

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

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 10/01, 2010, and ending 09/30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.</u> Doing Business As <u>THE IMMUNIZATION PARTNERSHIP</u>		D Employer identification number <u>76-0695612</u>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>3015 RICHMOND AVENUE</u> <u>270</u>		E Telephone number <u>(281) 400-3689</u>	
	City or town, state or country, and ZIP + 4 <u>HOUSTON, TX 77429</u>		G Gross receipts \$ <u>654,567.</u>	
	F Name and address of principal officer: <u>ANNA DRAGSBAEK</u> <u>3015 RICHMOND AVENUE, STE 270 HOUSTON, TX 77429</u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ <u>WWW.IMMUNIZEUSA.ORG</u>				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: <u>2001</u>			M State of legal domicile: <u>TX</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO ERADICATE VACCINE PREVENTABLE DISEASES BY EDUCATING THE COMMUNITY, ADVOCATING EVIDENCE-BASED PUBLIC POLICY AND PROMOTING IMMUNIZATION BEST PRACTICES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	5.
	6	Total number of volunteers (estimate if necessary)	6	63.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	524,552.	637,287.
	9	Program service revenue (Part VIII, line 2g)	1,920.	3,725.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,016.	515.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,276.	-13,388.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	523,212.	628,139.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	219,188.	350,704.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>84,129.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	263,779.	242,156.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	482,967.	592,860.
19	Revenue less expenses. Subtract line 18 from line 12	40,245.	35,279.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	252,937.	310,392.
	21	Total liabilities (Part X, line 26)	-18,411.	3,765.
22	Net assets or fund balances. Subtract line 21 from line 20	271,348.	306,627.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date
	▶ <u>MELINDA M. GRADY</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE IMMUNIZATION PARTNERSHIP'S MISSION IS TO ERADICATE VACCINE
PREVENTABLE DISEASES TO ACCOMPLISH THIS MISSION THE IMMUNIZATION
PARTNERSHIP HAS THREE FOCUS AREAS: ADVOCACY, EDUCATION AND SUPPORT OF
IMMUNIZATION INFORMATION SYSTEMS (AKA REGISTRIES).

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 \$ 196,963. including grants of \$ 31,465.) (Revenue \$ 0.)
ATTACHMENT 1

4b (Code:) (Expenses \$ 126,162. including grants of \$ 48,000.) (Revenue \$ 0.)
ATTACHMENT 2

4c (Code:) (Expenses \$ 158,466. including grants of \$ 153,648.) (Revenue \$ 0.)
ATTACHMENT 3

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

4e Total program service expenses ▶ 481,591.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

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>	21	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>	22	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>	23	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 line 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	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>	33	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>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. [X]

Table with columns: Question, Yes, No. Rows include 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI [X]

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 at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b 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?; 15a The organization's CEO, Executive Director, or top management official; 15b 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.
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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) MELANIE E. MOUZON, MD DIRECTOR	1.00	X					0.	0.	0.	
(2) KIMBERLY C. DAVID PAST PRESIDENT	2.00	X					0.	0.	0.	
(3) MELINDA M. GRADY TREASURER	2.00	X		X			0.	0.	0.	
(4) JULIE A. BOOM, MD REGISTRY CHAIR	1.00	X					0.	0.	0.	
(5) BARRON BOGATTO LEGAL CHAIR	1.00	X					0.	0.	0.	
(6) JOHN MCKEEVER DIRECTOR	1.00	X					0.	0.	0.	
(7) WALTER BRUCE DIRECTOR	1.00	X					0.	0.	0.	
(8) VICKI BRENTIN DIRECTOR	1.00	X					0.	0.	0.	
(9) TAMARA TURK DIRECTOR	1.00	X					0.	0.	0.	
(10) STEVE BARNHILL DIRECTOR	1.00	X					0.	0.	0.	
(11) KAY TITTLE DIRECTOR	1.00	X					0.	0.	0.	
(12) JACQUELYN COX SECRETARY	2.00	X		X			0.	0.	0.	
(13) PATRICIA GRAY DIRECTOR	1.00	X					0.	0.	0.	
(14) CRAIG CORDOLA PRESIDENT	1.00	X		X			0.	0.	0.	
(15) GWEN EMMETT DIRECTOR	1.00	X					0.	0.	0.	
(16) LINDY MCGEE INCOMING BOARD CHAIR	2.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) CATHERINE MC COIN DIRECTOR	1.00	X					0.	0.	0.	
(18) ANNA DRAGSBAEK EXECUTIVE DIRECTOR	45.00			X			110,814.	0.	18,301.	
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							110,814.	0.	18,301.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							110,814.	0.	18,301.	

