

Return of Organization Exempt From Income Tax

2009

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 2009 calendar year, or tax year beginning 10/01, 2009, and ending 09/30, 2010

Form 990 header section containing organization name (HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY), address (3015 RICHMOND AVENUE), and identification number (76-0695612).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, revenue (Total revenue: 523,212), expenses (Total expenses: 482,967), and net assets (Total assets: 271,348).

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. Signature: Melinda M. Grady, Date: 8-10-2011, Title: TREASURER.

Preparer information section including Preparer's signature, Date, Check if self-employed, Preparer's identifying number, EIN, and Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\* Form 990 (2009)

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:  
ATTACHMENT 3

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 224,146. including grants of \$ 0. ) (Revenue \$ 172,020. )  
ATTACHMENT 4

4b (Code: ) (Expenses \$ 65,560. including grants of \$ 0. ) (Revenue \$ 0. )  
ATTACHMENT 5

4c (Code: ) (Expenses \$ 128,199. including grants of \$ 0. ) (Revenue \$ 86,206. )  
ATTACHMENT 6

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

4e Total program service expenses ▶ 417,905.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements. Row 12A includes a sub-table with Yes/No columns.

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .		
1a	8		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .		
1b	0		
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 . . . . .		
2a	2		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
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)? . . . . .		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
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? . . . . .		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
7d			
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966? . . . . .		
9a			
9b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
10a			
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders . . . . .		
11a			
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
12a			
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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 Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANNA DRAGSBAEK 3015 RICHMOND AVE, SUITE 270 HOUSTON, TX 77429 281-400-3689

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

**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MELANIE E. MOUZOON, MD PAST PRESIDENT	1.00	X					0.	0	0.	
KIMBERLY C. DAVID PRESIDENT	1.00	X		X			0.	0	0.	
MELINDA M. GRADY TREASURER	1.00	X		X			0.	0	0.	
JULIE A. BOOM, MD DIRECTOR	1.00	X					0.	0	0.	
BARRON BOGATTO LEGAL CHAIR	1.00	X					0.	0	0.	
JOHN MCKEEVER SECRETARY	1.00	X		X			0.	0	0.	
WALTER BRUCE DIRECTOR	1.00	X					0.	0	0.	
VICKI BRENTIN DIRECTOR	1.00	X					0.	0	0.	
TODD C. LITTON DIRECTOR	1.00	X					0.	0	0.	
STEVE BARNHILL DIRECTOR	1.00	X					0.	0	0.	
KAY TITTLE DIRECTOR	1.00	X					0.	0	0.	
JACQUELYN COX DIRECTOR	1.00	X					0.	0	0.	
PATRICIA GRAY DIRECTOR	1.00	X					0.	0	0.	
CRAIG CORDOLA INCOMING PRESIDENT	1.00	X		X			0.	0	0.	
GWEN EMMETT DIRECTOR	1.00	X					0.	0	0.	
LINDY MCGEE DIRECTOR	1.00	X					0.	0	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ANNA DRAGSBAEK EXECUTIVE DIRECTOR	45.00			X				109,250.		0.
<b>1b Total</b>								109,250.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

<b>3</b> 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> . . . . .	Yes	No
<b>4</b> 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	No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	Yes	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.

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

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



**Part VIII Statement of Revenue**

76-0695612

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	90,972.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	34,816.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	398,764.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .							
	<b>h Total.</b> Add lines 1a-1f . . . . .			524,552.				
<b>Program Service Revenue</b>	<b>2a</b> REGISTRATION FEES FOR SUMMIT	<b>Business Code</b>		1,920.	1,920.			
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . .			1,920.				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 7			1,016.			1,016.
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				0.				
<b>5</b> Royalties . . . . .				0.				
<b>6a</b> Gross Rents . . . . .		(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d</b> Net rental income or (loss) . . . . .			0.			
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
		<b>d</b> Net gain or (loss) . . . . .			0.			
<b>8a</b> Gross income from fundraising events (not including \$ 90,972. of contributions reported on line 1c). See Part IV, line 18 . . . . .			ATCH 8					
		<b>a</b> . . . . .		9,156.				
		<b>b</b> Less: direct expenses . . . . .		13,432.				
<b>c</b> Net income or (loss) from fundraising events . . . . .		ATCH. 9.		-4,276.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .								
	<b>a</b> . . . . .							
	<b>b</b> Less: direct expenses . . . . .							
<b>c</b> Net income or (loss) from gaming activities . . . . .			0.					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .								
	<b>a</b> . . . . .							
	<b>b</b> Less: cost of goods sold . . . . .							
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.					
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> _____								
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0.					
<b>12 Total Revenue.</b> See instructions . . . . .			523,212.	1,920.		1,016.		

