

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

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047  
**2017**  
Open to Public Inspection

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

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

**C** Name of organization  
IMMUNIZATION ACTION COALITION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
2550 UNIVERSITY AVENUE W NO 415N

City or town, state or province, country, and ZIP or foreign postal code  
ST PAUL, MN 55114

**F** Name and address of principal officer  
DEBORAH L WEXLER MD  
2550 UNIVERSITY AVENUE W NO 415N  
ST PAUL, MN 55114

**D** Employer identification number  
41-1768237

**E** Telephone number  
(651) 647-9009

**G** Gross receipts \$ 2,793,295

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

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

**J** Website: ▶ WWW IMMUNIZE ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1993

**M** State of legal domicile MN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
EDUCATE HEALTHCARE PROFESSIONALS AND THE PUBLIC ABOUT SAFE AND EFFECTIVE USE OF VACCINES

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	4
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	3
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	6
<b>6</b> Total number of volunteers (estimate if necessary)	3
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,333,291	1,660,941
<b>9</b> Program service revenue (Part VIII, line 2g)	931,523	1,106,669
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,873	22,736
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,269	2,949
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,278,956	2,793,295
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	958,169	993,764
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶42,066		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,694,583	1,288,916
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,652,752	2,282,680
<b>19</b> Revenue less expenses Subtract line 18 from line 12	626,204	510,615
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	4,246,899	4,455,650
<b>21</b> Total liabilities (Part X, line 26)	474,871	173,007
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	3,772,028	4,282,643

**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 2018-12-11  
DEBORAH L WEXLER MD EXECUTIVE DIRECTOR  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name BRUCE THIEL	Preparer's signature BRUCE THIEL	Date	Check <input type="checkbox"/> if self-employed	PTIN P00526510
Firm's name ▶ CBIZ MHM LLC			Firm's EIN ▶ 34-1873282	
Firm's address ▶ 222 SOUTH 9TH STREET SUITE 1000 MINNEAPOLIS, MN 55402			Phone no (612) 339-7811	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

SEE SCHEDULE 'O'

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 872,201 including grants of \$ ) (Revenue \$ 143,228 )

See Additional Data

**4b** (Code ) (Expenses \$ 1,160,419 including grants of \$ ) (Revenue \$ 963,441 )

See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e Total program service expenses** ▶ 2,032,620

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b> 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		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (4); 1b Enter the number of voting members included in line 1a, above, who are independent (3); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (No); 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 (No)

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (CASEY PAULY 2550 UNIVERSITY AVE WEST STE 415N ST PAUL, MN 55114 (651) 647-9009)







**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	397,998				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,262,943				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,660,941				
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2a</b> COLLABORATIVE AGREEMEN	900099	963,441	963,441			
	<b>b</b> PRODUCT CONTRIBUTION	900099	100,635	100,635			
	<b>c</b> HONORARIA	900099	42,593	42,593			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .		1,106,669					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		22,736			22,736	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	<b>Business Code</b>						
<b>11a</b> OTHER INCOME	900099	2,949			2,949		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		2,949					
<b>12 Total revenue.</b> See Instructions . . . . .		2,793,295	1,106,669	0	25,685		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	466,332	453,819	8,262	4,251
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	409,887	283,007	106,126	20,754
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	11,816	8,083	3,117	616
<b>9</b> Other employee benefits.	52,651	41,858	8,943	1,850
<b>10</b> Payroll taxes.	53,078	42,922	8,464	1,692
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	173		173	
<b>c</b> Accounting.	17,100		17,100	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	611,407	570,359	34,154	6,894
<b>12</b> Advertising and promotion.	16,060	13,737	2,323	
<b>13</b> Office expenses.	45,202	41,485	3,126	591
<b>14</b> Information technology.	195,072	187,560	5,250	2,262
<b>15</b> Royalties.				
<b>16</b> Occupancy.	64,097	57,687	5,128	1,282
<b>17</b> Travel.	48,151	48,151		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	140,988	139,044	1,944	
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	37,751	33,976	3,020	755
<b>23</b> Insurance.	5,557	5,051	405	101
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PRINTING & PUBLICATION	71,305	70,539	10	756
<b>b</b> POSTAGE AND DISTRIBUTION	36,053	35,342	449	262
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	2,282,680	2,032,620	207,994	42,066
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	161,400	160,700	0	700