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**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	142,225.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	45,323.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	449,739.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		637,287.				
Program Service Revenue	2a	REGISTRATION FEES FOR SUMMIT	Business Code	3,725.	3,725.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		3,725.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 4		515.			515.	
	4	Income from investment of tax-exempt bond proceeds		0.				
	5	Royalties		0.				
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		0.				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
c	Gain or (loss)							
d	Net gain or (loss)		0.					
8a	Gross income from fundraising events (not including \$ 142,225. of contributions reported on line 1c). See Part IV, line 18	ATCH 5	a	13,040.				
b	Less: direct expenses		b	26,428.				
c	Net income or (loss) from fundraising events	ATCH. 6.		-13,388.				
9a	Gross income from gaming activities. See Part IV, line 19		a					
b	Less: direct expenses		b					
c	Net income or (loss) from gaming activities			0.				
10a	Gross sales of inventory, less returns and allowances		a					
			b					
b	Less: cost of goods sold		b					
c	Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			0.				
12	Total revenue. See instructions			628,139.	3,725.		515.	

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	110,814.	94,833.	4,380.	11,601.
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	179,281.	153,426.	7,085.	18,770.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	0.			
9 Other employee benefits	38,668.	31,280.	3,213.	4,175.
10 Payroll taxes	21,941.	18,694.	846.	2,401.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	11,569.	8,980.	978.	1,611.
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	47,755.	38,520.	3,252.	5,983.
14 Information technology	7,182.	5,164.	692.	1,326.
15 Royalties	0.			
16 Occupancy	19,963.	18,008.	1,216.	739.
17 Travel	35,885.	28,142.	1,502.	6,241.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	22,391.	20,061.	729.	1,601.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	2,274.	1,774.	182.	318.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>PUBLIC RELATIONS</u>	13,908.	13,428.	102.	378.
b <u>CONTRACT LABOR</u>	45,462.	28,957.	1,353.	15,152.
c <u>CONSULTING</u>	30,518.	16,563.	711.	13,244.
d <u>OTHER EXPENSES</u>	5,249.	3,761.	899.	589.
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	592,860.	481,591.	27,140.	84,129.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	
Assets	1	Cash - non-interest-bearing	108,114.	1	129,748.
	2	Savings and temporary cash investments	144,073.	2	114,446.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	64,266.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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	10a 21,134.		
	b	Less: accumulated depreciation	10b 21,134.	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	750.	15	1,932.
16	Total assets. Add lines 1 through 15 (must equal line 34)	252,937.	16	310,392.	
Liabilities	17	Accounts payable and accrued expenses	-18,411.	17	3,765.
	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	-18,411.	26	3,765.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	271,348.	27	306,627.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	271,348.	33	306,627.
34	Total liabilities and net assets/fund balances	252,937.	34	310,392.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	628,139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	592,860.
3	Revenue less expenses. Subtract line 2 from line 1	3	35,279.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	271,348.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	306,627.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		
2b	Were the organization's financial statements audited by an independent accountant?		
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	584,500.	421,549.	337,494.	524,552.	637,287.	2,505,382.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	584,500.	421,549.	337,494.	524,552.	637,287.	2,505,382.
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).						364,458.
6 Public support. Subtract line 5 from line 4.						2,140,924.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	584,500.	421,549.	337,494.	524,552.	637,287.	2,505,382.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,262.	20,440.	2,423.	1,016.	515.	25,656.
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.) . ATCL 1.				1,920.	3,725.	5,645.
11 Total support. Add lines 7 through 10						2,536,683.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	84.40%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	85.60%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
REGISTRATION FEES				1,920.	3,725.	5,645.
TOTALS				<u>1,920.</u>	<u>3,725.</u>	<u>5,645.</u>