**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) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	109,307.	96,140.	8,906.	4,261.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . .	0.			
7 Other salaries and wages . . . . .	64,547.	56,795.	5,267.	2,485.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . .	0.			
9 Other employee benefits . . . . .	31,906.	27,876.	2,969.	1,061.
10 Payroll taxes . . . . .	13,428.	11,987.	910.	531.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	12,547.	11,573.	890.	84.
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	46,822.	39,450.	2,673.	4,699.
14 Information technology . . . . .	4,911.	4,310.	294.	307.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	13,963.	13,295.	668.	0.
17 Travel . . . . .	12,163.	11,284.	737.	142.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	25,283.	25,283.		
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . .	3,692.	0.	3,692.	0.
23 Insurance . . . . .	3,154.	1,371.	1,737.	46.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PUBLIC RELATIONS	30,769.	30,769.	0.	0.
b CONTRACT LABOR	68,263.	53,725.	3,717.	10,821.
c CONSULTING	29,826.	24,641.	2,405.	2,780.
d OTHER EXPENSES	12,386.	9,406.	2,743.	237.
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	482,967.	417,905.	37,608.	27,454.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .	147,071.	1	108,114.
	2	Savings and temporary cash investments . . . . .	161,506.	2	144,073.
	3	Pledges and grants receivable, net . . . . .		3	
	4	Accounts receivable, net . . . . .		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 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 . . . . .	0.	9	0.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	21,134.		
	b	Less: accumulated depreciation . . . . .	21,134.	3,692.	10c
	11	Investments - publicly traded securities . . . . .		11	
	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	750.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	312,269.	16	252,937.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	6,166.	17	-18,411.
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .		19	
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .	75,000.	25	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	81,166.	26	-18,411.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	231,103.	27	271,348.
	28	Temporarily restricted net assets . . . . .		28	
	29	Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances</b> . . . . .	231,103.	33	271,348.	
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	312,269.	34	252,937.	

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b Were the organization's financial statements audited by an independent accountant? . . . . .
- 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.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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? . . . . .
- 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.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2009)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization **HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.**

Employer identification number  
**76-0695612**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	170,577.	584,500.	421,549.	337,494.	533,708.	2,047,828.
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 <b>Total.</b> Add lines 1 through 3 . . . . .	170,577.	584,500.	421,549.	337,494.	533,708.	2,047,828.
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). . . . .						261,295.
6 <b>Public support.</b> Subtract line 5 from line 4.						1,786,533.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	170,577.	584,500.	421,549.	337,494.	533,708.	2,047,828.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	12,138.	1,262.	20,440.	2,423.	1,016.	37,279.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1 . . . . .					1,920.	1,920.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						2,087,027.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	85.60%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	86.13%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
REGISTRATION FEES					1,920.	1,920.
TOTALS					<u>1,920.</u>	<u>1,920.</u>



Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization  
HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY,  
INC.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.	Employer identification number 76-0695612
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HOUSTON ENDOWMENT INC. 601 TRAVIS, STE 6400 HOUSTON, TX 77002	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BROWN FOUNDATION P.O. BOX 130646 HOUSTON, TX 77219	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LYONS FOUNDATION 1202 DAIRY ASHFORD ST. HOUSTON, TX 77079	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CAMERON FOUNDATION P.O. BOX 2518 HOUSTON, TX 77252-2518	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE METHODIST HOSPITAL 6565 FANNIN STREET HOUSTON, TX 77030	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	TEXAS CHILDREN'S HOSPITAL 6621 FANNIN STREET HOUSTON, TX 77030	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.	Employer identification number 76-0695612
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE VALE-ASCHE FOUNDATION  2001 KIRBY, SUITE 1010  HOUSTON, TX 77019-6081	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ST. DAVID'S COMMUNITY HEALTH FOUNDATION  811 BARTON SPRINGS ROAD, STE 600  AUSTIN, TX 78704	\$ 52,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	HOUSTON COMMUNITY COLLEGE SYSTEM  3100 MAIN  HOUSTON, TX 77002	\$ 88,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	WORLD HEALTH & GOLF ASSOCIATION  2441 HIGH TIMBERS, STE 430  THE WOODLANDS, TX 77380	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	TEXAS DEPARTMENT OF STATE HEALTH SERVICE  P.O. BOX 149347  AUSTIN, TX 78714-9347	\$ 34,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	THE CHILDREN'S FUND, INC.  P.O. BOX 56303  HOUSTON, TX 77256-6303	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.	Employer identification number 76-0695612
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_

3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No

4a Was a correction made? . . . . .  Yes  No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_

4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	6,905.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	0.													
c	Total lobbying expenditures (add lines 1a and 1b) . . . . .	6,905.													
d	Other exempt purpose expenditures . . . . .	411,000.													
e	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	417,905.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	83,581.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	20,895.													
h	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
i	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying non-taxable amount		46,148.	83,581.	129,729.
b	Lobbying ceiling amount (150% of line 2a, column (e))				194,594.
c	Total lobbying expenditures		14,000.	6,905.	20,905.
d	Grassroots nontaxable amount		11,537.	20,895.	32,432.
e	Grassroots ceiling amount (150% of line 2d, column (e))				48,648.
f	Grassroots lobbying expenditures			6,905.	6,905.

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities... j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.

**Part IV** Supplemental Information *(continued)*

[Area with horizontal dashed lines for supplemental information]

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.

Employer identification number 76-0695612

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

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

Table for Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic structure), a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.



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 XIV.

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

- (i) unrelated organizations
(ii) related organizations

Small table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

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

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
ENCUMBRANCE	0.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 Footnote. In Part XIV, 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.

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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 XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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 XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part XIV** Supplemental Information *(continued)*

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization: **HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.**

Employer identification number: **76-0695612**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>				▶		

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		LUNCHEON (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	101,129.		101,129.
	2	Less: Charitable contributions	91,973.		91,973.
	3	Gross income (line 1 minus line 2)	9,156.		9,156.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	350.		350.
	7	Food and beverages	7,281.		7,281.
	8	Entertainment			
	9	Other direct expenses	5,801.		5,801.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				-4,276.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8	Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

**13** Indicate the percentage of gaming activity operated in:

- | <b>a</b> The organization's facility . . . . . | <b>13a</b> | % |
|--|------------|---|
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
INC.

HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY,

Employer identification number  
76-0695612

ATTACHMENT 2

FORM 990, PART VI, SECTION B. POLICIES

FORM 990, PART VI, SECTION B, QUESTION 11A - REVIEW OF FORM 990

THE FORM 990 IS PREPARED AND REVIEWED BY THE TREASURER AND THE EXECUTIVE DIRECTOR. A COPY OF THE ENTIRE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING, AND COMMENTS ARE CONSIDERED BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B. POLICIES

FORM 990, PART VI, SECTION B- QUESTION 12B - CONFLICT OF INTEREST

BOARD MEMBERS SIGN ANNUAL CONFLICT OF INTEREST STATEMENTS TO DETERMINE POSSIBLE CONFLICTS OF INTEREST. IT IS THE POLICY OF THE BOARD THAT THE EXISTENCE OF ANY CONFLICTS BE DISCLOSED TO THE EXECUTIVE DIRECTOR OR THE BOARD CHAIR BEFORE ANY TRANSACTION IS CONSUMMATED. ONCE A CONFLICT IS IDENTIFIED, THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF THE TRANSACTION. COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE EXAMINED, AND THE REMAINDER OF THE BOARD DETERMINES WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED.

