.00	X					0.	0.	0.	
(10) MARIA KIESLICH MEMBER	1.00	X					0.	0.	0.	
(11) LISA QUEENIN MEMBER	1.00	X					0.	0.	0.	
(12) JOAN QUINLAN, MPA MEMBER	1.00	X					0.	0.	0.	
(13) THALEIA TSONGAS SCHLESINGER MEMBER	1.00	X					0.	0.	0.	
(14) HARRY P. SELKER, MD, MSPH MEMBER	1.00	X					0.	0.	0.	
(15) MILES SHORE, MD MEMBER	1.00	X					0.	0.	0.	
(16) MITZI FENNEL COO	35.00			X			82,464.	0.	11,020.	
(17) STEVEN RIDINI VP OF MEDICAL FOUNDATION DIVISION	35.00			X			146,642.	0.	25,003.	

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) ERIC KRAMER, PHD CHAIR	1.00			X			0.	0.	0.	
(19) LAURIE JO WALLACE PROGRAM DIRECTOR	35.00				X		103,771.	0.	15,695.	
(20) JODIE SILVERMAN DIRECTOR SPECIAL PROJECT	35.00				X		101,245.	0.	8,074.	
(21) DIANE BARRY PRESTON DIRECTOR HEALTH COMM.	35.00				X		105,115.	0.	6,909.	
(22) JOHN KANKI INTERIM DIRECTOR OF MEDICAL FOUNDATI	35.00				X		114,647.	0.	14,606.	
1b Sub-total							852,523.	0.	113,725.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							852,523.	0.	113,725.	

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 **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TIC BUSINESS CONSULTANTS 23 PILGRIM ROAD, LAWRENCE, MA 01843	IT SERVICES	132,871.
KONJOLKA MEDIA, WELLESLEY OFFICE PARK, 65 WILLIAM ST, WELLESLEY, MA 02481	PUBLIC HEALTH MESSAGING MEDIA ADVE	112,174.
GY&K ANTLER, LLC 121 RIVER FRONT DRIVE, MANCHESTER, NH 03102	PUBLIC HEALTH MESSAGING CREATIVE A	107,623.

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 **3**

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	119,997.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	5,114,117.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,717,905.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			7,952,019.				
Program Service Revenue	2 a MEDICAL RESEARCH GRANTMAKING & CO	Business Code	900099	903,102.	903,102.			
	b YOUTH TRAINING & CAPACITY BUILDIN		900099	278,914.	278,914.			
	c HEALTH COMMUNICATIONS		900099	218,811.	218,811.			
	d STRATEGIC PLANNING		900099	200,625.	200,625.			
	e POSITIVE DEVIANCE INITIATIVE		900099	175,150.	175,150.			
	f All other program service revenue		900009	1,938,747.	1,938,747.			
	g Total. Add lines 2a-2f			3,715,349.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			58,630.			58,630.	
	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					
		b Less: cost or other basis and sales expenses			432,752.	26,093.		
		c Gain or (loss)			168,550.	-26,093.		
		d Net gain or (loss)			142,457.			142,457.
	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								
b								
c								
d All other revenue		900099		631.	631.			
e Total. Add lines 11a-11d				631.				
12 Total revenue. See instructions.				11,869,086.	3,715,980.	0.	201,087.	