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

2010

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) or Form 990-EZ, Part V, line 35a (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
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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 on behalf of or in opposition to candidates for public office 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 filing organization made payments. 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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)	5,636.	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	20,917.	
c	Total lobbying expenditures (add lines 1a and 1b)	26,553.	
d	Other exempt purpose expenditures	539,167.	
e	Total exempt purpose expenditures (add lines 1c and 1d)	565,720.	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	109,858.	
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)	27,465.	
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount		46,148.	83,581.	109,858.	239,587.
b Lobbying ceiling amount (150% of line 2a, column (e))					359,381.
c Total lobbying expenditures		14,000.	6,905.	26,553.	47,458.
d Grassroots nontaxable amount		11,537.	20,895.	27,465.	59,897.
e Grassroots ceiling amount (150% of line 2d, column (e))					89,846.
f Grassroots lobbying expenditures			6,905.	5,636.	12,541.

Schedule C (Form 990 or 990-EZ) 2010

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)?			
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 similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2 a 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).

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

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."

1 Dues, assessments and similar amounts from members	1	
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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

PART II-A

4 YEAR AVERAGING PERIOD UNDER SECTION 501(H)

THE ORGANIZATION MADE THE SECTION 501(H) LOBBYING ELECTION EFFECTIVE FOR

THE FISCAL YEAR ENDING 9-30-2009. INFORMATION REGARDING THE LOBBYING

AMOUNTS AFTER THE ELECTION ARE REPRESENTED IN PART II-A, LINES 2A-F.

Part IV Supplemental Information *(continued)*

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.

2010

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 and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		LUNCHEON	MARTINI PARTY	0.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	134,454.	20,811.	155,265.
	2	Less: Charitable contributions	125,214.	17,011.	142,225.
	3	Gross income (line 1 minus line 2)	9,240.	3,800.	13,040.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	5,450.	2,240.	7,690.
	7	Food and beverages	9,090.	2,985.	12,075.
	8	Entertainment			
	9	Other direct expenses	2,905.	3,758.	6,663.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				-13,388.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	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				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
INC.

HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY,

Employer identification number
76-0695612

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

Name of the organization INC.	HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.	Employer identification number 76-0695612
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COMPENSATION PACKAGE TO BE PAID TO THE EXECUTIVE DIRECTOR IN THE UPCOMING 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 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EDUCATION ACTIVITIES:

EDUCATING PROVIDERS TO PROMOTE COMMUNITY IMMUNITY

TIP STRIVES TO PROVIDE TIMELY AND RELEVANT EDUCATION TO IMMUNIZATION PROVIDERS AND STAKEHOLDERS, INCLUDING PHYSICIANS, NURSES, MEDICAL ASSISTANTS AND SCHOOL OFFICIALS. THIS IS PRIMARILY ACCOMPLISHED BY HOLDING AN IMMUNIZATION SUMMIT EVERY TWO YEARS AND BY EQUIPPING CLINICS AND SCHOOLS WITH IMMUNIZATION TOOLS AND RESOURCES.

THE YEAR GOT OFF TO A GREAT START WITH THE SUCCESS OF THE TEXAS IMMUNIZATION SUMMIT 2010 IN FORT WORTH, TEXAS. THE SUMMIT PROVIDED IMMUNIZATION STAKEHOLDERS AROUND TEXAS WITH IMPORTANT UPDATES AND BEST PRACTICES TO ENCOURAGE THEIR CONTINUED EFFORTS TO EDUCATE THE PUBLIC ON THE IMPORTANCE OF TIMELY IMMUNIZATION. TIP

Name of the organization INC.	HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY,	Employer identification number 76-0695612
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ATTACHMENT 1 (CONT'D)

EXCEEDED ITS TARGET ATTENDANCE GOAL BY 60%, WITH 240 PARTICIPANTS AND 21 LOCAL AND NATIONAL SPEAKERS. OF SUMMIT ATTENDEES, 100% AGREED THAT THE SUMMIT ENHANCED THEIR KNOWLEDGE OF IMMUNIZATION ISSUES FACING THE STATE OF TEXAS, THE NATION AND THE WORLD.

