

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
HEALTH RESOURCES IN ACTION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2 BOYLSTON STREET 4TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02116

D Employer identification number
04-2229839

E Telephone number
(617) 451-0049

F Name and address of principal officer
STEVEN RIDINI
2 BOYLSTON STREET 4TH FLOOR
BOSTON, MA 02116

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW HRIA ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1957

M State of legal domicile MA

Part I Summary

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

2 Check this box 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)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	113
6 Total number of volunteers (estimate if necessary)	35
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	16,168

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,275,727	13,725,381
9 Program service revenue (Part VIII, line 2g)	4,828,799	3,583,816
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,790	36,012
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	16,456
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,140,316	17,361,665

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,772,957	2,078,960
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)	7,398,737	7,987,816
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 130,765		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,190,911	5,941,569
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,362,605	16,008,345
19 Revenue less expenses Subtract line 18 from line 12	777,711	1,353,320

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	7,197,167	9,609,661
21 Total liabilities (Part X, line 26)	2,024,322	3,030,689
22 Net assets or fund balances Subtract line 21 from line 20	5,172,845	6,578,972

Part II Signature Block

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

Sign Here

Signature of officer
Date 2019-03-25

STEVEN RIDINI PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name SARAH RIFAI CPA	Preparer's signature SARAH RIFAI CPA	Date 2019-03-25	Check <input type="checkbox"/> if self-employed	PTIN P01286234
Firm's name ▶ KEVIN P MARTIN ASSOCIATES PC			Firm's EIN ▶ 04-3097400	
Firm's address ▶ 10 FORBES WEST BRAINTREE, MA 02184			Phone no (781) 380-3520	

Part III Statement of Program Service Accomplishments

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

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? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 8,949,862 including grants of \$ 312,500) (Revenue \$ 2,354,449)
 See Additional Data

4b (Code) (Expenses \$ 3,008,851 including grants of \$ 1,766,460) (Revenue \$ 1,245,823)
 See Additional Data

4c (Code) (Expenses \$ 2,145,593 including grants of \$ 0) (Revenue \$ 0)
 See Additional Data

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

4e Total program service expenses ▶ 14,104,306

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
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>		No
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>		No
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>		No
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>		No
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>		No
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>		No
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>		No
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>	Yes	
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>	Yes	
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>		No
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>		No
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>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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>		No
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>	Yes	
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>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
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>		No
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>		No
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> (see instructions)		No
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>		No
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>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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>	Yes	
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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
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>		No
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>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		No
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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 (15), 1b (14), 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

Table with 3 columns: Question, Yes, No. Rows include: 17 (MA), 18 (checkboxes), 19, 20 (MITZI FENNEL 2 BOYLSTON STREET 4TH FLOOR BOSTON, MA 02116 (617) 279-2252).

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, or 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 dotted 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) STEVEN RIDINI EDD PRESIDENT & CEO	35 00	X		X				208,249	0	33,253
(2) HARRIET TOLPIN PHD CHAIR	1 00	X		X				0	0	0
(3) MICHELLE COURTON BROWN VICE-CHAIR	1 00	X		X				0	0	0
(4) NELSON VALVERDE MBA TREASURER, CHAIR FINANCE COMMITTEE	1 00	X		X				0	0	0
(5) MAGNOLIA CONTRERAS MSW MBA SECRETARY	1 00	X		X				0	0	0
(6) CAROLE ALLEN MD MEMBER	1 00	X						0	0	0
(7) ERIC KRAMER PHD MEMBER	1 00	X						0	0	0
(8) RYAN DENTON MBA MEMBER	1 00	X						0	0	0
(9) BRUCE E LANDON MD MBA MEMBER	1 00	X						0	0	0
(10) GAIL LATIMORE MEMBER	1 00	X						0	0	0
(11) CHARLES LORD JD MEMBER	1 00	X						0	0	0
(12) RICHARD PLATT MD MSC MEMBER	1 00	X						0	0	0
(13) MEGAN SANDEL MD MPH MEMBER	1 00	X						0	0	0
(14) ELIZABETH GONZALEZ SUAREZ MA MEMBER	1 00	X						0	0	0
(15) THALEIA TSONGAS SCHLESINGER RN MEMBER	1 00	X						0	0	0
(16) MITZI FENNEL MBA CHIEF OPERATING OFFICER	35 00			X				136,412	0	31,843
(17) LISA WOLFF VICE PRESIDENT	35 00			X				131,023	0	28,987