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	174,691	<b>1</b>	208,147
	<b>2</b> Savings and temporary cash investments . . . . .	3,404,106	<b>2</b>	3,478,141
	<b>3</b> Pledges and grants receivable, net . . . . .	500,366	<b>3</b>	628,477
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	20,499	<b>8</b>	20,383
	<b>9</b> Prepaid expenses and deferred charges . . . . .	28,397	<b>9</b>	33,857
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	297,543		
	<b>b</b> Less accumulated depreciation	210,898		
		118,840	<b>10c</b>	86,645
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,246,899	<b>16</b>	4,455,650	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	92,342	<b>17</b>	109,800
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	345,195	<b>19</b>	35,016
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	37,334	<b>25</b>	28,191
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	474,871	<b>26</b>	173,007
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	3,010,078	<b>27</b>	3,678,156
	<b>28</b> Temporarily restricted net assets . . . . .	761,950	<b>28</b>	604,487
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	3,772,028	<b>33</b>	4,282,643
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	4,246,899	<b>34</b>	4,455,650

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	2,793,295
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	2,282,680
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	510,615
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	3,772,028
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,282,643

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>		No
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	<b>3a</b>		No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1768237

**Name:** IMMUNIZATION ACTION COALITION

Form 990 (2017)

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**Form 990, Part III, Line 4a:**

EDUCATION - SEE SCHEDULE O

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**Form 990, Part III, Line 4b:**

PARTNERING FOR IMMUNIZATION - SEE SCHEDULE O

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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
IMMUNIZATION ACTION COALITION

Employer identification number  
41-1768237

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s)

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

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

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

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	1,790,254	2,252,114	1,667,479	2,333,291	1,660,941	9,704,079
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	1,790,254	2,252,114	1,667,479	2,333,291	1,660,941	9,704,079
<b>5</b>	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)						5,386,582
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						4,317,497

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b>	Amounts from line 4	1,790,254	2,252,114	1,667,479	2,333,291	1,660,941	9,704,079
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,899	3,457	11,624	10,873	22,736	57,589
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on	3,211	1,348	584	3,269	2,949	11,361
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						9,773,029
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	4,989,117

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

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

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	44.180 %
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	45.660 %

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

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

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

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

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1768237

**Name:** IMMUNIZATION ACTION COALITION

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
  
**2017**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of the organization IMMUNIZATION ACTION COALITION	Employer identification number 41-1768237
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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 in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**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 the 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	985													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	985													
<b>d</b>	Other exempt purpose expenditures	2,281,694													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	2,282,679													
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	264,134													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	66,034													
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b>	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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	262,294	311,217	282,638	264,134	1,120,283
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,680,425
<b>c</b> Total lobbying expenditures	7,925	348	2,933	985	12,191
<b>d</b> Grassroots nontaxable amount	65,574	77,804	70,660	66,034	280,072
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					420,108
<b>f</b> Grassroots lobbying expenditures	1,299	188	1,622		3,109



**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)).**

*For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity*

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b> 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?	<b>5</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
IMMUNIZATION ACTION COALITION

**Employer identification number**  
41-1768237

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

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

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		156,581	89,475	67,106
<b>d</b> Equipment . . . . .		101,999	95,334	6,665
<b>e</b> Other . . . . .		38,963	26,089	12,874
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				86,645

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED LEASE INCENTIVE	28,191
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	28,191

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	2,793,295
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,793,295
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	2,793,295

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	2,282,680
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,282,680
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	2,282,680

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1768237

**Name:** IMMUNIZATION ACTION COALITION

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED JUNE 30, 2018, AND 2017.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
IMMUNIZATION ACTION COALITION

**Employer identification number**

41-1768237

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	0	0			13,411
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			13,411



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1768237

**Name:** IMMUNIZATION ACTION COALITION

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	CONSULT AND PROVIDE GUIDANCE AND ASSISTANCE ON THE DEVELOPMENT OF THEIR SUMMIT MEETINGS	10,648
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	CONSULT AND PROVIDE GUIDANCE AND ASSISTANCE ON THE DEVELOPMENT OF THEIR SUMMIT MEETINGS	2,763

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
IMMUNIZATION ACTION COALITION

Employer identification number  
41-1768237

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>	No								
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes								
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									



**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	THE OPERATIONS MANAGER APPROVED THE DECISION IN COORDINATION WITH THE EXECUTIVE DIRECTOR. MOST OF THE ORGANIZATION'S FIRST CLASS TRAVEL IS FIRST CLASS/BUSINESS CLASS. FLYING FIRST/BUSINESS CLASS ENABLES KEY EMPLOYEES TO DO IMPORTANT WORK DURING THE FLIGHT, WITH SUBSTANTIAL BENEFIT TO THE ORGANIZATION.