TIP ALSO DISTRIBUTES A PROVIDER TOOL KIT TO IMMUNIZATION PROVIDERS EVERY SPRING. THIS YEAR, THE PACKET WENT TO APPROXIMATELY 800 PROVIDERS IN SOUTHEAST (SE) TEXAS AS WELL AS SOME STAKEHOLDERS AROUND THE STATE. THIS PAST FALL, TIP COLLABORATED WITH THE HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES IMMUNIZATION PROGRAM TO DISTRIBUTE EDUCATIONAL MATERIALS FOCUSING ON INFLUENZA, PERTUSSIS AND MENINGOCOCCAL DISEASES, AND THE VACCINES TO PREVENT THEM, TO ABOUT 350 IMMUNIZATION PROVIDERS. IMMUNIZATION TOOLS WERE ALSO DELIVERED TO HUNDREDS OF NURSES IN 54 SCHOOL DISTRICTS IN SE TEXAS.

EDUCATING THE COMMUNITY TO MAKE SMART CHOICES ABOUT VACCINES

AS PART OF AN OVERALL COMMUNITY OUTREACH STRATEGY, TIP BEGAN MARKETING THE COMMUNITY IMMUNITY ACTIVITY, CREATED THROUGH A PARTNERSHIP WITH ROTARY CLUB HOUSTON. IT IS A FUN-FILLED EXERCISE THAT ENGAGES PARTICIPANTS, USING COLOR-CODED CARDS TO REPRESENT THEIR IMMUNIZATION STATUS, AND DEMONSTRATES HOW ONE'S DECISION TO GET VACCINATED AFFECTS EVERYONE IN THE COMMUNITY. IN COLLABORATION WITH 13 TRAINED ROTARY IMMUNIZATION AMBASSADORS

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ATTACHMENT 1 (CONT'D)

PRESENTING THIS ACTIVITY TO THEIR RESPECTIVE COMMUNITIES AND ORGANIZATIONS, TIP CONDUCTED THE COMMUNITY IMMUNITY ACTIVITY WITH OVER 3,800 INDIVIDUALS.

WITH GROWING INTEREST IN THE COMMUNITY IMMUNITY ACTIVITY AND AN INCREASED DEMAND FOR MORE DETAILED IMMUNIZATION INFORMATION, TIP PARTNERED WITH AN EDUCATION SPECIALIST AT TEXAS CHILDREN'S HOSPITAL TO CREATE THE COMMUNITY IMMUNITY ADULT OUTREACH (CIAO) PROJECT IN MARCH 2011. THROUGH THE CIAO PROJECT, THE IMMUNIZATION PARTNERSHIP AND TEXAS CHILDREN'S HOSPITAL CONDUCTED FIVE PRESENTATIONS FOR OVER 200 PARTICIPANTS, EDUCATING THE PUBLIC AND HEALTHCARE WORKERS ON VACCINE-PREVENTABLE DISEASE PREVENTION THROUGH VACCINATION.

TIP ALSO CONDUCTS COMMUNITY FORUMS WITH EXPERTS TO DISCUSS CURRENT TOPICS IN IMMUNIZATION. THIS PAST YEAR, TIP PRESENTED THREE FORUMS COVERING TOPICS SUCH AS VACCINE SAFETY AND INFLUENZA. THE FORUMS WERE ATTENDED BY 208 MEMBERS OF THE COMMUNITY, REPRESENTING PARENTS, HEALTHCARE PROFESSIONALS, AND SCHOOL OFFICIALS. ON POST-FORUM ASSESSMENTS, AN OVERWHELMING NUMBER OF PARTICIPANTS EXPRESSED THAT THEY LEARNED SOMETHING NEW AND FOUND THE INFORMATION VERY USEFUL.

