

# Return of Organization Exempt From Income Tax

**2007**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2007 calendar year, or tax year beginning** October 1, 2007, and ending September 30, 2008

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization Houston-Harris County Immunization Registry, Inc.  
d/b/a Houston Area Immunization Partnership

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
P.O. Box 2709

City or town, state or country, and ZIP + 4  
Cypress, TX 77410

**D** Employer identification number  
76-0695612

**E** Telephone number  
832-896-7880

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶ N/A

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: ▶ www.immunizehouston.org

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number ▶

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 442,003

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

		(A) Securities		(B) Other			
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:						
	<b>a</b> Contributions to donor advised funds	<b>1a</b>					
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		<u>421,549</u>			
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>					
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>					
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>421,549</u> noncash \$ <u>0</u> )	<b>1e</b>				<u>421,549.00</u>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>				<u>0.00</u>	
	<b>3</b> Membership dues and assessments	<b>3</b>					
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>				<u>20,440</u>	
	<b>5</b> Dividends and interest from securities	<b>5</b>					
	<b>6a</b> Gross rents	<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>				<u>0.00</u>		
Other investment income (describe ▶ )	<b>7</b>						
Revenue	<b>8a</b> Gross amount from sales of assets other than inventory	<b>8a</b>					
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>					
	<b>c</b> Gain or (loss) (attach schedule)	<u>0.00</u>		<u>0.00</u>		<b>8c</b>	
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>				<u>0.00</u>	
Revenue	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>					
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>				<u>0.00</u>		
Revenue	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>				<u>0.00</u>	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				<u>14.00</u>		
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>				<u>442,003.00</u>		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>				<u>408,204.00</u>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>				<u>18,922.00</u>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>				<u>18,298.00</u>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>					
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>				<u>445,424.00</u>	
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>				<u>(3,421.00)</u>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>				<u>354,132.00</u>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>					
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>				<u>350,711.00</u>	

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0.00			
22b	Other grants and allocations (attach schedule) (cash \$ 170,680 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	170,680.00	170,680		
23	Specific assistance to individuals (attach schedule)	0.00			
24	Benefits paid to or for members (attach schedule)	0.00			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	84,574.00	67,660	8,457	8,457
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.00			
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.00			
26	Salaries and wages of employees not included on lines 25a, b, and c	569.00	455	57	57
27	Pension plan contributions not included on lines 25a, b, and c	0.00			
28	Employee benefits not included on lines 25a - 27	0.00			
29	Payroll taxes	3,861.00	3,089	386	386
30	Professional fundraising fees	0.00			
31	Accounting fees	6,549.00	5,239	655	655
32	Legal fees	0.00			
33	Supplies	12,232.00	9,786	1,223	1,223
34	Telephone	2,506.00	2,004	251	251
35	Postage and shipping	2,642.00	2,114	264	264
36	Occupancy	0.00			
37	Equipment rental and maintenance	97,223.00	95,279	972	972
38	Printing and publications	3,991.00	3,193	399	399
39	Travel	566.00	566		
40	Conferences, conventions, and meetings	6,522.00	5,218	652	652
41	Interest	0.00			
42	Depreciation, depletion, etc. (attach schedule)	3,876.00	3,100	388	388
43	Other expenses not covered above (itemize):				
43a	Professional fees	40,092.00	32,074	4,009	4,009
43b	Insurance	2,002.00	1,602	200	200
43c	Licenses	2,650.00	2,385	265	
43d	Web hosting	2,924.00	2,340	292	292
43e	Dues & subscriptions	753.00	678	75	
43f	Bank fees	284.00		284	
43g	Miscellaneous	928.00	742	93	93
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	445,424.00	408,204.00	18,922.00	18,298.00

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;  
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>▶</b> <u>support &amp; advocacy of immunization registry</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
<b>a</b> Registry operations - see attached ----- ----- ----- ----- (Grants and allocations \$ <u>170,680</u> ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	296,860
<b>b</b> Education, advocacy, & outreach - see attached ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	111,344
<b>c</b> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>d</b> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . <b>▶</b>	408,204.00