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 dotted 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) JEREMY HOLMAN VICE PRESIDENT	35 00			X				140,288	0	15,077
(19) ROBERT SEGE MD PHD VICE PRESIDENT (THRU JANUARY 2018)	35 00			X				246,320	0	42,333
(20) KATHLEEN MCCABE MANAGING DIRECTOR	35 00					X		101,700	0	24,527
(21) LAURIE JO WALLACE MA MANAGING DIRECTOR	35 00					X		117,276	0	16,700
(22) JOHN KANKI PHD MANAGING DIRECTOR	35 00					X		121,117	0	11,179
(23) HEATHER NELSON MANAGING DIRECTOR	35 00					X		105,302	0	28,402
(24) MELISSA WOJCIK MANAGING DIRECTOR	35 00					X		109,500	0	10,433
1b Sub-Total								1,417,187	0	242,734
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								1,417,187	0	242,734

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 ▶ 11

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

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	1a Federated campaigns . . .	1a	86,910				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,526,319				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	112,152				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			13,725,381			
Program Service Revenue			Business Code				
	2a PRIVATE CLIENT FEES		900099	3,583,816	3,583,816		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,583,816				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			36,012		36,012	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a 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					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a 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						
11a Miscellaneous Revenue		Business Code					
b _____							
c _____							
d All other revenue			16,456	16,456			
e Total. Add lines 11a-11d			16,456				
12 Total revenue. See Instructions			17,361,665	3,600,272	0	36,012	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,078,960	2,078,960		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	928,761	453,713	475,048	
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.	5,528,586	4,809,592	646,516	72,478
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	241,311	198,822	39,658	2,831
9 Other employee benefits.	776,225	683,360	82,225	10,640
10 Payroll taxes.	512,933	423,709	83,161	6,063
11 Fees for services (non-employees)				
a Management.				
b Legal.	1,714	1,444	270	
c Accounting.	42,787		42,787	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,709,552	2,553,610	133,912	22,030
12 Advertising and promotion.	153,222	150,663	2,559	
13 Office expenses.	909,760	830,617	74,381	4,762
14 Information technology.	326,708	326,708		
15 Royalties.				
16 Occupancy.	659,725	556,538	96,303	6,884
17 Travel.	408,635	398,759	9,836	40
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	111,776	100,477	10,722	577
23 Insurance.	35,590	30,415	4,836	339
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	433,466	432,112	1,354	
b STAFF TRAINING	43,370	34,987	8,288	95
c MOVING EXPENSES	37,539		37,539	
d DUES, MEMBERSHIPS & SUB	29,871	13,018	12,850	4,003
e All other expenses	37,854	26,802	11,029	23
25 Total functional expenses. Add lines 1 through 24e.	16,008,345	14,104,306	1,773,274	130,765
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	328,213	1	1,202,790
	2 Savings and temporary cash investments	501,508	2	1,609,351
	3 Pledges and grants receivable, net	436,059	3	57,970
	4 Accounts receivable, net	3,272,615	4	3,347,055
	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	195,503	9	83,059
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,759,310		
	b Less accumulated depreciation	609,390		
	11 Investments—publicly traded securities	1,906,812	11	2,055,631
	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	0	15	103,885
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,197,167	16	9,609,661	
Liabilities	17 Accounts payable and accrued expenses	1,077,787	17	1,873,342
	18 Grants payable	452,534	18	159,600
	19 Deferred revenue	494,001	19	558,156
	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	0	23	439,591
	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	2,024,322	26	3,030,689
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	2,990,679	27	3,346,760
	28 Temporarily restricted net assets	1,903,414	28	2,953,460
	29 Permanently restricted net assets	278,752	29	278,752
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	5,172,845	33	6,578,972
	34 Total liabilities and net assets/fund balances	7,197,167	34	9,609,661

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	17,361,665
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,008,345
3	Revenue less expenses Subtract line 2 from line 1	3	1,353,320
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,172,845
5	Net unrealized gains (losses) on investments	5	52,807
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	6,578,972

Part XII Financial Statements and Reporting

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

		Yes	No
<p>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</p>			
<p>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</p> <p style="margin-left: 20px;"><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-2229839

Name: HEALTH RESOURCES IN ACTION INC

Form 990 (2017)

Form 990, Part III, Line 4a:

THROUGH HRIA'S CAPACITY BUILDING ASSISTANCE PROGRAM, STAFF COLLABORATE WITH INDIVIDUALS, ORGANIZATIONS, AND COMMUNITIES TO BUILD INDIVIDUAL SKILLS AND ORGANIZATIONAL INFRASTRUCTURE TO IMPROVE PUBLIC HEALTH AND ACHIEVE HEALTH EQUITY THE CAPACITY BUILDING ASSISTANCE PROGRAM OFFERS A RANGE OF SERVICES, INCLUDING TRAINING, TECHNICAL ASSISTANCE, TECHNICAL SERVICES, AND INFORMATION DISSEMINATION TRAINING INCLUDES INTERACTIVE IN-PERSON AND WEB-BASED SKILL-BUILDING TECHNICAL ASSISTANCE INCLUDES EXPERT CONSULTATION AND COACHING ON HOW TO DEVELOP OPERATIONAL, MANAGERIAL, TECHNOLOGICAL, PROGRAMMATIC, OR ADMINISTRATIVE SYSTEMS TECHNICAL SERVICES INCLUDE THE DIRECT PROVISION OF PROFESSIONAL SERVICES OR THE IMPLEMENTATION OF TASKS TO SUPPORT OPERATIONAL, MANAGERIAL, TECHNOLOGICAL, PROGRAMMATIC, OR ADMINISTRATIVE SYSTEMS INFORMATION DISSEMINATION (OR COMMUNICATION) INCLUDES THE COLLECTION, PACKAGING, AND SHARING OF EVIDENCE-BASED INFORMATION, TOOLS, RESOURCES, AND BEST PRACTICES

