

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Form **990-EZ**

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

2008

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 09/30/2009

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC. D/B/A THE IMMUNIZATION PARTNERSHIP Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. BOX 2709</u> City or town, state or country, and ZIP + 4 <u>CYPRESS, TX 77410</u>	D Employer identification number <u>76-0695612</u> E Telephone number <u>(832) 896-7880</u> F Group Exemption Number . . . ▶
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● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

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

I Website: ▶ WWW.IMMUNIZEUSA.ORG

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 340,630.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	337,494.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income STMT 1.	4	2,422.
	5 a	Gross amount from sale of assets other than inventory 5 a		
	5 b	Less: cost or other basis and sales expenses 5 b		
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5 c		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6 a	Gross revenue (not including \$ _____ of contributions reported on line 1) 6 a		
6 b	Less: direct expenses other than fundraising expenses 6 b			
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 c			
7 a	Gross sales of inventory, less returns and allowances 7 a			
7 b	Less: cost of goods sold 7 b			
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c			
8	Other revenue (describe ▶ STMT 2) 8		714.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9		340,630.	
Expenses	10	Grants and similar amounts paid (attach schedule) 10		
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12		190,155.
	13	Professional fees and other payments to independent contractors 13		14,166.
	14	Occupancy, rent, utilities, and maintenance 14		3,917.
	15	Printing, publications, postage, and shipping 15		13,525.
	16	Other expenses (describe ▶ STMT 3) 16		114,836.
17	Total expenses. Add lines 10 through 16 ▶ 17		336,599.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		4,031.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		350,711.
	20	Other changes in net assets or fund balances (attach explanation) 20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		231,103.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year			(B) End of year
22	Cash, savings, and investments . . . STMT 4	343,533.	22		308,577.
23	Land and buildings	7,568.	23		3,692.
24	Other assets (describe ▶) 24		24		
25	Total assets	351,101.	25		312,269.
26	Total liabilities (describe ▶ STMT 5) 26	390.	26		81,166.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) ▶ 27	350,711.	27		231,103.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a NONE		
37b	b Did the organization file Form 1120-POL for this year?		
38a	38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ NONE; section 4912 ▶ NONE; section 4955 ▶ NONE		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed. ▶		
42a	42a The books are in care of ▶ ANNA DRAGSBAEK Telephone no. ▶ 832-824-2019 Located at ▶ P.O. BOX 2709 CYPRESS, TX ZIP + 4 ▶ 77410		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47	X	
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49 a		X
- b** If "Yes," was the related organization(s) a section 527 organization?

	Yes	No
49 b		X
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶		0		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶		0

Sign Here 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 of officer: Melinda M. Grady Date: 8-14-2010

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

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Check if self-employed

Preparer's Identifying Number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____

Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	80,000.	170,577.	584,500.	421,549.	337,494.	1,594,120.
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 1-3	80,000.	170,577.	584,500.	421,549.	337,494.	1,594,120.
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)						177,654.
6 Public support. Subtract line 5 from line 4.						1,416,466.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	80,000.	170,577.	584,500.	421,549.	337,494.	1,594,120.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,164.	12,138.	1,262.	20,440.	2,423.	50,427.
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.)						
11 Total support. Add lines 7 through 10						1,644,547.
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 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 2008 (line 6, column (f) divided by line 11, column (f))	14	86.13 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	44.01 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 "fact-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 - 2007. 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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. 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 - 2007. 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)

Area with horizontal dashed lines for supplemental information.

Schedule of Contributors

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

2008

Name of the organization HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC. D/B/A THE IMMUNIZATION PARTNERSHIP	Employer identification number 76-0695612
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC. D/B/A THE IMMUNIZATION PARTNERSHIP	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 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	BAYLOR METHODIST COMM. HEALTH FUND 4550 POST OAK PLACE, SUITE 100 HOUSTON, TX 77027	\$ 42,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	HOUSTON COMMUNITY COLLEGE 3100 MAIN HOUSTON, TX 77002	\$ 73,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MCGOVERN FOUNDATION 2211 NORFOLK HOUSTON, TX 77098	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	STERLING TURNER FOUNDATION 815 WALKER STREET, SUITE 1543 HOUSTON, TX 77002	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	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.)