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 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	2,721,566.	2,721,566.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	85,000.	85,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	547,288.	124,988.	422,300.	
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	4,021,274.	3,515,224.	328,302.	177,748.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,674.	134,908.	3,316.	7,450.
9 Other employee benefits	593,857.	504,349.	63,122.	26,386.
10 Payroll taxes	322,777.	260,198.	49,892.	12,687.
11 Fees for services (non-employees):				
a Management				
b Legal	26,420.	14,699.	11,721.	
c Accounting	44,485.		44,485.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	33,713.			33,713.
f Investment management fees	22,790.		22,790.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,238,237.	2,078,822.	155,314.	4,101.
12 Advertising and promotion				
13 Office expenses	437,773.	374,944.	58,677.	4,152.
14 Information technology	74,064.	58,814.	11,705.	3,545.
15 Royalties				
16 Occupancy	540,959.	409,984.	117,842.	13,133.
17 Travel	196,275.	184,669.	10,290.	1,316.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	284,515.	245,426.	32,592.	6,497.
20 Interest	1,917.		1,917.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,581.		42,581.	
23 Insurance				
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 PUBLICATION AND MEDIA	477,405.	466,591.	8,406.	2,408.
b DUES, MEMBERSHIPS & SUB	23,309.	8,811.	8,464.	6,034.
c STAFF TRAINING	2,154.	2,004.	150.	
d				
e All other expenses	10,357.	5,742.	4,573.	42.
25 Total functional expenses. Add lines 1 through 24e	12,894,390.	11,196,739.	1,398,439.	299,212.
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 <input type="checkbox"/> 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	2,021,401.	1	121,546.
	2	Savings and temporary cash investments	86,015.	2	86,386.
	3	Pledges and grants receivable, net	1,485,113.	3	1,250,070.
	4	Accounts receivable, net	3,500,689.	4	3,117,598.
	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	57,122.	9	46,479.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	535,988.		
	10b	Less: accumulated depreciation	361,763.		
	10c		94,613.	10c	174,225.
	11	Investments - publicly traded securities	2,550,988.	11	2,655,014.
	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		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,795,941.	16	7,451,318.	
Liabilities	17	Accounts payable and accrued expenses	1,044,497.	17	1,049,400.
	18	Grants payable	2,731,000.	18	1,056,983.
	19	Deferred revenue		19	127,175.
	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		25	
	26	Total liabilities. Add lines 17 through 25	3,775,497.	26	2,233,558.
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	1,516,247.	27	1,746,404.
	28	Temporarily restricted net assets	4,225,445.	28	3,192,604.
	29	Permanently restricted net assets	278,752.	29	278,752.
	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	6,020,444.	33	5,217,760.	
34	Total liabilities and net assets/fund balances	9,795,941.	34	7,451,318.	

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	11,869,086.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,894,390.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,025,304.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,020,444.
5	Net unrealized gains (losses) on investments	5	222,620.
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	5,217,760.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input 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	

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,631,793.	10,152,567.	12,732,286.	11,624,902.	7,952,019.	52,093,567.
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	9,631,793.	10,152,567.	12,732,286.	11,624,902.	7,952,019.	52,093,567.
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)						10,908,427.
6 Public support. Subtract line 5 from line 4.						41,185,140.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	9,631,793.	10,152,567.	12,732,286.	11,624,902.	7,952,019.	52,093,567.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54,425.	53,574.	50,946.	62,919.	58,630.	280,494.
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 IV.)					631.	631.
11 Total support. Add lines 7 through 10						52,374,692.
12 Gross receipts from related activities, etc. (see instructions)					12	16,770,456.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	78.64 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	72.08 %
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 IV 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 - 2012. 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 IV 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 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.**

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

OMB No. 1545-0047

2013

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to 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 an 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 8/17/06, 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?

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, 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)?

Yes No

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" to 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- b Assets included in Form 990, Part X
- ▶ \$ _____

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

2a Did the organization include an amount on Form 990, Part X, line 21? 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	2,337,885.	2,116,772.	2,165,683.	1,700,517.	1,562,435.
b Contributions					
c Net investment earnings, gains, and losses	449,585.	356,417.	75,138.	590,889.	264,607.
d Grants or scholarships					
e Other expenditures for facilities and programs	122,769.	114,000.	104,000.	106,000.	108,000.
f Administrative expenses	22,790.	21,307.	20,049.	19,723.	18,525.
g End of year balance	2,641,911.	2,337,882.	2,116,772.	2,165,683.	1,700,517.

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

- a Board designated or quasi-endowment 78.79 %
- b Permanent endowment 10.55 %
- c Temporarily restricted endowment 10.66 %

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.

Complete if the organization answered "Yes" to 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		242,981.	145,232.	97,749.
d Equipment		128,274.	85,755.	42,519.
e Other		164,733.	130,776.	33,957.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				174,225.

Part VII Investments - Other Securities.

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

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

Part X Other Liabilities.