Form 990, Part III, Line 4b:

HRIA'S GRANTMAKING PROGRAM WORKS WITH PRIVATE INDIVIDUALS, BANK TRUSTS, FOUNDATIONS, HOSPITALS, AND GOVERNMENT AGENCIES TO DESIGN CUSTOMIZED GRANT PROGRAMS THAT ACCELERATE LIFE SCIENCE DISCOVERIES AND ADVANCE COMMUNITY HEALTH EACH YEAR, MORE THAN 100 INTERNATIONALLY RECOGNIZED RESEARCH SCIENTISTS AND PHYSICIANS FROM ACROSS THE UNITED STATES AND EUROPE SERVE ON THE SCIENTIFIC REVIEW COMMITTEES AND PROVIDE CRITICAL AND UNBIASED EVALUATIONS OF ALL APPLICATIONS AND RESEARCH PROGRESS REPORTS ADDITIONALLY, OVER 75 HEALTH EXPERTS UTILIZE THEIR SUBJECT MATTER EXPERTISE TO PROVIDE UNBIASED REVIEWS OF COMMUNITY HEALTH APPLICATIONS THROUGH LIFE SCIENCES CONSULTING SERVICES, HRIA DEVELOPS REPORTS THAT CAN BE TAILORED FOR EITHER SCIENTIFIC OR LAY AUDIENCES FOR CLIENTS THAT WISH TO LEARN MORE ABOUT A SPECIFIC DISEASE OR FIELD OF BIOMEDICAL RESEARCH HRIA'S COMMUNITY HEALTH GRANTMAKING PROGRAM PROVIDES CONSULTATION AND SUPPORTS THE DISBURSEMENT OF GRANT FUNDS BY GOVERNMENT AGENCIES, HEALTHCARE INSTITUTIONS, AND PHILANTHROPY TO ADVANCE COMMUNITY HEALTH AND EQUITY THROUGH INVESTMENTS IN EVIDENCE-BASED AND INNOVATIVE STRATEGIES HRIA REVIEWS, EVALUATES, AND SUMMARIZES RELEVANT SCIENTIFIC AND PHILANTHROPIC LITERATURE, ASSESSES THE CURRENT FUNDING LANDSCAPE, IDENTIFIES EVIDENCE-BASED APPROACHES AND BEST PRACTICES, ENGAGES LEADERS IN THE FIELD OF INTEREST TO INFORM GRANTMAKING DECISIONS, DEVELOPS STREAMLINED GRANT MAKING PROCESSES THAT ENGAGE DIVERSE STAKEHOLDERS, AND CREATES MONITORING AND REPORTING STRUCTURES THAT DEMONSTRATE IMPACT OF GRANT AWARDS

Form 990, Part III, Line 4c:

HRIA'S RESEARCH AND EVALUATION PROGRAM PROVIDES PROGRAMMATIC RESEARCH, EVALUATION, AND ASSESSMENT SERVICES IN CLINICAL AND COMMUNITY SETTINGS SERVICES WITHIN THE RESEARCH AND EVALUATION CLUSTER INCLUDE FACILITATION OF COMMUNITY DIALOGUES AND MEETINGS, ENVIRONMENTAL SCAN AND LITERATURE REVIEW, QUALITATIVE AND QUANTITATIVE DATA COLLECTION THROUGH SURVEYS, INTERVIEWS, AND FOCUS GROUPS, QUALITATIVE AND QUANTITATIVE DATA ANALYSIS, REPORT WRITING, AND DATA DISSEMINATION THROUGH MULTIPLE MODALITIES INCLUDING PRINT AND SOCIAL MEDIA ADDITIONALLY, THROUGH THIS PROGRAM HRIA PROVIDES CONSULTATION TO HEALTHCARE INSTITUTIONS AND GOVERNMENTAL AGENCIES ON DATA-INFORMED DECISIONMAKING

SCHEDULE A
(Form 990 or 990EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	7,952,019	5,846,897	9,396,934	10,275,727	13,725,381	47,196,958
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	7,952,019	5,846,897	9,396,934	10,275,727	13,725,381	47,196,958
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)						1,209,232
6	Public support. Subtract line 5 from line 4						45,987,726