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing . . . . .	9,152	45	128,726
	46 Savings and temporary cash investments . . . . .	356,814	46	214,807
	47a Accounts receivable . . . . .			
	b Less: allowance for doubtful accounts . . . . .		263	47c 0
	48a Pledges receivable . . . . .			
	b Less: allowance for doubtful accounts . . . . .			48c
	49 Grants receivable . . . . .			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .			50b
	51a Other notes and loans receivable (attach schedule) . . . . .			
	b Less: allowance for doubtful accounts . . . . .			51c
	52 Inventories for sale or use . . . . .			52
	53 Prepaid expenses and deferred charges . . . . .	424	53	0
	54a Investments—publicly-traded securities . . . . .			54a
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	54b Investments—other securities (attach schedule) . . . . .			54b
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a Investments—land, buildings, and equipment: basis . . . . .			
	b Less: accumulated depreciation (attach schedule) . . . . .			55c
56 Investments—other (attach schedule) . . . . .			56	
57a Land, buildings, and equipment: basis . . . . .	21,134			
b Less: accumulated depreciation (attach schedule) . . . . .	13,566	11,444	57c 7,568	
58 Other assets, including program-related investments (describe ► See statement . . . . .)	1,012	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58 . . . . .	379,109.00	59	351,101.00	
Liabilities	60 Accounts payable and accrued expenses . . . . .	24,266	60	390
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65 Other liabilities (describe ► Net lease . . . . .)	711	65	0
	66 Total liabilities. Add lines 60 through 65 . . . . .	24,977.00	66	390.00
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .	354,132	67	350,711
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	354,132.00	73	350,711.00
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73 . . . . .	379,109.00	74	351,101.00





**Part VI Other Information** (continued)

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b Indeterminable		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
<b>c</b>	Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0.00
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86</b>	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87</b>	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A
<b>90a</b>	List the states with which a copy of this return is filed <input type="text" value="None"/>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	0
<b>91a</b>	The books are in care of <input type="text" value="Anna Dragsbaek"/> Telephone no. <input type="text" value="832-824-2019"/> Located at <input type="text" value="P.O. Box 2709, Cypress, TX"/> ZIP + 4 <input type="text" value="77410"/>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/>	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country ▶

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92**

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	20,440	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a Misc. refunds			01	14	
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.00		20,454.00	0.00
<b>105</b> Total (add line 104, columns (B), (D), and (E))					20,454.00

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No  
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No  
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

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.

**Please Sign Here**

Signature of officer: Melinda M. Grady Date: 8-16-2009

Type or print name and title: Melinda M. Grady Treasurer

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**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **Houston-Harris County Immunization Registry, Inc. d/b/a Houston Area Immunization Partnership**  
Employer identification number: **76-0695612**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶ 0

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Texas Children's Hospital 6621 Fannin Street; Houston, TX	IT Support Services	78,860

Total number of others receiving over \$50,000 for professional services ▶ 0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of other contractors receiving over \$50,000 for other services ▶ 0

Part III Statements About Activities (See page 2 of the instructions.)

Table with columns for question number, description, Yes, and No. Includes questions 1 through 4g regarding lobbying activities, grants, and donor advised funds. Handwritten note 'FORM 990, PART V' is present near question 2d.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	584,500	170,577	80,000	1,000,000	1,835,077.00
<b>16</b> Membership fees received					0.00
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0.00
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,262	12,138	14,164	5,735	33,299.00
<b>19</b> Net income from unrelated business activities not included in line 18					0.00
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.00
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.00
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.00
<b>23</b> Total of lines 15 through 22	585,762.00	182,715.00	94,164.00	1,005,735.00	1,868,376.00
<b>24</b> Line 23 minus line 17	585,762.00	182,715.00	94,164.00	1,005,735.00	1,868,376.00
<b>25</b> Enter 1% of line 23	5,857.62	1,827.15	941.64	10,057.35	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24 ▶					<b>26a</b> 37,367.52
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					<b>26b</b> 1,012,896
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					<b>26c</b> 1,868,376.00
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>33,299.00</u> 19 <u>0.00</u> 22 <u>0.00</u> 26b <u>1,012,896.00</u> ▶					<b>26d</b> 1,046,195.00
<b>e</b> Public support (line 26c minus line 26d total) ▶					<b>26e</b> 822,181.00
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					<b>26f</b> 44.01%
<b>27 Organizations described on line 12:</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:  (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					<b>27c</b> _____
<b>d</b> Add: Line 27a total _____ and line 27b total _____ ▶					<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total) ▶					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ <b>27f</b> _____					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					<b>27h</b> _____ %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	0
	X	0
	X	0
	X	0
	X	0
	X	0
		0.00