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

1	Total revenue, gains, and other support per audited financial statements	1	13,033,099.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	222,620.
b	Donated services and use of facilities	2b	915,300.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	26,093.
e	Add lines 2a through 2d	2e	1,164,013.
3	Subtract line 2e from line 1	3	11,869,086.
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	11,869,086.

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

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

1	Total expenses and losses per audited financial statements	1	13,835,783.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	915,300.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	26,093.
e	Add lines 2a through 2d	2e	941,393.
3	Subtract line 2e from line 1	3	12,894,390.
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	12,894,390.

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 V, LINE 4:

THE RETURNS ON ENDOWMENT FUNDS ARE USED TO SUPPORT MEDICAL RESEARCH SCHOLARSHIPS. THE BOARD DESIGNATED FUND RETURNS ARE USED TO SUPPORT ORGANIZATIONAL CAPACITY BUILDING. SPENDING AUTHORIZED BY THE BOARD IS BASED ON 5% OF THE HISTORICAL 3 YEAR INVESTMENT ACCOUNT BALANCE.

PART X, LINE 2:

GAAP PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. FOR THE YEAR ENDED JUNE

Part XIII Supplemental Information (continued)

30, 2014, THE AGENCY HAS DETERMINED THAT IT HAS NOT TAKEN ANY TAX POSITIONS WHICH WOULD RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE AGENCY RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE. THERE WERE NO INTEREST OR PENALTIES FOR THE YEAR ENDED JUNE 30, 2014.

GENERALLY, THE AGENCY'S INFORMATION/TAX RETURNS REMAIN OPEN FOR POSSIBLE FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS AFTER THE FILING DATE. THE AGENCY IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS 26,093.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS 26,093.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	0	DATA COLLECTION	YOUTH PROGRAM EVALUATION	58,616.
SOUTH ASIA	0	0	TRAINING	TRAINING IN POSITIVE DEVIANCE APPROACH	5,500.
3 a Sub-total	0	0			64,116.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			64,116.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDICAL RESEARCH AWARD	40,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	MEDICAL RESEARCH AWARD	45,000.	WIRE TRANSFER	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 2

3 Enter total number of other organizations or entities 2

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 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)* 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

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.

PART I, LINE 2:

GRANT PROPOSALS ARE REVIEWED BY A COMMITTEE OF EXPERTS.

AWARDEES ARE CHOSEN BASED ON QUALIFICATIONS AND MEDICAL RESEARCH OR

PUBLIC HEALTH TOPIC. POST AWARD, RECIPIENTS MUST SUBMIT QUARTERLY

REPORTS THAT ARE REVIEWED AND EVALUATED FOR RESEARCH/PROGRAMMATIC

PROGRESS AND COMPLIANCE WITH GRANT TERMS.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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" to 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 operates gaming activities: _____

a Is the organization licensed to operate 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 operate 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 operated in:

13a		%
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 complete this part to provide any additional information (see instructions).

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

(I) NAME OF FUNDRAISER: HWK CONSULTING (HOPE KENEFIK)

(I) ADDRESS OF FUNDRAISER: 305 HEMLOCK LN, BARRINGTON, NH 03825

(I) NAME OF FUNDRAISER: JINNA SAMARA HALPERIN

(I) ADDRESS OF FUNDRAISER: 15 WEST STREET, ARLINGTON, MA 02476

**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

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
HOCKOMOCK AREA YMCA 45 FORGE HILL RD FRANKLIN, MA 02038	04-2131749	501(C)(3)	64,000.	0.			MASS IN MOTION
CITY OF CHELSEA 500 BROADWAY, WEST WING CHELSEA, MA 02150	04-2697983	GOVERNMENT ENTITY	60,000.	0.			MASS IN MOTION
CITY OF FALL RIVER ONE GOVERNMENT CENTER FALL RIVER, MA 02722	04-6001387	GOVERNMENT ENTITY	64,000.	0.			MASS IN MOTION
CITY OF FITCHBURG 718 MAIN STREET, 2ND FLOOR FITCHBURG, MA 01420	04-6001388	GOVERNMENT ENTITY	64,000.	0.			MASS IN MOTION
CITY OF GLOUCESTER 3 POND RD. GLOUCESTER, MA 01930	04-6001390	GOVERNMENT ENTITY	64,000.	0.			MASS IN MOTION
CITY OF LYNN 3 CITY HALL SQUARE LYNN, MA 01901	04-2573633	GOVERNMENT ENTITY	60,000.	0.			MASS IN MOTION