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	7,952,019	5,846,897	9,396,934	10,275,727	13,725,381	47,196,958
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,630	59,902	48,026	35,790	36,012	238,360
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	631	16,802			16,456	33,889
11	Total support. Add lines 7 through 10						47,469,207
12	Gross receipts from related activities, etc (see instructions)					12	19,942,775

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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.880 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	88.090 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 04-2229839

Name: HEALTH RESOURCES IN ACTION INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
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" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of 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 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, handling of violations, and enforcing conservation easements during the year ► _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	305,455	585,689	574,533	2,641,911	2,337,885
b Contributions					
c Net investment earnings, gains, and losses	10,157	13,847	108,058	136,402	449,585
d Grants or scholarships					
e Other expenditures for facilities and programs	29,915	294,081	85,756	2,181,700	122,769
f Administrative expenses			11,146	22,080	22,790
g End of year balance	285,697	305,455	585,689	574,533	2,641,911

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 97 570 %
 - c** Temporarily restricted endowment ▶ 2 430 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		419,220	228,129	191,091
d Equipment		763,724	208,782	554,942
e Other		576,366	172,479	403,887
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,149,920

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	18,134,192
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	52,807
b	Donated services and use of facilities	2b	719,720
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	772,527
3	Subtract line 2e from line 1	3	17,361,665
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	17,361,665

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

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

1	Total expenses and losses per audited financial statements	1	16,728,065
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	719,720
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	719,720
3	Subtract line 2e from line 1	3	16,008,345
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	16,008,345

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-2229839

Name: HEALTH RESOURCES IN ACTION INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE RETURNS ON ENDOWMENT FUNDS (PERMANENTLY RESTRICTED) ARE USED TO SUPPORT MEDICAL RESEAR CH SCHOLARSHIPS THE BOARD DESIGNATED FOR LONG TERM INVESTMENT FUND RETURNS WERE USED TO S UPPORT ORGANIZATIONAL CAPACITY BUILDING SPENDING AUTHORIZED BY THE BOARD WAS BASED ON 5% OF THE HISTORICAL 3 YEAR INVESTMENT ACCOUNT BALANCE

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on 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.

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...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 96
3 Enter total number of other organizations listed in the line 1 table. 16

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

Additional Data

Software ID:
Software Version:
EIN: 04-2229839
Name: HEALTH RESOURCES IN ACTION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOWDOIN STREET HEALTH CENTER 230 BOWDOIN STREET DORCHESTER, MA 02122	04-2103881	501(C)(3)	60,000				MASS IN MOTION
CITY OF CHELSEA 500 BROADWAY WEST WING CHELSEA, MA 02150	04-2697983	GOVERNMENTAL ENTITY	40,000				MASS IN MOTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 LYNN 3 CITY HALL SQUARE LYNN, MA 01901	04-2573633	GOVERNMENTAL ENTITY	50,000				MASS IN MOTION
CITY OF REVERE 281 BROADWAY REVERE, MA 02151	04-6001412	GOVERNMENTAL ENTITY	40,000				MASS IN MOTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 SALEM 120 WASHINGTON ST SALEM, MA 01970	04-6001413	GOVERNMENTAL ENTITY	41,000				MASS IN MOTION - \$40,000 WORKSITE WELLNESS - \$1,000
YALE UNIVERSITY POBOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	90,000				MEDICAL RESEARCH FELLOWSHIPS

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BRIGHAM & WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 022413149	04-2312909	501(C)(3)	23,858				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT
ADELPHI UNIVERSITY 1 SOUTH AVE LEVERMORE HALL 201 GARDEN CITY, NY 11530	11-1630741	501(C)(3)	6,541				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT

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FOCUS GREATER SYRACUSE 201 E WASHINGTON ST SYRACUSE, NY 13202	16-1606023	501(C)(3)	6,036				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT
TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	6,997				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUDSON RIVER HEALTH CARE INC 1037 MAIN STREET PEEKSKILL, NY 10566	13-2828349	501(C)(3)	6,163				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT
UNIVERSITY OF ROCHESTER 910 GENESEE ST SUITE 200 ROCHESTER, NY 146113847	16-0743209	501(C)(3)	177,629				MEDICAL RESEARCH FELLOWSHIPS - \$125,000, PATIENT CENTERED OUTCOME RESEARCH GRANT - \$52,629