Name of organization HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC. D/B/A THE IMMUNIZATION PARTNERSHIP	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	<u>ROTARY CLUB- HOUSTON</u> <u>8582 KATY FREEWAY, SUITE 225</u> <u>HOUSTON, TX 77024-1825</u>	\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>HARRIS & ELIZA KEMPNER FOUNDATION</u> <u>2201 MARKET STREET, SUITE 601</u> <u>HOUSTON, TX 77550</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>LYONS FOUNDATION</u> <u>1202 DAIRY ASHFORD ST.</u> <u>HOUSTON, TX 77079</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>CAMERON FOUNDATION</u> <u>24 WEST OLD STREET</u> <u>PETERSBURG, VA 23803-3222</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>SIMMONS FOUNDATION</u> <u>109 N. POST OAK LANE, SUITE 220</u> <u>HOUSTON, TX 77024</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input 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

2008

Open to Public Inspection

- ▶ To be completed by organizations described below.
- ▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

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(cy)(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. D/B/A THE IMMUNIZATION PARTNERSHIP	Employer identification number 76-0695612
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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 To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- 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)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	14,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	14,000.													
d	Other exempt purpose expenditures	216,741.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	230,741.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	46,148.													
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <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> </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)	11,537.													
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
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 checked="" 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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount				46,148.	46,148.
b Lobbying ceiling amount (150% line 2a, column(e))					69,222.
c Total lobbying expenditures				14,000.	14,000.
d Grassroots non-taxable amount				11,537.	11,537.
e Grassroots ceiling amount (150% of line 2d, column (e))					17,306.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

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...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures; 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 (line 2c total minus 3 and 4)

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.

FORM 990EZ, PART I - INVESTMENT INCOME
=====

DESCRIPTION -----	AMOUNT -----
DIVIDEND INCOME	2,422.
TOTAL	----- 2,422. =====

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS INCOME

714.

TOTALS

714.
=====

FORM 990EZ, PART I - OTHER EXPENSES
=====

SUPPLIES	8,607.
TRAVEL	10,926.
CONFERENCES, CONVENTIONS	5,462.
DEPRECIATION	3,876.
PROFESSIONAL SERVICES	48,207.
INFORMATION TECHNOLOGY SERVICES	24,949.
WEB HOSTING	2,679.
PAYROLL PROCESSING	1,238.
INSURANCE	1,578.
SUBSCRIPTIONS, DUES & FILING FEES	983.
HONORARIUMS	354.
PROFESSIONAL DEVELOPMENT	368.
BANK FEES	148.
CONTRACT LABOR	5,410.
MISCELLANEOUS	51.

TOTAL	114,836.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	128,726.	147,071.
SAVINGS	214,807.	161,506.
TOTALS	343,533.	308,577.

=====

FORM 990EZ, PART II - TOTAL LIABILITIES
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS PAYABLE	390.	6,166.
ENCUMBRANCE	NONE	75,000.
TOTALS	----- 390. =====	----- 81,166. =====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

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).

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====PROGRAM SERVICE ACCOMPLISHMENT 1

EDUCATION

THE IMMUNIZATION PARTNERSHIP HAS INCREASED ITS EFFORTS TO EDUCATE THE HOUSTON COMMUNITY ABOUT THE MASSIVE AMOUNTS OF MISINFORMATION ABOUT VACCINES. PUBLIC HEALTH PROVIDERS HAVE ALSO RECEIVED UPDATED MATERIALS AND RESOURCES ABOUT IMMUNIZATION BEST PRACTICES. THE FOLLOWING EDUCATIONAL COMPONENTS HAVE BEEN IMPLEMENTED TO INFORM AND EDUCATE THE PUBLIC ABOUT IMMUNIZATIONS, VACCINE REQUIREMENTS AND OTHER RELATED IMMUNIZATION ISSUES: UTILIZING NEWSPAPER, TELEVISION AND RADIO MEDIA OUTLETS, PROVIDING ACCESSIBLE WEBSITE INFORMATION, DISTRIBUTING EDUCATIONAL MATERIALS AND RESOURCES, AND OBTAINING PUBLIC SERVICE ANNOUNCEMENTS.