IN ORDER TO AMPLIFY ITS MESSAGE AND TO PROVIDE INFORMATION TO THE GENERAL PUBLIC, TIP ENGAGES IN EXTENSIVE MEDIA OUTREACH CONSISTING

Name of the organization HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.	Employer identification number 76-0695612
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ATTACHMENT 1 (CONT'D)

OF PUBLIC SERVICE ANNOUNCEMENTS, NEWSPAPER ARTICLES, RADIO INTERVIEWS, INTERNET PUBLICATIONS, SOCIAL MEDIA, AND OPINION EDITORIALS. TIP IS PROUD TO REPORT THAT THIS PAST YEAR, WE HAD 193 MEDIA HITS THAT SPREAD OUR MESSAGES TO MILLIONS OF FAMILIES ACROSS TEXAS AND BEYOND.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

SUPPORT OF IMMUNIZATION INFORMATION SYSTEMS

IMMUNIZATION CHAMPIONS: RAISING RATES AND BUILDING A FUTURE WORKFORCE OF CHAMPIONS

THE IMMUNIZATION CHAMPIONS PROJECT IS THE FLAGSHIP PROJECT OF THE IMMUNIZATION PARTNERSHIP. A UNIQUE PARTNERSHIP WITH HOUSTON COMMUNITY COLLEGE, COLEMAN COLLEGE FOR HEALTH SCIENCES HAS FOSTERED THE SUCCESS OF THIS PROJECT. STUDENTS FROM COLEMAN COLLEGE ARE TRAINED TO IMPLEMENT A RECALL SYSTEM, USING THE STATE'S IMMUNIZATION INFORMATION SYSTEM CALLED IMMTRAC, IN A COMMUNITY CLINIC THAT HAS LOW IMMUNIZATION RATES. THIS SYSTEM HELPS THE CLINIC IDENTIFY CHILDREN WHO ARE OVERDUE FOR IMMUNIZATIONS AND HELPS THEM REACH OUT TO THOSE FAMILIES TO GET THEM BACK IN FOR NECESSARY VACCINES. A STAFF MEMBER IS CROSS TRAINED TO ENSURE THAT THE SYSTEM IS SUSTAINABLE AFTER THE PROJECT CONCLUDES.

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ATTACHMENT 2 (CONT'D)

THE SUCCESS OF THE PROJECT IS EVIDENCED BY INCREASES SEEN IN IMMUNIZATION COVERAGE RATES AT THE PARTICIPATING CLINICS. RATES AT INDIVIDUAL CLINICS HAVE INCREASED BETWEEN 15% AND 1,233%. THIS FISCAL YEAR, TIP SAW THE COMPLETION OF FIVE CLINIC PROJECTS AND THE START OF SEVEN MORE, IMPACTING 17,628 CHILDREN. TIP ALSO BROKE NEW GROUND BY VENTURING INTO THE PRIVATE HEALTHCARE PROVIDER REALM, AND BY PILOTING ADULT RECALL PROJECTS TO ENSURE THAT ADULTS ARE ALSO PROTECTED FROM VACCINE-PREVENTABLE DISEASES. ANOTHER MEASURE OF THE SUCCESS OF THIS PROJECT IS THE ADVANCED TRAINING AND MENTORING THAT IS RECEIVED BY THE STUDENTS WHO PARTICIPATE IN THIS PROJECT AND WHO TRULY BECOME IMMUNIZATION CHAMPIONS. TWELVE STUDENTS FROM COLEMAN COLLEGE FOR HEALTH SCIENCES PARTICIPATED IN THIS PROJECT.

THE IMMUNIZATION CHAMPIONS ARE HIGHLY REGARDED IN THEIR CLINICS AND MOST HAVE BEEN OFFERED FULL-TIME EMPLOYMENT ONCE THE PROJECT CONCLUDES. THEIR TRANSFORMATION INTO CHAMPIONS IS REMARKABLE AND TIP COUNTS THEM AS FRIENDS, VOLUNTEERS AND RESOURCES. THE NEED FOR THIS PROJECT IS GROWING SINCE PUBLIC HEALTH DEPARTMENTS HAVE ENDURED MAJOR BUDGET CUTS FORCING THEM TO EITHER SCALE BACK OR JETTISON THEIR EDUCATIONAL PROGRAMS.