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ADCARE EDUCATIONAL INSTITUTE INC 5 NORTHAMPTON STREET WORCESTER, MA 01605	04-2418109	501(C)(3)	50,000				DISTRICT INCENTIVE GRANTS
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 02116	04-2103714	501(C)(3)	1,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ATTLEBORO YOUNG MEN'S CHRISTIAN ASSOCIATION 63 NORTH MAIN STREET ATTLEBORO, MA 02703	04-2255819	501(C)(3)	1,000				WORKSITE WELLNESS
BEACON COUMMUNITIES 2 CENTER PLAZA SUITE 700 BOSTON, MA 02108	04-3017184	501(C)(3)	1,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT PO BOX 617 STOCKBRIDGE, MA 01262	04-2426357	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS
BOSTON HOUSING AUTHORITY (CHARLESTOWN ADULT EDUCATION) 76 MONUMENT STREET CHARLESTOWN, MA 02129	04-6001907	GOVERNMENTAL ENTITY	67,494				BUILDING HEALTHIER CHARLESTOWN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET BOSTON, MA 02215	04-2103547	501(C)(3)	65,000				DISTRICT INCENTIVE GRANTS
BRIDGEWATER STATE UNIVERSITY 131 SUMMER STREET BOYDEN HALL ROOM 103 BRIDGEWATER, MA 02325	04-3010428	501(C)(3)	1,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BROCKTON AREA TRANSIT AUTHORITY 155 COURT ST BROCKTON, MA 02302	04-2578943	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS
BROCKTON PUBLIC SCHOOLS 43 CRESCENT STREET BROCKTON, MA 02301	04-6001382	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAPE COD CHILDREN'S PLACE P O BOX 1935 NORTH EASTHAM, MA 02651	04-3265972	501(C)(3)	1,000				WORKSITE WELLNESS
CAPE COD HEALTHCARE 60 PARK STREET HYANNIS, MA 02601	04-2103600	501(C)(3)	1,000				WORKSITE WELLNESS

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CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT 254 HINSDALE RD DALTON, MA 01226	04-6006427	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS
CITIZENS FOR CITIZENS INC 427 ROBESON STREET FALL RIVER, MA 02720	04-6134724	501(C)(3)	1,000				WORKSITE WELLNESS

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CITY OF GLOUCESTER 3 POND RD GLOUCESTER, MA 01930	04-6001390	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS
THE COMMONWEALTH OF MASSACHUSETTS 250 WASHINGTON STREET BOSTON, MA 02108	04-6002284	GOVERNMENTAL ENTITY	50,000				MASS IN MOTION - \$40,000 AND HARVARD PILGRIM GRANTMAKING - \$10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMONWEALTH CORPORATION 2 OLIVER STREET 5TH FLOOR BOSTON, MA 02109	04-2867693	N/A	1,000				WORKSITE WELLNESS
COMMUNITY HEALTHLINK INC 72 JAQUES AVENUE WORCESTER, MA 01610	04-2626179	N/A	1,000				WORKSITE WELLNESS

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COMMUNITIES UNITED INC 108 WATER ST UNIT 2D WATERTOWN, MA 02472	04-2465684	501(C)(3)	1,000				WORKSITE WELLNESS
COMMUNITY ACTION OF THE FRANKLIN 393 MAIN ST GREENFIELD, MA 01301	04-2384972	501(C)(3)	1,000				WORKSITE WELLNESS

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ECONOMIC MOBILITY PATHWAYS (EMPATH) ONE WASHINGTON MALL 3RD FLOOR BOSTON, MA 02108	04-2104046	501(C)(3)	1,000				WORKSITE WELLNESS
ERPORTAL SOFTWARE INC 59 INTERSTATE DRIVE STE 30 WEST SPRINGFIELD, MA 01089	04-3059313	N/A	1,000				WORKSITE WELLNESS

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FAMILIES FOR DEPRESSION AWARENESS 391 TOTTEN POND ROAD SUITE 101 WALTHAM, MA 02451	04-3546730	501(C)(3)	8,116				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT
GANDARA MENTAL HEALTH CENTER INC 147 NORMAN STREET WEST SPRINGFIELD, MA 01089	04-2622756	501(C)(3)	1,000				WORKSITE WELLNESS

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GLYNN ELECTRIC INC 11 RESNIK ROAD PLYMOUTH, MA 02360	04-3000317	N/A	1,000				WORKSITE WELLNESS
GREATER LOWELL FAMILY YMCA 35 YMCA DRIVE LOWELL, MA 01852	04-2104398	501(C)(3)	1,000				WORKSITE WELLNESS

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GREATER MARLBORO PROGRAMS 65 BOSTON POST ROAD WEST SUITE 220 MARLBORO, MA 01752	04-2532990	501(C)(3)	1,000				WORKSITE WELLNESS
HAMPSHIRE REGIONAL YMCA 286 PROSPECT ST NORTHAMPTON, MA 01061	04-2105887	501(C)(3)	1,000				WORKSITE WELLNESS