COMMUNITY EDUCATION:

THE IMMUNIZATION PARTNERSHIP DEVELOPED AND CONTINUES TO INITIATE VARIOUS CAMPAIGNS TO INCREASE AWARENESS OF IMMUNIZATIONS ACROSS THE LIFESPAN OF INDIVIDUALS. IN THE SPRING OF 2009, THE IMMUNIZATION PARTNERSHIP LAUNCHED THE TEXAS TEENS NEED VACCINES PROJECT, WHICH ALERTED THE PUBLIC TO THE NEW REQUIREMENTS FOR 7TH GRADE ENTRY IN THE CURRENT SCHOOL YEAR. FROM JULY 1 - NOVEMBER 7, 2009, THE IMMUNIZATION PARTNERSHIP RECEIVED EXTENSIVE MEDIA COVERAGE TO EDUCATE THE HOUSTON COMMUNITY ABOUT THESE MIDDLE SCHOOL VACCINE REQUIREMENTS, WHICH INCLUDED LOCAL MEDIA INTERVIEWS IN TELEVISION (11), RADIO (9), AND NEWSPAPER (5) OUTLETS. THE IMMUNIZATION PARTNERSHIP UTILIZED PUBLIC SERVICE ANNOUNCEMENTS, WHICH AIRED ON 7 TELEVISION STATIONS AND 13 RADIO STATIONS; EACH PUBLIC SERVICE ANNOUNCEMENT AIRED AT LEAST 5 TIMES ON EACH STATION. THE ORGANIZATION HAS HAD MORE THAN 62 MEDIA HITS, AND INFORMATION AND STORIES HAVE BEEN POSTED ON 3 SEPARATE INTERNET SITES.

IN ADDITION TO EFFORTS IN EDUCATING THE PUBLIC ABOUT THE NEW STUDENT IMMUNIZATION REQUIREMENTS, WE WERE ABLE TO CONTINUE PARTNERSHIPS WITH LOCAL RADIO, TELEVISION, NEWSPAPER AND INTERNET CHANNELS/STATIONS TO RUN PUBLIC SERVICE ANNOUNCEMENTS ABOUT THE IMPORTANCE OF PROTECTING HOUSTON FAMILIES FROM THE H1N1 VIRUS THROUGH VACCINATION.

HEALTHCARE PROVIDER EDUCATION:

DURING THE GRANT PERIOD, HEALTHCARE PROVIDERS, PRIMARILY MEDICAL ASSISTANTS AND NURSES, RECEIVED INFORMATIONAL MATERIALS AND ACCESS

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====

TO QUARTERLY WORKSHOPS. PHYSICIANS RECEIVED UPDATED DATA THROUGH PEER TO PEER PROGRAMS AND ONGOING WORKSHOPS. THE IMMUNIZATION PARTNERSHIP DISTRIBUTED IMMUNIZATION TOOL KITS, WHICH INCLUDED EDUCATIONAL MATERIALS AND IMMUNIZATION RESOURCES, TO MORE THAN 500 AREA HEALTH CARE PROVIDERS WHO ADMINISTER VACCINES. WE ALSO PROVIDED OVER 1,000 SCHOOL NURSES IN 54 SCHOOL DISTRICTS IN THE GREATER HOUSTON AREA WITH BADGE-SIZED IMMUNIZATION SCHEDULES, WHICH SERVED AS A USEFUL REMINDER FOR ENSURING THAT CHILDREN HAVE RECEIVED ALL MANDATED VACCINES FOR SCHOOL ENTRY. OPPORTUNITIES TO EARN CONTINUING MEDICAL EDUCATION (CMES) CREDITS FOR PHYSICIANS AND OTHER HEALTHCARE PROVIDERS ARE BEING MADE AVAILABLE THROUGH THE 2010 IMMUNIZATION SUMMIT.

PROGRAM SERVICE ACCOMPLISHMENT 2

SUPPORT OF IMMUNIZATION INFORMATION SYSTEMS

THE IMMUNIZATION PARTNERSHIP HAS CONTINUED TO SUPPORT THE USE OF IMMUNIZATION INFORMATION SYSTEMS, WHICH BOOSTS IMMUNIZATION RATES BY HELPING HEALTH CARE PROVIDERS ACCURATELY IDENTIFY CHILDREN AND ADULTS WHO ARE IN NEED OF IMMUNIZATIONS.