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

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

Schedule I (Form 990) (2013)

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 NEW BEDFORD 1213 PURCHASE STREET NEW BEDFORD, MA 02740	04-6001402	GOVERNMENT ENTITY	64,000.	0.			MASS IN MOTION
CITY OF REVERE 281 BROADWAY REVERE, MA 02151	04-6001412	GOVERNMENT ENTITY	60,000.	0.			MASS IN MOTION
CITY OF SALEM 120 WASHINGTON ST SALEM, MA 01970	04-6001413	GOVERNMENT ENTITY	30,000.	0.			MASS IN MOTION
CITY OF SALEM 93 WASHINGTON ST. SALEM, MA 01970	04-6001413	GOVERNMENT ENTITY	30,000.	0.			MASS IN MOTION
CITY OF WORCESTER 25 MEADE STREET WORCESTER, MA 01601	04-6001418	GOVERNMENT ENTITY	64,000.	0.			MASS IN MOTION
BOWDOIN STREET HEALTH CENTER 230 BOWDOIN STREET DORCHESTER, MA 02122	04-2103881	501(C)(3)	25,000.	0.			MASS IN MOTION
MGH CHELSEA HEALTH CARE CENTER 151 EVERETT AVE. CHELSEA, MA 02150	04-2697983	501(C)(3)	30,000.	0.			MASS IN MOTION
TOWN OF NORTHBOROUGH 63 MAIN ST. NORTHBOROUGH, MA 01532	04-6001249	GOVERNMENT ENTITY	64,000.	0.			MASS IN MOTION
TOWN OF WEYMOUTH 75 MIDDLE STREET WEYMOUTH, MA 02189	04-6001363	GOVERNMENT ENTITY	94,000.	0.			MASS IN MOTION