FORM 990, PART VI, SECTION B. POLICIES

FORM 990, PART VI, SECTION B, QUESTION 15A - DETERMINATION OF COMPENSATION ANNUALLY, THE EXECUTIVE BOARD OF THE ORGANIZATION MEETS TO CONSIDER THE COMPENSATION PACKAGE TO BE PAID TO THE EXECUTIVE DIRECTOR IN THE UPCOMING



Name of the organization INC.	HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY,	Employer identification number 76-0695612
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ATTACHMENT 2 (CONT'D)

YEAR. THE ACHIEVEMENT OF PRIOR YEAR GOALS IS REVIEWED, AND A LEVEL OF COMPENSATION AND BENEFITS IS DETERMINED. COMPENSATION PACKAGES OF EXECUTIVE DIRECTORS FROM OTHER SIMILAR SIZED ORGANIZATIONS WITH SIMILAR INTERESTS IN THE HOUSTON AREA ARE REVIEWED AND COMPARED TO THE RECOMMENDED LEVEL OF COMPENSATION AND BENEFITS IN ORDER TO DETERMINE REASONABLENESS OF THE ENTIRE COMPENSATION PACKAGE BEFORE THE COMPENSATION IS APPROVED.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE IMMUNIZATION PARTNERSHIP'S MISSION IS TO ERADICATE VACCINE PREVENTABLE DISEASES BY DEVELOPING AND COORDINATING OUR COMMUNITY'S RESOURCES THROUGH PUBLIC AND PRIVATE PARTNERSHIPS. TO ACCOMPLISH THIS MISSION THE IMMUNIZATION PARTNERSHIP HAS THREE FOCUS AREAS: ADVOCACY, EDUCATION AND SUPPORT OF IMMUNIZATION INFORMATION SYSTEMS (AKA REGISTRIES).

ATTACHMENT 44A PROGRAM SERVICE

COMMUNITY EDUCATION PROGRAM: THE IMMUNIZATION PARTNERSHIP HAS A STRONG EDUCATIONAL PROGRAM THAT OFFERS A BALANCED SOURCE OF ACCURATE IMMUNIZATION INFORMATION, ESPECIALLY FOR PARENTS WHO OPT OUT OF IMMUNIZING THEIR CHILDREN BASED ON FEARS OF ADVERSE REACTIONS. WE PROVIDE ONGOING EDUCATION FOR PROFESSIONALS TO UPDATE THEIR KNOWLEDGE OF CURRENT IMMUNIZATION PRACTICE AND

Name of the organization HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.	Employer identification number 76-0695612
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

RECOMMENDATIONS. THROUGH EXTENSIVE MEDIA COVERAGE FROM TELEVISION, RADIO AND NEWSPAPER OUTLETS AS WELL AS SERVICE ANNOUNCEMENTS, THE IMMUNIZATION PARTNERSHIP HAS BEEN ABLE TO EDUCATE THE PUBLIC ABOUT THE IMPORTANCE OF VACCINES. FROM APRIL 2009 TO MAY 2010, OUR ORGANIZATION HAS REPORTED NEARLY 6,700 MEDIA HITS. THE BREAKDOWN OF MEDIA COVERAGE IN CREATING AWARENESS AND KEEPING THE PUBLIC INFORMED ABOUT IMMUNIZATION TOPICS IS AS FOLLOWS:

TELEVISION: NEWSCASTS (18), COMMUNITY AFFAIRS PROGRAMS (12)

RADIO: NEWSCASTS (15), COMMUNITY AFFAIRS PROGRAMS (11)

NEWSPAPER: (8)

PRESS CONFERENCE ON "NEW VACCINES FOR 7TH GRADERS":

TELEVISION NEWSCASTS (8), RADIO NEWSCAST (3),

NEWSPAPER (1)

INTERNET (LINKS TO ONLINE NEWS STORIES): 11

PUBLIC SERVICE ANNOUNCEMENTS (PSA) AIRINGS ON "NEW VACCINES FOR 7TH GRADERS", "H1N1/SEASONAL FLU" AND "MENINGITIS AWARENESS":

TELEVISION (6,505), RADIO (105)

THE "NEW VACCINES FOR 7TH GRADERS" AND THE "H1N1/SEASONAL FLU" PSAS HAVE AIRED EXTENSIVELY ON THE SPANISH LANGUAGE TELEVISION AZTECA AMERICA, AS WELL AS IN 19 MARKETS STATEWIDE. IN ADDITION, THE "MENINGITIS AWARENESS" PSA IS CURRENTLY AIRING ON KTRK-CHANNEL 13 THROUGH DECEMBER 31, 2010.