ATTACHMENT 3

Name of the organization INC.	HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC.	Employer identification number 76-0695612
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ATTACHMENT 3 (CONT'D)FORM 990, PART III - PROGRAM SERVICE, LINE 4C

ADVOCACY

PROMOTING VACCINE-PREVENTABLE DISEASE LAWS AND POLICIES

DURING THE PAST TWO YEARS, THE IMMUNIZATION PARTNERSHIP HAS ENGAGED IN EXTENSIVE STAKEHOLDER ENGAGEMENT IN ORDER TO MAKE IMMUNIZATION ADVOCACY AND POLICY A CORNERSTONE EFFORT OF OUR ORGANIZATION. TIP SPENT HUNDREDS OF HOURS CONDUCTING STAKEHOLDER MEETINGS, SURVEYING COMMUNITY ADVOCATES, AND GATHERING DATA RELATED TO IMMUNIZATION NEEDS AND TRENDS IN TEXAS THAT WOULD INFORM OUR EFFORTS. TIP KICKED OFF THE YEAR WITH A VERY SUCCESSFUL LEGISLATIVE DAY AT THE CAPITOL. APPROXIMATELY 25 CONSTITUENTS TRAVELED FROM CITIES ACROSS TEXAS TO ADVOCATE ON BEHALF OF CRITICAL ISSUES, CONDUCTING OVER 80 VISITS IN FOUR HOURS. OVER THE COURSE OF THE 82ND LEGISLATIVE SESSION, TIP PRESENTED TESTIMONY AT 33 HEARINGS AND CONDUCTED 279 VISITS WITH POLICYMAKERS.

UNFORTUNATELY, TEXAS RECEIVED A SOBERING REMINDER OF THE

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ATTACHMENT 3 (CONT'D)

IMPORTANCE OF VACCINES THROUGHOUT THE LIFESPAN. IN FEBRUARY OF 2011, NICOLIS WILLIAMS, A STUDENT AT TEXAS A&M UNIVERSITY, PASSED AWAY FROM BACTERIAL MENINGITIS, A VACCINE-PREVENTABLE DISEASE. DETERMINED TO PROTECT THE HEALTH AND WELL-BEING OF ALL COLLEGE STUDENTS, TIP JOINED FORCES WITH THE WILLIAMS FAMILY AND COUNTLESS OTHERS TO PROMOTE AND PASS SENATE BILL 1107, WHICH REQUIRES MENINGOCOCCAL VACCINATION FOR ALL COLLEGE STUDENTS. TIP IS PROUD THAT TEXAS NOW LEADS THE COUNTRY AS THE FIRST STATE TO REQUIRE UNIVERSAL VACCINATION FOR COLLEGE ADMISSION.

IN ADDITION TO THE PASSAGE SENATE BILL 1107, TIP SUPPORTED A GREAT DEAL OF POSITIVE CHANGE AND EXPERIENCED SEVERAL WINS FOR IMMUNIZATIONS IN TEXAS. THANKS TO THE PASSAGE OF HOUSE BILL 3336, PARENTS OF NEWBORN CHILDREN WILL RECEIVE INFORMATION ABOUT THE DANGERS OF PERTUSSIS AND ABOUT THE IMPORTANCE OF VACCINATIONS FOR ANYONE COMING INTO CONTACT WITH NEWBORN CHILDREN. IN ORDER TO PROTECT THE HEALTH OF PATIENTS AND THE PUBLIC, TIP JOINED STATE MEDICAL AND HEALTH ASSOCIATIONS TO ENSURE THAT ALL TEXAS HEALTHCARE FACILITIES HAVE POLICIES IN PLACE REGARDING HEALTHCARE

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ATTACHMENT 3 (CONT'D)

WORKER VACCINATION (SENATE BILL 1177). IN THE MONTHS TO COME, TIP PLANS TO MEET WITH LEGISLATORS TO BUILD AN INTERIM STRATEGY, CRAFT OUR LEGISLATIVE AGENDA FOR THE NEXT SESSION, AND CONTINUE OUR EFFORTS TO BE THE STRONGEST STATEWIDE IMMUNIZATION ADVOCACY NETWORK IN THE UNITED STATES.