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization **Houston-Harris County Immunization Registry, Inc. d/b/a Houston Area Immunization Partnership** Employer identification number **76-0695612**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions)

**General Rule—**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules—**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Houston-Harris County Immunization Registry, Inc. d/b/a Houston Area Immunization Partnership	Employer identification number 76-0695612
---	--

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	Baylor/Methodist Community Health Fund c/o Greater Houston Community Foundation 4550 Post Oak Place Dr., Ste 100  Houston, TX 77027	\$ <u>250,299</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
<u>2</u>	Children's Fund, Inc.  P.O. Box 56303  Houston, TX 77256-6303	\$ <u>30,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
<u>3</u>	Cameron Foundation  c/o Bank of America; P.O. Box 2518  Houston, TX 77252-2518	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
<u>4</u>	Rotary Club of Houston  8582 Katy Freeway #225  Houston, TX 77024	\$ <u>10,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
<u>5</u>	St. David's Community Health Foundation  811 Barton Springs Road, Suite 600  Austin, TX 78704	\$ <u>42,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
<u>6</u>	Sterling Turner Foundation  815 Walker Street, Suite 1543  Houston, TX 77002	\$ <u>15,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization Houston-Harris County Immunization Registry, Inc. d/b/a Houston Area Immunization Partnership Employer identification number 76-0695612

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>The Brown Foundation</u> <u>P.O. Box 130646</u> <u>Houston, Tx 77219-0646</u>	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>Vale Asche Foundation</u> <u>2001 Kirby, Suite 1010</u> <u>Houston, Tx 77019-6081</u>	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>Powell Foundation</u> <u>2121 San Felipe, Suite 110</u> <u>Houston, TX 77019</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Part III, Statement of Program Service Accomplishments**

**Registry Operations:**

The registry ('HHCIR' or 'Houston-Harris County Immunization Registry') was a significant success that will benefit Houston for many years to come. While HHCIR was consolidating the immunization records for Houstonians, the Texas Department of State Health Services started a statewide immunization registry, ImmTrac. As this registry matured and added functionality, the need for a local registry diminished. As a result, the city of Houston made a policy decision to transfer providers and the immunization data gathered in Houston to ImmTrac. **During the lifespan of HHCIR, the immunization rate in the greater Houston area rose from 55% to 74%**, meaning that hundreds of thousands of children in the greater Houston area, who were previously vulnerable to vaccine preventable diseases, are now fully protected. This rate rose as a result of the public and private sectors working together on many different projects, with HHCIR being one of the most important tools used in raising the rate. The short term success for HHCIR was measured by the number of children, the number of shots and the percentage of children between 4 months and 6 years with two or more shots in the registry. The chart below shows that the registry was a phenomenal success.

<b>Metric</b>	<b>2003</b>	<b>2008</b>	<b>Difference</b>
<b>Children (0 – 18 years) in HHCIR</b>	<b>678,000</b>	<b>1.2 million</b>	<b>+176%</b>
<b>Number of Immunizations</b>	<b>5 million</b>	<b>14 million</b>	<b>+280%</b>
<b>Percentage of Children between 4 months and 6 years</b>	<b>15%</b>	<b>85%</b>	<b>+75 percentage points</b>

The impact of the local registry lives on in the extensive private sector use of registries, the increased immunization rates in Houston and Texas and the strong public/private partnerships that were first established to solve the problem of a low immunization rate.

**Program Service Expense                      \$296,860**

**Education, Advocacy and Outreach:**

**Education:** Through an exciting collaboration with Houston Community College and The Rotary Club of Houston, HHCIR implemented an immunization internship program last year, called *Immunization Champions*, which places Medical Assistant students in Houston area clinics to initiate immunization reminder and recall systems to alert parents when immunizations are due or overdue. This project benefits the clinic because they receive advanced immunization registry training from the HHCIR coordinator and the end product of the internship is a reminder/recall system that can be sustained after

Houston-Harris County Immunization Registry Inc. d/b/a Houston Area Immunization Partnership  
EIN: 76-0695612  
FYE: September 30, 2008

**Part III, Statement of Program Service Accomplishments, cont.**

the term of the project is completed. The intern benefits from a full scholarship, paid internship and the mentoring to become an Immunization Champion at an early stage in her career, which builds capacity in our future healthcare workforce.