Name of the organization INC.	HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY,	Employer identification number 76-0695612
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

THE IMMUNIZATION PARTNERSHIP HAS PROVIDED IMMUNIZATION TRAININGS FOR CLINIC STAFF, MEDICAL ASSISTANTS, DOCTORS, NURSES AND NURSE PRACTITIONERS AT HOUSTON COMMUNITY HEALTH CLINICS AS WELL AS OTHER SITES.

THE IMMUNIZATION PARTNERSHIP AND THE ROTARY CLUB OF HOUSTON CO-SPONSORED AN H1N1 FORUM ON DECEMBER 8, 2009. FIFTY SIX (56) PARTICIPANTS RECEIVED EXTENSIVE INFORMATION FROM THE PANEL DISCUSSION THAT INCLUDED GUEST SPEAKERS: JULIE A. BOOM, MD (ASSOCIATE PROFESSOR OF PEDIATRICS, BAYLOR COLLEGE OF MEDICINE, DIRECTOR IMMUNIZATION PROJECT, TEXAS CHILDREN'S HOSPITAL; CO-DIRECTOR TEXAS CHILDREN'S HOSPITAL CENTER FOR VACCINE AWARENESS AND RESEARCH), FLOR M. MUNOZ, MD (ASSISTANT PROFESSOR OF PEDIATRICS, SECTION OF INFECTIOUS DISEASES, MOLECULAR VIROLOGY AND MICROBIOLOGY, BAYLOR COLLEGE OF MEDICINE), ANGEL ANGCO, MBA, BSN (TEXAS DEPARTMENT OF STATE HEALTH SERVICES, IMMUNIZATION PROGRAM MANAGER REGION 6/5 SOUTH), AND CYNTHIA MARIETTA, JD (RESEARCH PROFESSOR, HEALTH LAW POLICY INSTITUTE, UH LAW CENTER). TOPICS PRESENTED AT THE FORUM INCLUDED: 1) INDIVIDUALS WHO ARE NOT RECEIVING THE VACCINE AND THE IMPACT OF THE H1N1 VIRUS ON FAMILIES; 2) CLINICAL TRIALS OF THE H1N1 VACCINE, SAFETY AND EFFICACY; 3) THE H1N1 VACCINE SUPPLY AND DISTRIBUTION; AND 4) LEGAL AND POLICY ISSUES RELATED TO THE H1N1 VIRUS.

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

CO-SPONSORED BY THE IMMUNIZATION PARTNERSHIP AND THE MARCH OF DIMES, A MOTHER'S DAY PERTUSSIS (WHOOPING COUGH) FORUM WAS HELD ON MAY 4, 2010. WITH 55 INDIVIDUALS IN ATTENDANCE, VITAL INFORMATION WAS PRESENTED BY DR. MICHELE CURTIS (UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON), DR. DEBO AWOSIKA-OLUMO (HOUSTON DEPT. OF HEALTH AND HUMAN SERVICES), DR. MARY HEALY (BAYLOR COLLEGE OF MEDICINE), AND ANGEL ANGCO, MBA, RN (TX DEPT. OF STATE HEALTH SERVICES). DISCUSSION AT THIS FORUM INCLUDED THE FOLLOWING TOPICS: 1) IMMUNIZATION OF MOTHERS AGAINST PERTUSSIS; 2) THE PREVALENCE OF PERTUSSIS IN HOUSTON, INCLUDING GROUPS AND AREAS IN THE CITY WITH THE HIGHEST PROPORTION OF CASES; AND 3) VACCINE ADULT SAFETY NET PROGRAM THAT IS DESIGNED TO PROVIDE LOW COST VACCINES TO UNDERINSURED OR UNINSURED ADULTS.