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

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

IMMUNIZATION ACTION COALITION

Employer identification number

41-1768237

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>THE IMMUNIZATION ACTION COALITION (IAC) WORKS TO INCREASE IMMUNIZATION RATES AND PREVENT DISEASE BY CREATING AND DISTRIBUTING EDUCATIONAL MATERIALS FOR HEALTH PROFESSIONALS AND THE PUBLIC THAT ENHANCE THE DELIVERY OF SAFE AND EFFECTIVE IMMUNIZATION SERVICES IAC ALSO FACILITATES COMMUNICATION ABOUT THE SAFETY, EFFICACY, AND USE OF VACCINES WITHIN THE BROAD IMMUNIZATION COMMUNITY OF PATIENTS, PARENTS, HEALTHCARE ORGANIZATIONS, AND GOVERNMENT HEALTH AGENCIES FOR MORE THAN TWO DECADES, THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) HAS WORKED IN CONCERT WITH AND PROVIDED FINANCIAL SUPPORT TO IAC FOR THE PURPOSE OF EDUCATING HEALTHCARE PROFESSIONALS ABOUT U S VACCINE RECOMMENDATIONS CDC FIRST RECOGNIZED IAC'S ACCOMPLISHMENTS IN 1997 BY AWARDING IT THE PRESTIGIOUS PARTNERS IN PUBLIC HEALTH AWARD FOR EFFORTS "INSTRUMENTAL IN ACHIEVING HIGH LEVELS OF ROUTINE INFANT HEPATITIS B IMMUNIZATION " PHYSICIANS, NURSES, AND OTHER HEALTHCARE PROFESSIONALS AT EVERY LEVEL OF THE IMMUNIZATION COMMUNITY, INCLUDING BOTH THE PUBLIC AND PRIVATE SECTORS, RELY ON MANY OF THE FOLLOWING PROJECTS IN THEIR DAILY WORK TO INCREASE IMMUNIZATION RATES ACROSS THE LIFESPAN</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM EDUCATION IAC CREATES PUBLICATIONS AND EDUCATIONAL MATERIALS FOR HEALTHCARE PROFESSIONAL STAFF, THEIR PATIENTS, AND THE PUBLIC ALL OF THESE PUBLICATIONS AND MATERIALS ARE AVAILABLE ONLINE AND COPYRIGHT-FREE IAC EXPRESS CURRENTLY EMAILED FREE OF CHARGE TO NEARLY 51,000 OPT-IN SUBSCRIBERS EVERY WEDNESDAY, IAC EXPRESS PROVIDES UP-TO-DATE INFORMATION ABOUT NEW AND UPDATED CDC VACCINE RECOMMENDATIONS, NEW FDA VACCINE LICENSURES, NEWLY RELEASED VACCINE INFORMATION STATEMENTS, NEW IMMUNIZATION EDUCATION MATERIALS, CURRENT EVENTS IN THE VACCINE WORLD, AND JOURNAL ARTICLES SPECIAL EDITIONS OF IAC EXPRESS ARE ALSO PUBLISHED WHEN THERE ARE URGENT MATTERS TO BE REPORTED DURING FISCAL YEAR 2018 (FY2018), IAC PUBLISHED 58 ISSUES OF IAC EXPRESS CONTAINING 948 ARTICLES ON TOPICS RELATED TO VACCINES AND VACCINE-PREVENTABLE DISEASES THE CURRENT ISSUE, AS WELL AS THE 1,381 ISSUES PUBLISHED SINCE IAC EXPRESS'S BEGINNING IN 1997, IS AVAILABLE ONLINE AT WWW IMMUNIZE ORG/EXPRESS ASK THE EXPERTS ASK THE EXPERTS (ATE) IS A RECURRING FEATURE OF IAC EXPRESS, IN WHICH CDC EXPERTS ANSWER CHALLENGING AND TIMELY QUESTIONS ABOUT VACCINES AND THEIR USE QUESTIONS ARE GATHERED FROM IAC'S CLOSE COMMUNICATIONS WITH CLINICIANS WHO PROVIDE IMMUNIZATION SERVICES AS WELL AS FROM IAC AND CDC STAFF WHO CLOSELY MONITOR THE LATEST CHANGES TO VACCINE RECOMMENDATIONS MORE THAN 1,100 ATEs ARE AVAILABLE AND SEARCHABLE ON THE ASK THE EXPERTS WEBSITE ONLINE AT WWW IMMUNIZE ORG/ASKEXPERTS UNPROTECTED PEOPLE REPORTS SINCE 1998, IAC HAS COLLECTED AND PUBLISHED PERSONAL STORIES AND CASE REPORTS ABOUT PEOPLE WHO HAVE SUFFERED OR DIED FROM VACCINE-PREVENTABLE DISEASES WE BELIEVE THAT UNPROTECTED PEOPLE REPORTS IS EXTREMELY IMPORTANT IN HELPING PARENTS AND THE MEDIA UNDERSTAND THE VALUE OF VACCINES THESE REPORTS CAN BE PARTICULARLY EFFECTIVE IN COUNTERING STORIES CLAIMING HARM FROM VACCINES CURRENTLY, 109 REPORTS ARE AVAILABLE ONLINE AT WWW IMMUNIZE ORG/REPORTS EDUCATIONAL MATERIALS FOR HEALTHCARE PROFESSIONALS, THEIR PATIENTS, AND THE PUBLIC IAC IS THE MOST RELIED UPON SOURCE OF FREE CDC-REVIEWED IMMUNIZATION MATERIALS FOR HEALTHCARE PROFESSIONALS, THEIR PATIENTS, AND THE PUBLIC DURING FISCAL YEAR 2018, 4.4 MILLION COPIES OF IAC'S 320 EDUCATIONAL PIECES (INCLUDING TRANSLATIONS) WERE DOWNLOADED FROM IAC'S HANDOUTS WEB SECTION ALL OF IAC'S EDUCATIONAL MATERIALS ARE AVAILABLE ONLINE FREE OF CHARGE AND READY TO COPY AT WWW IMMUNIZE ORG/HANDOUTS IAC BELIEVES IT IS VERY IMPORTANT TO PROVIDE INFORMATION FOR NON-ENGLISH SPEAKING PATIENTS AND THE PUBLIC WE CURRENTLY PROVIDE SPANISH TRANSLATIONS OF 51 OF OUR PATIENT/PARENT HANDOUTS MANY OF THESE PATIENT/PARENT HANDOUTS ARE ALSO TRANSLATED INTO 6 ADDITIONAL LANGUAGES TRANSLATIONS OF VACCINE INFORMATION STATEMENTS (VISS) FOR MORE THAN A DECADE, IAC HAS MAINTAINED AN ONLINE INDEX OF THE FEDERALLY MANDATED VISS FOR WHICH HUNDREDS OF TRANSLATIONS ARE AVAILABLE THE INDEX CAN BE VIEWED AT WWW IMMUNIZE ORG/VIS AND CAN BE SORTED ALPH</p>