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
CITY OF FITCHBURG 718 MAIN STREET, 2ND FLOOR FITCHBURG, MA 01420	04-6001388	GOVERNMENT ENTITY	43,500.	0.			DISTRICT INCENTIVE GRANTS
CITY OF SALEM 120 WASHINGTON ST SALEM, MA 01970	04-6001413	GOVERNMENT ENTITY	43,500.	0.			DISTRICT INCENTIVE GRANTS
CITY OF WORCESTER 25 MEADE STREET WORCESTER, MA 01601	04-6001418	GOVERNMENT ENTITY	32,000.	0.			DISTRICT INCENTIVE GRANTS
FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS - 12 OLIVE STREET, SUITE 2 - GREENFIELD, MA 01301	74-3198439	GOVERNMENT ENTITY	43,500.	0.			DISTRICT INCENTIVE GRANTS
BERKSHIRE REGIONAL PLANNING COMMISSION - 1 FENN ST. SUITE 201 - PITTSFIELD, MA 01201	04-2430187	GOVERNMENT ENTITY	55,000.	0.			DISTRICT INCENTIVE GRANTS
CENTRAL MA AREA HEALTH EDUCATION CENTER, INC. - 35 HARVARD ST. - WORCESTER, MA 01609	04-2775264	501(C)(3)	20,000.	0.			DISTRICT INCENTIVE GRANTS
WORCESTER HEALTH DEPT-CENTRAL MA PUBLIC HEALTH NETWORK - 25 MEADE STREET - WORCESTER, MA 01608	04-6001418	GOVERNMENT ENTITY	11,500.	0.			DISTRICT INCENTIVE GRANTS
WHITTIER STREET HEALTH CENTER 1290 TREMONT STREET ROXBURY, MA 02120	27-3026474	501(C)(3)	6,000.	0.			BOSTON ALLIANCE FOR COMMUNITY HEALTH
SOUTH BOSTON ACTION CENTER 424 WEST BROADWAY SOUTH BOSTON, MA 02127	04-2441041	501(C)(3)	24,000.	0.			BOSTON ALLIANCE FOR COMMUNITY HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CODMAN SQUARE NEIGHBORHOOD COUNCIL 14 EUCLID STREET DORCHESTER, MA 02124	22-3315109	501(C)(3)	12,000.	0.			BOSTON ALLIANCE FOR COMMUNITY HEALTH
COMMUNITY CARE SERVICE, INC. 36 PERKINS STREET JAMIACA PLAIN, MA 02130	04-2506078	501(C)(3)	12,000.	0.			BOSTON ALLIANCE FOR COMMUNITY HEALTH
EAST BOSTON SOCIAL CENTERS 68 CENTRAL SQUARE EAST BOSTON, MA 02128	04-2104257	501(C)(3)	12,000.	0.			BOSTON ALLIANCE FOR COMMUNITY HEALTH
YOUTH AND FAMILY ENRICHMENT SERVICES, INC. - 1234 HYDE PARK AVE. - BOSTON, MA 02136	05-0588064	501(C)(3)	9,998.	0.			BOSTON ALLIANCE FOR COMMUNITY HEALTH
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS - 40 COURT ST., 10TH FLOOR - BOSTON, MA 02108	04-2507409	501(C)(3)	25,000.	0.			BETTER ORAL HEALTH MC GRANT
BETTER ORAL HEALTH FOR MASSACHUSETTS COALITION - 40 COURT ST. 10TH FL - BOSTON, MA 02108	04-2507409	501(C)(3)	25,000.	0.			COMMUNITY WATER FLUORIDATION
JSI RESEARCH & TRAINING INSTITUTE, INC. - 44 FARNSWORTH STREET - BOSTON, MA 02210	04-2679824	501(C)(3)	25,000.	0.			COMMUNITY WATER FLUORIDATION
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVE. - BOSTON, MA 02215	04-2103881	501(C)(3)	180,000.	0.			DAVIS FOUNDATION AWARDS (YEAR ONE)
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVE. - BOSTON, MA 02215	04-2103881	501(C)(3)	47,500.	0.			MEDICAL RESEARCH AWARD

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
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2 EAST LANSING, MI 48824	38-6005984	501(C)(3)	106,000.	0.			DAVIS FOUNDATION AWARDS (YEAR ONE)
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - BANK OF AMERICA L.S LOCKBOX 841753 - DALLAS, TX 75207	75-2556007	501(C)(3)	98,000.	0.			DAVIS FOUNDATION AWARDS (YEAR ONE)
YALE UNIVERSITY P.O.BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	98,000.	0.			DAVIS FOUNDATION AWARDS (YEAR ONE)
MASSACHUSETTS ASSOCIATION OF COMM. HEALTH WORKERS, INC - 35 HARVARD STREET, SUITE 300 - WORCESTER, MA 01609	04-3535724	501(C)(4)	30,000.	0.			LAHEY CLINIC GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE., BP 412 BOSTON, MA 02215	04-2263040	501(C)(3)	91,000.	0.			MEDICAL RESEARCH AWARD
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	134,818.	0.			MEDICAL RESEARCH AWARD
MASSACHUSETTS GENERAL HOSPITAL 100 FEDERAL STREET BOSTON, MA 02114	04-2697983	501(C)(3)	264,250.	0.			MEDICAL RESEARCH AWARD
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH - 9 CAMBRIDGE CENTER - CAMBRIDGE, MA 02141	06-1043412	501(C)(3)	95,000.	0.			MEDICAL RESEARCH AWARD
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT AT 40303 - ATLANTIC, GA 31192	62-0476822	501(C)(3)	150,000.	0.			MEDICAL RESEARCH AWARD

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
JOSLIN DIABETES CENTER 1 JOSLIN PLACE BOSTON, MA 02215	04-2203836	501(C)(3)	47,500.	0.			MEDICAL RESEARCH AWARD
HARVARD MEDICAL SCHOOL PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	47,500.	0.			MEDICAL RESEARCH AWARD
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 02215	04-2774441	501(C)(3)	49,000.	0.			MEDICAL RESEARCH AWARD

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

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:

GRANT PROPOSALS ARE REVIEWED BY A COMMITTEE OF EXPERTS.