OTHER ACCOMPLISHMENTS IN OUR COMMUNITY EDUCATION PROGRAM HAVE INCLUDED: 1) THE DISTRIBUTION OF TOOL KITS, WHICH INCLUDES EDUCATIONAL MATERIALS AND IMMUNIZATION RESOURCES, TO MORE THAN 1,000 AREA HEALTH CARE PROFESSIONALS WHO ADMINISTER VACCINES; 2) THE DISTRIBUTION OF OVER 1,000 BADGE-SIZED IMMUNIZATION SCHEDULES FOR SCHOOL NURSES IN 54 HOUSTON SCHOOL DISTRICTS IN THE GREATER HOUSTON AREA TO ASSIST IN THEIR WORK WITH CHILDREN AND ADOLESCENTS; 3) THE DISTRIBUTION OF MANUALS, HAND-OUTS, FLYERS, IMMUNIZATION CARDS AND OTHER TOOLS AT NUMEROUS CONFERENCE, TRAININGS, WORKSHOPS AND SPEAKING ENGAGEMENTS; 4) CONTINUOUS UPDATES TO THE IMMUNIZATION PARTNERSHIP WEBSITE REGARDING

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

IMMUNIZATION TOPICS AND CURRENT VACCINE ISSUES AND INFORMATION;  
AND 5) ONGOING SPEAKING ENGAGEMENTS, WHICH HAVE ADDRESSED ISSUES  
SUCH AS BARRIERS AND INCENTIVES OF VACCINES, TALKING TO  
VACCINE-HESITANT PARENTS, POLICY ISSUES RELATED TO IMMUNIZATIONS,  
IMMUNIZATION INFORMATION SYSTEMS, AND ADVOCACY TRAINING.

ATTACHMENT 54B PROGRAM SERVICE

IMMUNIZATION INFORMATION SYSTEMS AND IMMUNIZATION CHAMPIONS  
PROGRAM: THE IMMUNIZATION CHAMPIONS PROGRAM IS OUR FLAGSHIP  
PROGRAM THAT INCREASES VACCINATION COVERAGE IN COMMUNITY HEALTH  
CLINICS WITH EXTREMELY LOW IMMUNIZATION RATES. THIS PROGRAM ALSO  
CREATES HEIGHTENED AWARENESS AND EXTENSIVE TRAINING TO HEALTHCARE  
WORKERS WHO WILL CARRY PASSION AND COMMITMENT IN PROMOTING  
IMMUNIZATIONS AS PART OF OVERALL PREVENTIVE HEALTHCARE, ESPECIALLY  
AMONG HIGH RISK POPULATIONS.

THE IMMUNIZATION CHAMPIONS PROGRAM HAS PROVEN TO BE AN EFFECTIVE  
METHOD FOR INCREASING CHILDHOOD VACCINATION RATES AND PREVENTIVE  
HEALTH CARE VISITS. MEDICAL ASSISTANT STUDENT INTERNS FROM  
HOUSTON COMMUNITY COLLEGE WORK AT EIGHT PARTICIPATING HOUSTON  
COMMUNITY HEALTH CLINICS TO IDENTIFY UNDERSERVED PEDIATRIC

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 5 (CONT'D)

PATIENTS IN NEED OF TIMELY VACCINATIONS. PARTICIPATING HEALTH CLINICS HAVE SEEN THEIR IMMUNIZATION RATES INCREASE ANYWHERE FROM 15% TO 55% THROUGH THIS PROGRAM.