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<p>FORM 990, PART III, LINE 4A</p>	<p>ABETICALLY OR BY VACCINE OR LANGUAGE VISITORS CAN ALSO FIND TIPS ON HOW TO USE VISS, NEWS ABOUT VISS, AND LINKS TO RELATED CDC RESOURCES IN OCTOBER 2016, IAC ENTERED INTO A FIVE- YEAR COOPERATIVE AGREEMENT WITH CDC TO SUPPORT IAC'S ROLE AS THE OFFICIAL CLEARINGHOUSE OF VIS TRANSLATIONS AS A RESULT OF THE FEDERAL FUNDING, IAC PROVIDES TRANSLATIONS IN A MINI MUM OF NINE LANGUAGES WITHIN 30 DAYS OF CDC'S RELEASE OF A NEW OR UPDATED VIS FOR A ROUTIN ELY RECOMMENDED VACCINE THE LANGUAGES PROVIDED WITHIN THE CURRENT GRANT YEAR ARE ARABIC, BURMESE, CHINESE (SIMPLIFIED), CHINESE (TRADITIONAL), FRENCH (EUROPEAN), RUSSIAN, SPANISH (MEXICAN), SPANISH IN RICH TEXT FORMAT (RTF), SOMALI, AND VIETNAMESE IN ADDITION, IAC POS TS SPANISH VIS TRANSLATIONS ONLINE IN BOTH PDF AND RICH TEXT FORMAT (RTF) FILES RTF VERSI ONS ENABLE ELECTRONIC RECORDS SYSTEMS (THAT CANNOT UTILIZE PDFS) TO PROVIDE SPANISH TRANSLATIONS WITHIN THEIR SYSTEMS IAC STAFF COORDINATES NATIONALLY WITH NUMEROUS DONORS AND VOL UNTEERS WHO GENEROUSLY PROVIDE TRANSLATIONS OF VISS IN ADDITIONAL LANGUAGES DURING FISCAL YEAR 2018, IAC POSTED MORE THAN 230 NEW OR REVISED VIS TRANSLATIONS ON ITS WEBSITE AT WWW IMMUNIZE ORG/VIS NEEDLE TIPS AND VACCINATE ADULTS FOR 23 YEARS, FRONTLINE HEALTHCARE PR OFessionALS HAVE RELIED ON NEEDLE TIPS (IAC'S FLAGSHIP) AND VACCINATE ADULTS FOR QUARTERLY UP-TO-DATE, PRACTICE-ORIENTED INFORMATION ON THE NATIONAL RECOMMENDATIONS FOR CHILDHOOD, ADOLESCENT, AND ADULT IMMUNIZATION DURING FY2018 WE DISCONTINUED NEEDLE TIPS AND VACCINAT E ADULTS IAC EXPRESS WILL CONTINUE TO PROVIDE IAC'S READERS WITH CONTENT THAT PREVIOUSLY WAS PROVIDED IN THESE TWO PUBLICATIONS IN ADDITION, ALL PAST ISSUES ARE ARCHIVED ON WWW I MMUNIZE ORG/NT AND WWW IMMUNIZE ORG/VA ADDITIONAL IMMUNIZATION RESOURCES THIS ONLINE COM PENDIUM HIGHLIGHTS EMAIL NEWS SERVICES, APPLICATIONS (APPS), PACKAGE INSERTS, POWERPOINT S LIDE SETS, VACCINE MANUFACTURERS, AND IMMUNIZATION PARTNER ORGANIZATIONS THIS FREE DIRECT ORY IS ONLINE AT WWW IMMUNIZE ORG/RESOURCES IMMUNIZATION TECHNIQUES BEST PRACTICES WITH INFANTS, CHILDREN, AND ADULTS DVD IN 2001, IAC COLLABORATED WITH THE CALIFORNIA DEPARTMEN T OF PUBLIC HEALTH, IMMUNIZATION BRANCH, IN DEVELOPING THIS DVD (FORMERLY TITLED IMMUNIZATION TECHNIQUES SAFE, EFFECTIVE, CARING) IN 2010, THE CALIFORNIA DEPARTMENT OF PUBLIC HEA LTH UPDATED THIS AWARD-WINNING TRAINING VIDEO THAT TEACHES BEST PRACTICES FOR ADMINISTERIN G INTRAMUSCULAR AND SUBCUTANEOUS VACCINES TO INFANTS, CHILDREN, AND ADULTS IT IS DESIGNED FOR USE AS A "HANDS ON" INSTRUCTIONAL PROGRAM FOR NEW STAFF, AS WELL AS A REFRESHER COURSE FOR THOSE WHO ARE EXPERIENCED IN VACCINE ADMINISTRATION IAC IS THE EXCLUSIVE DISTRIBUTOR OF THIS DVD OUTSIDE THE STATE OF CALIFORNIA THE DVD CAN BE ORDERED ONLINE AT WWW IMMUNI ZE ORG/DVD PERSONAL IMMUNIZATION RECORD CARDS IN COLLABORATION WITH CDC, AND WITH INPUT FROM SEVERAL STATE HEALTH DEPARTMENTS, IAC HAS CREATED THREE VERSIONS OF A PERSONAL HAND-H ELD IMMUNIZATION RECORD CARD F</p>