IMMUNIZATION CHAMPIONS:

IN COLLABORATION WITH HOUSTON COMMUNITY COLLEGE AND THE HOUSTON AREA ROTARY CLUBS, THE IMMUNIZATION PARTNERSHIP'S IMMUNIZATION CHAMPIONS PROJECT OFFERS COLLEGE STUDENT INTERNSHIPS AT HARRIS COUNTY COMMUNITY HEALTH CLINICS. THE KEY ASPECT OF THIS PROGRAM INVOLVES THE INTERNS INPUTTING CHILDREN IMMUNIZATION RECORDS INTO IMMTRAC, THE STATEWIDE IMMUNIZATION REGISTRY. A REMINDER/RECALL SYSTEM UTILIZED BY OFFICE STAFF IN THE CLINICS IS THEN ABLE TO IDENTIFY INFANTS AND CHILDREN WHO ARE OVERDUE FOR IMPORTANT VACCINES. INTERVENTION IS NECESSARY AT THESE CLINICS BECAUSE MOST OF THE CHILDREN ARE NOT ADEQUATELY PROTECTED FROM VACCINE-PREVENTABLE DISEASES, THUS PLACING THE WHOLE COMMUNITY AT RISK FOR AN INFECTIOUS DISEASE OUTBREAK.

DURING THE GRANT PERIOD, THE IMMUNIZATION PARTNERSHIP HAD INTERNS PLACED IN THREE COMMUNITY HEALTH CARE CLINICS (EL CENTRO, DENVER HARBOR AND SPRING BRANCH). EACH OF THESE CLINICS SERVE 3,000-5,000 UNDERSERVED PEDIATRIC PATIENTS UNDER THE AGE OF THREE.

IT IS OUR GOAL TO HAVE A TOTAL OF 15 PARTICIPATING CLINICS OVER

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====

THE SPAN OF THREE YEARS AND WILL SERVE APPROXIMATELY 45,000 DISADVANTAGED CHILDREN IN HOUSTON. DURING THE FUNDING PERIOD, FIVE NEW CLINICS HAVE BEEN VISITED AND SELECTED TO PARTICIPATE IN THE PROGRAM; THESE CLINICS INCLUDE: SAN JOSE CLINIC, IBN-SINA CLINIC, CHRISTUS SOUTHWEST COMMUNITY HEALTH CENTER, GOOD NEIGHBOR HEALTH CENTER AND CENTRAL CARE COMMUNITY HEALTH CENTER. ONCE ALL DOCUMENTATION AND CONTRACTS ARE IN PLACE, THE HEALTH CLINICS WILL BE OPERATIONAL FOR THE PROGRAM.

PROGRAM SERVICE ACCOMPLISHMENT 3

ADVOCACY AND PUBLIC POLICY

MOST IMMUNIZATION POLICY IS DETERMINED BY STATE LAW SO THE IMMUNIZATION PARTNERSHIP HAS BUILT A STATEWIDE NETWORK OF IMMUNIZATION STAKEHOLDERS IN ORDER TO AFFECT POSITIVE LEGISLATIVE CHANGES IN AUSTIN RELATED TO IMMUNIZATION RATES, AND THUS PREVENTIVE CARE. DURING THE FUNDING PERIOD, THE FOLLOWING ADVOCACY AND PUBLIC POLICY OBJECTIVES WERE ACHIEVED:

STATE BILL 346 (LIFESPAN REGISTRY) WAS SIGNED INTO LAW;
STATE BILL 347 (EXCHANGE OF DATA IN PH EMERGENCY) WAS SIGNED INTO LAW;

STATE BILL 819 (MENINGITIS VACCINE MANDATED FOR FIRST TIME DORM RESIDENTS) WAS SIGNED INTO LAW;

THE ADVOCACY AND PUBLIC POLICY COMMITTEE CONTINUED TO STRATEGIZE ON INTERIM CHANGE REQUESTS, WHICH WERE THEN SUBMITTED TO THE PUBLIC HEALTH COMMITTEE AND SENATE HHS COMMITTEE;

OVER 150 STAKEHOLDERS ATTENDED THE IMMUNIZATION SUMMIT IN AUSTIN IN NOVEMBER 2008 DURING TO GALVANIZE PARTNERSHIPS AND BEGIN DISCUSSIONS ABOUT LEGISLATIVE PRIORITIES;

DISCUSSIONS WITH TEXAS MEDICAL ASSOCIATION BEGAN REGARDING A COLLABORATION FOR ADVOCACY AND EDUCATION PROJECTS.

THE IMMUNIZATION PARTNERSHIP HAS CONTINUED TO WORK WITH CONCERNED STAKEHOLDERS THROUGHOUT TEXAS TO INFORM AND SHAPE EVIDENCE-BASED LEGISLATIVE PUBLIC POLICY FOR ALL TEXANS.