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HAMPSHIRE SHERIFF'S OFFICE PO BOX 7000 NORTHAMPTON, MA 010617000	04-6002284	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS
HILLTOWN COMMUNITY HEALTH CENTERS INC 58 OLD NORTH ROAD WORTHINGTON, MA 01098	04-2161484	501(C)(3)	1,000				WORKSITE WELLNESS

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HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION INC 300 ELMWOOD STREET NORTH ATTLEBORO, MA 02760	04-2131749	501(C)(3)	1,000				WORKSITE WELLNESS
HOLYOKE HEALTH CENTER INC 230 MAPLE STREET HOLYOKE, MA 01040	04-2492730	501(C)(3)	1,000				WORKSITE WELLNESS

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HOLYOKE YOUNG MEN'S CHRISTIAN ASSOCIATION 171 PINE STREET HOLYOKE, MA 01040	04-2105874	501(C)(3)	1,000				WORKSITE WELLNESS
HOME CARE AIDE FOUNDATION 124 WATERTOWN STREET SUITE 2E WATERTOWN, MA 02472	04-6437938	501(C)(3)	3,902				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT

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JOHN F KENNEDY FAMILY SERVICE CENTER 23 A MOULTON STREET CHARLESTOWN, MA 02129	04-2373976	501(C)(3)	53,980				BUILDING HEALTHIER CHARLESTOWN
JUDGE BAKER CHILDREN'S CENTER 53 PARKER HILL AVE BOSTON, MA 02120	04-2103860	501(C)(3)	1,000				WORKSITE WELLNESS

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UNIVERSITY OF CALIFORNIA PO BOX 989062 WEST SACRAMENTO, CA 957989062	94-3067788	501(C)(3)	125,000				MEDICAL RESEARCH FELLOWSHIPS
LUK CRISIS CENTER INC 545 WESTMINSTER STREET FITCHBURG, MA 01420	04-2483679	501(C)(3)	1,000				WORKSITE WELLNESS

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MALDEN YOUNG MEN'S CHRISTIAN ASSOCIATION 99 DARMOUTH STREET MALDEN, MA 02148	04-2105874	501(C)(3)	1,000				WORKSITE WELLNESS
MASSACHUSETTS REHABILITATION COMMISSION 600 WASHINGTON STREET BOSTON, MA 02111	99-9089583	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS

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MEDWAY PUBLIC SCHOOLS 45 HOLLISTON STREET MEDWAY, MA 02053	04-6001217	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS
METRO SOUTH CHAMBER OF COMMERCE 60 SCHOOL STREET BROCKTON, MA 02301	04-1123000	501(C)(6)	1,000				WORKSITE WELLNESS

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MOUNT AUBURN CAMBRIDGE INDEPENDENT PRACTICE ASSOCIATION 1380 SOLDIERS FIELD RD FLOOR 2 BRIGHTON, MA 02135	04-2898888	N/A	1,000				WORKSITE WELLNESS
MULTICULTURAL AIDS COALITION INC 31 HEALTH STREET JAMAICA PLAIN, MA 02130	04-3042926	501(C)(3)	4,068				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT

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MUTUAL BANK 570 WASHINGTON STREET WHITMAN, MA 02382	04-1647485	N/A	1,000				WORKSITE WELLNESS
NEEDHAM FIRE DEPARTMENT 88 CHESTNUT STREET NEEDHAM, MA 02492	04-6001238	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS

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OLD COLONY ELDER SERVICES INC 144 MAIN ST BROCKTON, MA 02301	04-2545236	501(C)(3)	1,000				WORKSITE WELLNESS
OUTER CAPE HEALTH SERVICES INC PO BOX 1413 WELLFLEET, MA 02667	04-2509828	501(C)(3)	500				WORKSITE WELLNESS

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PACE HEAD START 32 MADISON STREET NEW BEDFORD, MA 02740	04-2777810	501(C)(3)	1,000				WORKSITE WELLNESS
PINGREE SCHOOL INC 537 HIGHLAND STREET SOUTH HAMILTON, MA 01982	04-2279977	501(C)(3)	1,000				WORKSITE WELLNESS

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PLYMOUTH ATHLETIC CLUB INC DBA PLYMOUTH FITNESS 16 ALDRIN ROAD PLYMOUTH, MA 02360	04-3011221	N/A	1,000				WORKSITE WELLNESS
PRINCE LOBEL TYE LLP ONE INTERNATIONAL PLACE SUITE 3700 BOSTON, MA 02110	04-2986019	N/A	1,000				WORKSITE WELLNESS

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QUABAUG VIBRAM INNOVATION LLC 18 SCHOOL STREET NORTH BROOKFIELD, MA 01535	47-3351980	N/A	1,000				WORKSITE WELLNESS
ROGERS & GRAY INSURANCE AGENCY 434 ROUTE 134 SOUTH DENNIS, MA 02660	04-2254905	N/A	1,000				WORKSITE WELLNESS