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	OR RECORDING VACCINATION HISTORIES VERSIONS ARE AVAILABLE FOR CHILDREN, ADULTS, AND ACROSS-THE-LIFESPAN USE TO DATE, MORE THAN 12 MILLION IMMUNIZATION RECORD CARDS HAVE BEEN DISTRIBUTED, INCLUDING 9.3 MILLION ADULT, 1.1 MILLION CHILD/TEEN, AND 1.6 MILLION LIFETIME RECORD CARDS RECORD CARDS CAN BE ORDERED ONLINE AT <a href="http://WWW.IMMUNIZE.ORG/RECORDCARDS">WWW.IMMUNIZE.ORG/RECORDCARDS</a> LAMINATED IMMUNIZATION SCHEDULES IN MARCH 2006, IAC BEGAN PRODUCING DURABLE VERSIONS OF CDC'S RECOMMENDED IMMUNIZATION SCHEDULES (FOR CHILDREN/TEENS AND ADULTS) FOR CONVENIENT USE IN MEDICAL PRACTICES IAC ADDS VALUE TO THESE RESOURCES BY INCLUDING CONTRAINDICATIONS AND PRECAUTIONS FOR EACH VACCINE SO THAT HEALTHCARE PROFESSIONALS DO NOT HAVE TO REFER TO SEPARATE RESOURCES FOR THIS CRITICAL INFORMATION IAC HAS DISTRIBUTED MORE THAN 355,000 LAMINATED SCHEDULES LAMINATED SCHEDULES CAN BE ORDERED ONLINE AT <a href="http://WWW.IMMUNIZE.ORG/SCHEDULES">WWW.IMMUNIZE.ORG/SCHEDULES</a>