ATTACHMENT 64C PROGRAM SERVICE

ADVOCACY AND PUBLIC POLICY PROGRAM: THE IMMUNIZATION PARTNERSHIP HAS BEEN WORKING TO BUILD A STATEWIDE NETWORK OF IMMUNIZATION STAKEHOLDERS BY CONDUCTING STAKEHOLDER MEETINGS. THE PURPOSE OF 2010 IMMUNIZATION STAKEHOLDER MEETINGS WAS TO ENGAGE STAKEHOLDERS TO ADVOCATE ON BEHALF OF POSITIVE IMMUNIZATION POLICY IN TEXAS. THIS PROJECT WAS DESIGNED TO DIRECTLY SUPPORT OUR ORGANIZATION'S OVERARCHING VISION TO ESTABLISH A COMMUNITY FREE OF DISEASE BY IDENTIFYING AND IMPLEMENTING LEGISLATION THAT HAS A STRONG AND DIRECT IMPACT ON IMMUNIZATION RATES IN TEXAS. GIVEN THE SUCCESS OF THE 2008 MEETINGS, AN ADDITIONAL ROUND OF STAKEHOLDER MEETINGS WAS CONDUCTED BETWEEN MARCH AND JUNE 2010 IN ORDER TO COORDINATE RESOURCES, BUILD PARTNERSHIPS, AND MOBILIZE STAKEHOLDERS FOR FUTURE ADVOCACY AND EDUCATION EFFORTS. TEN MEETINGS WERE HELD IN BOTH RURAL AND URBAN COMMUNITIES, INCLUDING ABILENE, AUSTIN, BROWNSVILLE, DALLAS, EL PASO, FORT WORTH, GALVESTON, HOUSTON, MCALLEN, AND SAN ANTONIO.

IN ORDER TO MONITOR AND EVALUATE PROJECT PROGRESS AND IMPACT, THE

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INC.

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76-0695612FORM 990, PART III - PROGRAM SERVICESATTACHMENT 6 (CONT'D)

IMMUNIZATION PARTNERSHIP IDENTIFIED FOUR OBJECTIVES FOR THE  
ADVOCACY AND PUBLIC POLICY PROGRAM:

1. TO INCREASE THE PERCENTAGE OF PARTNERS WHO ATTEND THE  
STAKEHOLDER MEETINGS BY 25%.
2. TO HEIGHTEN AWARENESS OF THE IMMUNIZATION PARTNERSHIP AS A  
PREMIER SOURCE ON IMMUNIZATIONS, AND TO INCREASE MEMBERSHIP BY  
EXTENDING OUTREACH TO 50 COMMUNITY-BASED ORGANIZATIONS THAT HAVE A  
VESTED INTEREST IN IMMUNIZATIONS ISSUES.
3. TO PROVIDE EDUCATION AND ADVOCACY SUPPORT TO 300 PARTICIPANTS  
AT 10 STAKEHOLDER MEETINGS.
4. TO IDENTIFY THREE POTENTIAL PRIORITY ISSUES ON WHICH TO FOCUS  
FOR THE 2011 LEGISLATIVE SESSION.

OVER 412 PARTICIPANTS ATTENDED 10 STAKEHOLDER MEETINGS, EACH  
CONSISTING OF AN AVERAGE OF 40 PARTICIPANTS (RANGE: 17 - 68).  
PARTICIPANTS REPRESENTED BOTH PUBLIC AND PRIVATE AGENCIES  
INCLUDING CLINICS, HOSPITALS, PROVIDER OFFICES, LOCAL/STATE  
GOVERNMENT, FOUNDATIONS, PHARMACEUTICAL COMPANIES, CHILDCARE

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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 6 (CONT'D)

AGENCIES, FOUNDATIONS, PHARMACIES, HEALTH PLANS, MEDICAL ASSOCIATIONS, FIRE DEPARTMENTS, ADVOCACY BASED ORGANIZATIONS, AND ACADEMIC INSTITUTIONS.

FORM 990, PART VIII - INVESTMENT INCOME

ATTACHMENT 7

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	1,016.			1,016.
TOTALS	<u>1,016.</u>			<u>1,016.</u>

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

ATTACHMENT 8

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LUNCHEON	90,972.
TOTAL	<u>90,972.</u>

FORM 990, PART VIII - FUNDRAISING EVENTS

ATTACHMENT 9

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LUNCHEON	9,156.	13,432.	-4,276.
TOTALS	<u>9,156.</u>	<u>13,432.</u>	<u>-4,276.</u>





Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

For assistance, call:  
1-877-829-5500

Notice Number: CP211A  
Date: June 13, 2011

Taxpayer Identification Number:  
76-0695612  
Tax Form: 990  
Tax Period: September 30, 2010

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HOUSTON-HARRIS COUNTY IMMUNIZATION  
% ANNA C DRAGSBAEK  
3015 RICHMOND AVE STE 270  
HOUSTON TX 77098-3121705



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### APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **August 15, 2011**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