BUILDING COALITIONS ACROSS TEXAS (BCAT) PROJECT

THE IMMUNIZATION PARTNERSHIP'S EXPERIENCES WITH LOCAL IMMUNIZATION COALITIONS REVEALED TO US THE VALUE THAT IMMUNIZATION COALITIONS HAVE IN IMPROVING IMMUNIZATION COVERAGE AND THE IMPORTANCE OF ONGOING TECHNICAL ASSISTANCE TO ENSURE COALITIONS HAVE THE CAPACITY TO ACHIEVE THEIR DEFINED GOALS. TIP HAS ALSO SEEN HOW COMMUNITY-LEVEL LEADERSHIP AND INNOVATION CAN IMPROVE LOCAL POLICIES, ENCOURAGING US TO EXPAND OUR SCOPE AND DEVELOP THE BUILDING COALITIONS ACROSS TEXAS PROJECT (BCAT). TIP IS EXCITED TO SPEARHEAD THIS EFFORT, WHICH HELPS BUILD THE CAPACITY OF LOCAL IMMUNIZATION COALITIONS FROM THE GROUND UP, AND TRANSFORMS THE WAY COALITIONS MEET LOCAL IMMUNIZATION CHALLENGES.

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ATTACHMENT 3 (CONT'D)

SIX COALITIONS WERE SELECTED FROM ACROSS TEXAS TO PARTICIPATE IN THE PROJECT. OVER THE NEXT YEAR, TIP WILL GATHER INFORMATION REGARDING THE COALITIONS' NEEDS AND RESPOND STRATEGICALLY WITH EVIDENCE-BASED RESOURCES AND EDUCATION, INCLUDING TOOLKITS AND WEBINARS, TO HELP THEM MEET THEIR ORGANIZATIONAL AND PROGRAMMATIC NEEDS. TIP WILL ALSO OFFER THE COALITIONS A SERIES OF TRAININGS IN THE AREAS OF ADVOCACY, EDUCATION AND COMMUNICATION. THROUGHOUT THE PROJECT, TIP WILL MONITOR AND EVALUATE THE COALITIONS' PROGRESS TOWARDS MEETING THEIR OBJECTIVES, GATHER INSIGHTS AND INTEGRATE QUALITY IMPROVEMENT TOOLS. FINALLY, TIP WILL CONSISTENTLY ENCOURAGE NETWORKING BETWEEN THE COALITIONS IN ORDER TO FOSTER INFORMATION SHARING AND TO LEVERAGE BEST-PRACTICE MODELS.

OUR POLICY, ADVOCACY AND COALITION EFFORTS ARE CRITICAL TO THE SUCCESS OF OUR ORGANIZATION'S MISSION AND VISION. TIP KNOWS THAT BY FORGING STRONG PARTNERSHIPS, BUILDING IMMUNIZATION CAPACITY AND ADVOCATING FOR POSITIVE POLICY, WE WILL CREATE A STATEWIDE

Name of the organization INC.	HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY,	Employer identification number 76-0695612
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ATTACHMENT 3 (CONT'D)

MOVEMENT TO SUPPORT HIGH IMMUNIZATION RATES IN TEXAS, AVERTING
THOUSANDS OF CASES OF VACCINE-PREVENTABLE DISEASES.

ATTACHMENT 4FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME	515.			515.
TOTALS	<u>515.</u>			<u>515.</u>

ATTACHMENT 5FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LUNCHEON	125,214.
MARTINI PARTY	17,011.
TOTAL	<u>142,225.</u>

ATTACHMENT 6FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LUNCHEON	9,240.	17,445.	-8,205.
MARTINI PARTY	3,800.	8,983.	-5,183.
TOTALS	<u>13,040.</u>	<u>26,428.</u>	<u>-13,388.</u>



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

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

Notice Number: CP211A
Date: March 28, 2011

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

080056.832539.0288.007 1 AT 0.357 375
|||



HOUSTON-HARRIS COUNTY IMMUNIZATION
% ANNA C DRAGSBAEK
PO BOX 2709
CYPRESS TX 77410-2709094

80056

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 **May 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/co. 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.



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

096423.858269.0318.007 1 AT 0.365 375



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



6423

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. 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.