EIGHT STAKEHOLDER MEETINGS WILL BE HELD IN DIFFERENT LOCATIONS AROUND THE STATE IN THE UPCOMING MONTHS TO ADDRESS CONCERNS OF FRONTLINE IMMUNIZATION STAKEHOLDERS AND CONTINUE TO CRAFT POSITIVE POLICIES THAT SUPPORT HIGH IMMUNIZATION RATES.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT. AND OTHER ALLOWANCES -----
ANNA DRAGSBAEK P.O. BOX 2709 CYPRESS, TX 77410	EXECUTIVE DIRECTOR 50.	69,785.	NONE	NONE
MELANIE E. MOUZOON, MD P.O. BOX 2709 CYPRESS, TX 77410	PRESIDENT 5.	NONE	NONE	NONE
KIMBERLY C. DAVID P.O. BOX 2709 CYPRESS, TX 77410	INCOMING PRESIDENT 5.	NONE	NONE	NONE
BARRY L. ZIETZ, MD P.O. BOX 2709 CYPRESS, TX 77410	PAST PRESIDENT 5.	NONE	NONE	NONE
MELINDA M. GRADY P.O. BOX 2709 CYPRESS, TX 77410	TREASURER 5.	NONE	NONE	NONE
JULIE A. BOOM, MD P.O. BOX 2709 CYPRESS, TX 77410	REGISTRY CHAIR 5.	NONE	NONE	NONE
BARRON BOGATTO	LEGAL CHAIR 5.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
P.O. BOX 2709 CYPRESS, TX 77410				
JOHN MCKEEVER P.O. BOX 2709 CYPRESS, TX 77410	SECRETARY 5.	NONE	NONE	NONE
WALTER BRUCE P.O. BOX 2709 CYPRESS, TX 77410	DIRECTOR 3.	NONE	NONE	NONE
VICKI BRENTIN P.O. BOX 2709 CYPRESS, TX 77410	DIRECTOR 3.	NONE	NONE	NONE
TODD C. LITTON P.O. BOX 2709 CYPRESS, TX 77410	DIRECTOR 3.	NONE	NONE	NONE
BARBARA H. MCCORMICK P.O. BOX 2709 CYPRESS, TX 77410	DIRECTOR 3.	NONE	NONE	NONE
KAY TITTLE P.O. BOX 2709 CYPRESS, TX 77410	DIRECTOR 3.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT. AND OTHER ALLOWANCES -----
ROBERT VANZANT, MD P.O. BOX 2709 CYPRESS, TX 77410	DIRECTOR 3.	NONE	NONE	NONE
STEPHEN L. WILLIAMS, M.ED., MPA P.O. BOX 2709 CYPRESS, TX 77410	DIRECTOR 3.	NONE	NONE	NONE
	GRAND TOTALS	69,785.	NONE	NONE

FORM 990EZ, PART V - EXPLANATION FOR LINE 34

=====

HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY, INC. OBTAINED A D/B/A,
THE IMMUNIZATION PARTNERSHIP, FROM THE TEXAS SECRETARY OF STATE. A
CERTIFICATE OF FILING FROM THE TEXAS SECRETARY OF STATE IS ATTACHED.

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



Hope Andrade
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

HOUSTON-HARRIS COUNTY IMMUNIZATION REGISTRY

File Number: 161411301

Assumed Name:

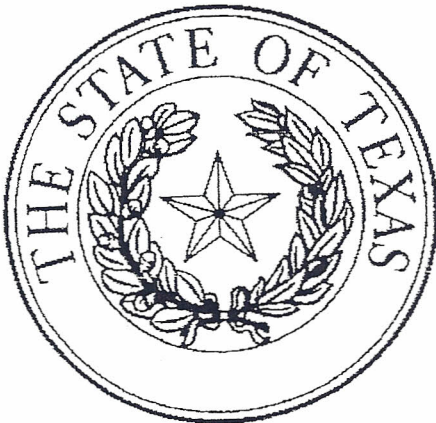
The Immunization Partnership

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

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

Dated: 05/28/2009

Effective: 05/28/2009



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State



Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0074

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

Notice Number: CP211A
Date: June 28, 2010

Taxpayer Identification Number:
76-0695612
Tax Form: 990
Tax Period: September 30, 2009

137301.742658.0414.009 1 AT 0.357 375



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

7301

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, 2010**.

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.