AWARDEES ARE CHOSEN BASED ON QUALIFICATIONS AND MEDICAL RESEARCH OR PUBLIC HEALTH TOPIC. POST AWARD, RECIPIENTS MUST SUBMIT QUARTERLY REPORTS THAT ARE REVIEWED AND EVALUATED FOR RESEARCH/PROGRAMMATIC PROGRESS AND COMPLIANCE WITH GRANT TERMS.

**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" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

HEALTH RESOURCES IN ACTION, INC.

Employer identification number

04-2229839

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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	1b									
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 in line 1a?	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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:										
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<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:										
a The organization?	5a	<input checked="" type="checkbox"/>								
b Any related organization?	5b	<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:										
a The organization?	6a	<input checked="" type="checkbox"/>								
b Any related organization?	6b	<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	7	<input checked="" type="checkbox"/>								
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	8	<input checked="" type="checkbox"/>								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2013

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2013

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 III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: POSITIVE DEVIANCE INITIATIVE WAS TRANSFERRED FROM TUFTS
UNIVERSITY IN OCTOBER AND ENDED IN JUNE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

EXPLANATION: POSITIVE DEVIANCE INITIATIVE WAS TRANSFERRED FROM TUFTS
UNIVERSITY IN OCTOBER AND ENDED IN JUNE.

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

AWARDS TOTALED \$14,688,707. IN ADDITION, ONGOING FUNDS WERE DISTRIBUTED
TO 94 PREVIOUSLY AWARDED RECIPIENTS WHO HAD MADE SATISFACTORY PROGRESS
IN THEIR WORK.

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

THE 990 IS GIVEN TO THE BOARD OF DIRECTORS FOR REVIEW AND IS
REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. THIS IS DOCUMENTED IN THE
MINUTES OF THE RESPECTIVE MEETINGS.

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

BOARD OF DIRECTORS MEMBERS AND KEY STAFF ARE REQUIRED ANNUALLY
TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT AND DISCLOSE ALL POTENTIAL
CONFLICTS OF INTEREST. THESE ARE SUBMITTED TO THE PRESIDENT FOR REVIEW.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

HEALTH RESOURCES IN ACTION, INC.

Employer identification number

04-2229839

IF AN ITEM OF CONFLICT IS REPORTED, IT IS COMMUNICATED TO THE CHAIR, WHO WILL FOLLOW UP AS NEEDED TO ENSURE PROPER ACTION IS TAKEN.

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

THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL REVIEW OF THE PRESIDENT'S PERFORMANCE AND COMPENSATION AND VOTES ANY SALARY INCREASES FOR THE YEAR. AS PART OF THE PROCESS, THE EXECUTIVE COMMITTEE ASSESSES COMPENSATION AND COMPARABLE RATES AT OTHER LIKE ORGANIZATIONS. THE PRESIDENT CONDUCTS AN ANNUAL REVIEW OF KEY EMPLOYEES' PERFORMANCE AND COMPENSATION. SALARY INFORMATION FOR KEY EMPLOYEES IS SHARED WITH THE BOARD OF DIRECTORS.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE AT THE ATTORNEY GENERAL'S WEBSITE.

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

CONSULTANTS:

PROGRAM SERVICE EXPENSES	699,590.
MANAGEMENT AND GENERAL EXPENSES	124,309.
FUNDRAISING EXPENSES	4,101.
TOTAL EXPENSES	828,000.

SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES	1,372,799.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization HEALTH RESOURCES IN ACTION, INC.	Employer identification number 04-2229839
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TOTAL EXPENSES **1,372,799.**

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES **6,433.**

MANAGEMENT AND GENERAL EXPENSES **31,005.**

FUNDRAISING EXPENSES **0.**

TOTAL EXPENSES **37,438.**

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A **2,238,237.**

FORM 990, PART XII, LINE 2C EXPLANATION:

THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR IN THE
 METHODS USED BY THE COMMITTEE RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF
 ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