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<p>FORM 990, PART III, LINE 4A</p>	<p>WEBSITE FOR HEALTHCARE PROFESSIONALS WWW IMMUNIZE ORG LAUNCHED IN 1994 AS ONE OF THE EAR LIEST WEBSITES DEVOTED TO IMMUNIZATION, WWW IMMUNIZE ORG IS THE LARGEST RESOURCE OF PRACTI CAL, USER-FRIENDLY IMMUNIZATION INFORMATION AVAILABLE TODAY, SERVING AN AVERAGE OF MORE TH AN 25,000 VISITORS PER DAY IN FISCAL YEAR 2018 THE WEBSITE MAKES AVAILABLE MORE THAN 1,50 0 WEB PAGES AND 1,400 PDF FILES DEDICATED TO EDUCATING HEALTHCARE PROFESSIONALS AND THE PU BLIC ABOUT VACCINES AND VACCINE-PREVENTABLE DISEASES CURRENTLY, THE SITE RANKS NUMBER ONE IN GOOGLE WHEN SEARCHING ON THE TERM "IMMUNIZE " THIS WEBSITE HOUSES THE COMPLETE COLLECT ION OF IAC'S PUBLICATIONS AND EDUCATIONAL MATERIALS, ALL OF WHICH ARE AVAILABLE FREE OF CHARGE USERS ARE ENCOURAGED TO COPY AND DISTRIBUTE THEM THE COLLECTION INCLUDES ALL VISS P UBLISHED IN THE UNITED STATES IN DOZENS OF LANGUAGES IN THE PAST 12 MONTHS, USERS DOWNLOA DED 7 0 MILLION READY-TO-COPY (PDF) DOCUMENTS FROM THE WEBSITE, INCLUDING APPROXIMATELY 2 6 MILLION VISS AND THEIR TRANSLATIONS AND 4 4 MILLION COPIES OF EDUCATIONAL MATERIALS OTH ER NOTEWORTHY SECTIONS OF THE WEBSITE INCLUDE ACIP RECOMMENDATIONS, PACKAGE INSERTS, DISEA SES AND VACCINES, CLINIC TOOLS, STATE VACCINATION LAWS, IMAGE LIBRARY OF VACCINE-PREVENTAB LE DISEASES, AND VIDEO OF THE WEEK WEBSITE FOR THE PUBLIC, VACCINE INFORMATION YOU NEED WWW VACCINEINFORMATION ORG DEVELOPED IN CONSULTATION WITH CDC, THIS WEBSITE FOR THE GENER AL PUBLIC PRESENTS STRAIGHTFORWARD INFORMATION ABOUT VACCINE-PREVENTABLE DISEASES AND THEI R VACCINES LAUNCHED IN AUGUST 2002, IT CURRENTLY HOSTS AN AVERAGE OF MORE THAN 4,500 VISI TS PER DAY, MAKING MORE THAN 200 PAGES AVAILABLE IT PROVIDES BASIC INFORMATION ABOUT VACC INATION, VACCINE SAFETY, AND THE OVERALL IMPORTANCE OF IMMUNIZATION, AND FEATURES 234 VACC INE-PREVENTABLE DISEASE PHOTOS AND 187 VIDEO CLIPS MAJOR SECTIONS INCLUDE INFANTS/CHILDRE N, PRETEENS, TEENS, AND ADULTS THE WEBSITE OFFERS PARENTS AND PEOPLE OF ALL AGES TIMELY, ACCURATE, AND PROVEN INFORMATION ABOUT VACCINES AND THE DISEASES THEY PREVENT THE SITE AL SO FEATURES HUNDREDS OF VALUABLE RESOURCES, INCLUDING PERSONAL TESTIMONIES OF SUFFERING AN D LOSS DUE TO VACCINE-PREVENTABLE DISEASES, VACCINE-RELATED VIDEOS, AND PUBLIC SERVICE ANN OUNCEMENTS, ALONG WITH EDUCATIONAL MATERIALS FROM TRUSTED ORGANIZATIONS WEBSITE FOR IMMUN IZATION COALITIONS WWW IMMUNIZATIONCOALITIONS ORG THIS WEBSITE PROVIDES ACCESS TO AN INT ERACTIVE ONLINE DATABASE OF LOCAL, STATE, REGIONAL, AND NATIONAL IMMUNIZATION COALITIONS THE DATABASE ALLOWS INTERESTED HEALTHCARE PROFESSIONALS, PARENTS, IMMUNIZATION ADVOCATES, AND OTHERS TO CONTACT IMMUNIZATION COALITIONS FOR RESOURCES, IDEAS, OR VOLUNTEER OPPORTUNI TIES CURRENTLY, 131 IMMUNIZATION COALITIONS HAVE ENTERED INFORMATION ABOUT THEIR STRUCTUR ES AND ACTIVITIES ADULT VACCINATION GUIDE IAC'S VACCINATING ADULTS A STEP-BY-STEP GUIDE (GUIDE) WAS RELEASED NOVEMBER 2018 THE GUIDE PROVIDES 142 PAGES OF PRACTICAL INFORMATION IN AN EASY-TO-USE FORMAT TO H</p>