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ROMAN CATHOLIC ARCHDIOCESE OF BOSTON- REGINA CLERI INC 60 CARDINAL WILLIAM OCONNELL WAY BOSTON, MA 02114	04-2106175	501(C)(3)	1,000				WORKSITE WELLNESS
SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT PO BOX 339 SHELFIELD, MA 01257	04-6006133	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS

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SPRINGFIELD PARTNERS FOR COMMUNITY ACTION INC 721 STATE STREET SPRINGFIELD, MA 01109	04-2374279	501(C)(3)	1,000				WORKSITE WELLNESS
STRATLIGN INC 41A BARLOWS LANDING ROAD POCASSET, MA 02559	26-0336572	N/A	1,000				WORKSITE WELLNESS

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THE ARC OF BRISTOL COUNTY INC 141 PARK STREET ATTLEBORO, MA 02703	04-2281165	501(C)(3)	1,000				WORKSITE WELLNESS
THE O'CONNELL COMPANIES INC 480 HAMPDEN STREET HOLYOKE, MA 01040	04-2669288	N/A	1,000				WORKSITE WELLNESS

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TOWN OF MANCHESTER BY THE SEA 10 CENTRAL ST MANCHESTER, MA 01944	04-6001208	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS
TOWN OF STOUGHTON PO BOX 582 STOUGHTON, MA 02072	04-6001312	GOVERNMENTAL ENTITY	1,000				WORKSITE WELLNESS

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TRANSITION HOUSE INC 136 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	04-2631789	501(C)(3)	1,000				WORKSITE WELLNESS
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD 6210 HANOVER, NH 037551404	02-0222111	501(C)(3)	5,465				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT UNIT 1133 STORRS, CT 062691133	06-0772160	501(C)(3)	7,858				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT
UPHAM'S CORNER HEALTH COMMITTEE INC 500 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732	501(C)(3)	1,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UPPER VALLEY HAVEN INC 713 HARTFORD AVE WHITE RIVER JCT, VT 05001	03-0277908	501(C)(3)	4,473				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT
VICTORY PROGRAMS INC 965 MASSACHUSETTS AVE BOSTON, MA 02118	04-2575322	501(C)(3)	1,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PRESIDENT AND FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	53,200				KING FELLOWSHIP
NYU SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 02241	13-5562309	501(C)(3)	20,405				PATIENT CENTERED OUTCOME RESEARCH PROJECT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA OF THE NORTSHORE 245 CABOT STREET BEVERLY, MA 01915	04-2104913	501(C)(3)	7,000				WORKSITE WELLNESS
WEST SUBURBAN YMCA 276 CHURCH STREET NEWTON, MA 02458	04-2104783	501(C)(3)	7,500				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	140,000				MEDICAL RESEARCH FELLOWSHIPS
UNIVERSITY OF CALIFORNIA - DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(C)(3)	140,000				MEDICAL RESEARCH FELLOWSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SELF HELP INC 370 HOWARD STREET BROCKTON, MA 02302	04-2376180	501(C)(3)	7,000				WORKSITE WELLNESS
THE CENTER FOR HOPE AND HEALING INC 21 GEORGE STREET STE 4 LOWELL, MA 01852	04-2732721	501(C)(3)	7,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE CITY SCHOOL 614 COLUMBIA ROAD DORCHESTER, MA 02125	02-0532474	501(C)(3)	2,000				WORKSITE WELLNESS
ROXBURY TENANTS OF HARVARD 11 NEW WHITNEY STREET ROXBURY, MA 02115	04-2555987	501(C)(3)	9,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RESEARCH FOUNDATION FOR MENTAL HYGIENE INC 150 BROADWAY SUITE 301 MENANDS, CA 12204	14-1410842	501(C)(3)	51,050				MEDICAL RESEARCH FELLOWSHIPS
OLD COLONY YMCA 445 CENTRAL STREET STOUGHTON, MA 02072	04-2125014	501(C)(3)	7,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ORGANIZATION FOR REFUGEE & IMMIGRANT SUCCESS 434 LAKE AVENUE 2ND FLOOR MANCHESTER, NH 02481	76-0826598	501(C)(3)	5,000				HARVARD PILGRIM GRANTMAKING
PINE CONE HILL 125 PECKS ROAD PITTSFIELD, MA 01201	45-2700771	N/A	7,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NVNA AND HOSPICE 120 LONGWATER DRIVER NORWELL, MA 02061	04-2104797	501(C)(3)	7,000				WORKSITE WELLNESS
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701	04-2281530	501(C)(3)	7,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241	04-1564655	501(C)(3)	53,200				KING FELLOWSHIP
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	501(C)(3)	100,000				MEDICAL RESEARCH FELLOWSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DISPATCH TECHNOLOGIES INC 123 N WASHINGTON STREET 2ND FLOOR BOSTON, MA 02114	46-1710630	N/A	7,000				WORKSITE WELLNESS
DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	100,000				MEDICAL RESEARCH FELLOWSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FOXBOROUGH REGIONAL CHARTER SCHOOL 131 CENTRAL STREET FOXBOROUGH, MA 02035	04-3421863	501(C)(3)	2,000				WORKSITE WELLNESS
COMMUNITY HEALTH PROGRAMS INC 444 STOCKBRIDGE ROAD GREAT BARRINGTON, MA 01230	04-2582119	501(C)(3)	7,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ACADEMY CHARTER PUBLIC SCHOOL 637 WASHINGTON STREET DORCHESTER, MA 02124	04-3553188	501(C)(3)	8,000				WORKSITE WELLNESS
CHRIS 180 1017 FAYETTEVILLE ROAD SUITE B ATLANTA, GA 30316	58-1430183	501(C)(3)	115,500				CASEY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAPE VERDEAN COMMUNITY UNIDO 268 BOWDOIN STREET DORCHESTER, MA 02122	30-0774430	501(C)(3)	15,000				BOSTON ALLIANCE COMMUNITY HEALTH
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BOULEVARD PASADENA, CA 91125	95-1643307	501(C)(3)	58,325				MEDICAL RESEARCH FELLOWSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOWDOIN GENEVA MAIN STREETS 200 BOWDOIN STREET DORCHESTER, MA 02122	04-3356867	501(C)(3)	7,000				WORKSITE WELLNESS
BOSTON MEDICAL CENTER HEALTH PLAN INC 529 MAIN STREET STE 500 CHARLESTOWN, MA 02129	04-3373331	501(C)(3)	7,000				WORKSITE WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOSTON CYCLISTS UNION PO VIX 191710 ROXBURY, MA 02119	80-0579364	501(C)(3)	3,500				PARTNERSHIPS IMPROVING COMMUNITY HEALTH
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	53,200				MEDICAL RESEARCH FELLOWSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BARRETT DISTRIBUTION CENTER 15 FREEDOM WAY FRANKLIN, MA 02038	04-2233124	N/A	9,000				WORKSITE WELLNESS
BRIGHAM & WOMEN'S FAULKNER HOSPITAL 1153 CENTRE STREET BOSTON, MA 02130	04-2768256	501(C)(3)	7,000				WORKSITE WELLNESS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HEALTH RESOURCES IN ACTION INC