**Advocacy:** During the spring and summer of 2008, HHCIR partnered with the St. David's Community Health Foundation and Frontera 501 to conduct town hall meetings for over 200 stakeholders in 8 cities across Texas, culminating in the 2008 Texas Immunization Summit. The summit was attended by over 150 stakeholders from across the state and included direct care providers, parents and health advocacy groups. The stakeholders identified key immunization policy issues in their mission to keep Texas safe from vaccine preventable diseases. Based on this information, HHCIR published a guide to the primary issues in immunization policy in Texas. As a direct result of this advocacy work, the Texas Immunization Coalition was formed to educate policymakers about critical issues in immunization.

**Outreach:** To raise awareness about immunization best practices, HHCIR distributed nearly 500 information kits to area providers who administer immunizations. This kit included information about our organization as well as educational materials and immunization resources for nurses and medical assistants. The most popular item was a badge-sized immunization schedule that can be used as a quick reference guide for nurses and medical assistants when reviewing immunization records.

<b>Program Service Expense</b>	<b><u>\$ 111,344</u></b>
<b>TOTAL</b>	<b>\$408,204</b>

Houston-Harris County Immunization Registry, Inc. d/b/a Houston Area Immunization Partnership  
EIN: 76-0695612  
FYE: September 30, 2008

Part II, Statement of Functional Expenses  
Line 22b, Other grants and allocations

<u>Grant Recipient</u>	<u>Address</u>	<u>Purpose</u>	<u>Amount</u>
Harris County Public Health and Environmental Services	2223 West Loop South Houston, TX 77027	Charitable	\$108,000
Houston Department of Health and Human Services	8000 N. Stadium Drive Houston, TX 77054	Charitable	<u>\$62,680</u>
		TOTAL	\$170,680

Houston-Harris County Immunization Registry, Inc. d/b/a Houston Area Immunization Partnership  
 EIN: 76-0695612  
 FYE: September 30, 2008

Form 990  
 Part V-A, List of Officers, Directors, Trustees, and Key Employees

Name	Title	Hr/Wk	Compensation	Employee benefits	Expense account
Anna Dragsbaek P.O. Box 2709 Cypress, TX 77410	Executive Director	40	\$ 76,864	\$ 7,710	\$0
Dr. Melanie E. Mouzoon, M.D. P.O. Box 2709 Cypress, TX 77410	President	5	0	0	0
Kimberly C. David P.O. Box 2709 Cypress, TX 77410	Treasurer Incoming President	5	0	0	0
Melinda M. Grady P.O. Box 2709 Cypress, TX 77410	Treasurer	5	0	0	0
Dr. Barry L. Zietz, M.D. P.O. Box 2709 Cypress, TX 77410	Director	3	0	0	0
Dr. Julie A. Boom, M.D. P.O. Box 2709 Cypress, TX 77410	Chair	5	0	0	0
Barron Bogatto P.O. Box 2709 Cypress, TX 77410	Director	3	0	0	0
John McKeever P.O. Box 2709 Cypress, TX 77410	Secretary	5	0	0	0
Walter Bruce P.O. Box 2709 Cypress, TX 77410	Director	3	0	0	0
Vicki Brentin P.O. Box 2709 Cypress, TX 77410	Director	3	0	0	0
Dr. Mary desVignes-Kendrick, M.D. MPH P.O. Box 2709 Cypress, TX 77410	Director	3	0	0	0
Todd C. Litton P.O. Box 2709 Cypress, TX 77410	Director	3	0	0	0
Barbara H. McCormick P.O. Box 2709 Cypress, TX 77410	Director	3	0	0	0
Dr. Herminia Palacio, M.D., MPH P.O. Box 2709 Cypress, TX 77410	Director	3	0	0	0
Kay Tittle P.O. Box 2709 Cypress, TX 77410	Director	3	0	0	0
Dr. Robert Vanzant P.O. Box 2709 Cypress, TX 77410	Director	3	0	0	0
Stephen L. Williams, M.Ed., MPA P.O. Box 2709 Cypress, TX 77410	Director	3	0	0	0
TOTAL			\$ 76,864	\$ 7,710	\$0