Employer identification number
04-2229839

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVEN RIDINI EDD PRESIDENT & CEO	(i)	208,249 -----	0 -----	0 -----	16,728 -----	16,525 -----	241,502 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 MITZI FENNEL MBA CHIEF OPERATING OFFICER	(i)	136,412 -----	0 -----	0 -----	11,424 -----	20,419 -----	168,255 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 LISA WOLFF VICE PRESIDENT	(i)	131,023 -----	0 -----	0 -----	8,568 -----	20,419 -----	160,010 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 JEREMY HOLMAN VICE PRESIDENT	(i)	140,288 -----	0 -----	0 -----	8,568 -----	6,509 -----	155,365 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 ROBERT SEGE MD PHD VICE PRESIDENT (THRU JANUARY 2018)	(i)	246,320 -----	0 -----	0 -----	20,265 -----	22,068 -----	288,653 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
HEALTH RESOURCES IN ACTION INC**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

2017**Open to Public Inspection**

Employer identification number

04-2229839

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	DURING THE 2018 FISCAL YEAR, HEALTH RESOURCES IN ACTION, INC REORGANIZED ITS PROGRAMS PREVIOUSLY, THE ORGANIZATION HAD TWO PRIMARY PROGRAMS ITS COMMUNITY HEALTH PROGRAM AND ITS MEDICAL FOUNDATION PROGRAM DURING THE YEAR THE ORGANIZATION RECONFIGURED AND EXPANDED ITS PROGRAMMING THE ORGANIZATION NOW HAS THREE PRIMARY PROGRAMS CAPACITY BUILDING ASSISTANCE, GRANTMAKING/COMMUNITY HEALTH GRANTMAKING, AND RESEARCH AND EVALUATION THESE PROGRAMS ARE DESCRIBED IN FURTHER DETAIL IN PART III OF THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 UPON REQUEST AND AT THE ATTORNEY GENERAL'S WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTANTS PROGRAM SERVICE EXPENSES 1,122,674 MANAGEMENT AND GENERAL EXPENSES 53,184 FUNDRAISING EXPENSES 22,030 TOTAL EXPENSES 1,197,888 SUBCONTRACTORS PROGRAM SERVICE EXPENSES 1,404,382 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,404,382 TEMPORARY HELP PROGRAM SERVICE EXPENSES 26,554 MANAGEMENT AND GENERAL EXPENSES 80,728 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 107,282