**Houston-Harris County Immunization Registry, Inc. d/b/a Houston Area Immunization Partnership**

**EIN: 76-0695612**

**FYE: September 30, 2008**

Form 990, Part V-A, line 75b

Relationships of Officers, Trustees, and Highly Compensated Employees

The board, officers and staff are affiliated with and/or provide services to Texas Medical Center health care providers. These organizations work collaboratively with one another and with the Registry on a routine basis.



Houston-Harris County Immunization Registry, Inc. d/b/a Houston Area Immunization Partnership  
EIN: 76-0695612  
FYE: September 30, 2008

Part IV, Balance Sheets  
Line 58, Other Assets

	<u>Beginning of Year</u>	<u>End of Year</u>
Accrued Div/Int Rec	\$301	\$0
Deferred Lease Obligation	<u>\$711</u>	<u>\$0</u>
TOTAL	\$1,012	\$0

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### CERTIFICATE OF FILING OF

#### HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY

File Number: 161411301

Assumed Name:

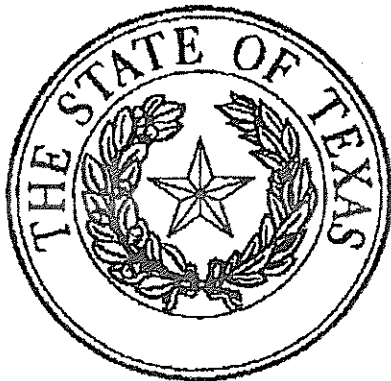
Houston Area Immunization Partnership

The undersigned, as Secretary of State of Texas, hereby certifies that the assumed name certificate for the above named entity has been received in this office and filed as provided by law on the date shown below.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law hereby issues this Certificate of Filing.

Dated: 09/23/2008

Effective: 09/23/2008



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State

Phone: (512) 463-5555  
Prepared by: Michelle Ledesma

Come visit us on the internet at <http://www.sos.state.tx.us/>

Fax: (512) 463-5709  
TID: 10342

Dial: 7-1-1 for Relay Services  
Document: 230532410003

OFFICE OF  
BEVERLY B. KAUFMAN  
COUNTY CLERK  
HARRIS COUNTY, TEXAS

1069727  
08/25/2008 PERSONAL  
\$15.00 ASSUM NTRY

This is to acknowledge receipt of certificate of operation under Assumed Name which was filed in my office for  
HOUSTON AREA IMMUNIZATION PARTNERSHIP,  
under the file number as shown on the cash register validation above, and indexed in the Assumed Name Records as prescribed by law.

The certificate shows


**HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY INC.**

to be the owner(s) of said business.

The period (not to exceed 10 years) during which the assumed name will be used is shown as AUGUST 25, 2008 through AUGUST 25, 2018.

Whenever there is a change of ownership, a withdrawal certificate shall be executed and duly acknowledged by the person or persons so withdrawing from or disposing of their interest in said business. Until such certificate has been filed, they shall remain liable for all debts incurred in the operation of said business.

Beverly B. Kaufman  
County Clerk, Harris County

  
SANDRA RENEE LAWLER

Deputy

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.	Employer identification number 76-0695612
	Number, street, and room or suite no. If a P.O. box, see instructions. 6621 FANNIN STREET, FC240	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOUSTON, TX 77230	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ ANNA DRAGSBACK

Telephone No. ▶ 832-824-2019 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 . . . . . or

▶  tax year beginning OCTOBER 1, 2007, and ending SEPTEMBER 30, 2008.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.</b>	Employer identification number <b>76-0695612</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6621 FANNIN STREET, FC240</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HOUSTON, TX 77230</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MELINDA M. GRADY, P.O. BOX 2709, CYPRESS, TX 77410**  
Telephone No. **832-896-7880** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **AUGUST 17, 2009**.
- 5 For calendar year **2007**, or other tax year beginning **OCTOBER 1, 2007**, and ending **SEPTEMBER 30, 2008**
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Melinda M. Grady Title TREASURER Date 5-14-2009