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FORM 990, PART III, LINE 4A	ELP PRACTITIONERS IMPLEMENT OR ENHANCE ADULT IMMUNIZATION SERVICES IN THEIR HEALTHCARE SETTINGS THE GUIDE ALSO INCLUDES AN ABUNDANCE OF WEB ADDRESSES AND REFERENCES TO ASSIST IN STAYING UP TO DATE WITH THE MOST CURRENT INFORMATION DEVELOPED BY STAFF AT THE IMMUNIZATION ACTION COALITION, THE GUIDE HAD SEVERAL EARLY REVIEWS FOR TECHNICAL ACCURACY BY SUBJECT MATTER EXPERTS AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE NATIONAL VACCINE PROGRAM OFFICE, BOTH OF WHICH PROVIDED FINANCIAL SUPPORT A PDF VERSION OF THE GUIDE CAN BE DOWNLOADED FOR FREE AT <a href="http://WWW.IMMUNIZE.ORG/GUIDE">WWW.IMMUNIZE.ORG/GUIDE</a> TECHNICALLY SPEAKING TECHNICALLY SPEAKING IS A MONTHLY COLUMN WRITTEN BY IAC EXECUTIVE DIRECTOR DR. DEBORAH L. WEXLER THE CHILDREN'S HOSPITAL OF PHILADELPHIA VACCINE EDUCATION CENTER (VEC) FEATURES THE COLUMN IN ITS MONTHLY E-NEWSLETTER FOR HEALTHCARE PROFESSIONALS TECHNICALLY SPEAKING COLUMNS COVER PRACTICAL TOPICS IN IMMUNIZATION DELIVERY SUCH AS NEEDLE LENGTH, VACCINE ADMINISTRATION, STORAGE AND HANDLING, AND IMMUNIZATION SCHEDULES CURRENT AND ARCHIVED ISSUES BACK THROUGH 2010 ARE AVAILABLE ONLINE AT <a href="http://WWW.IMMUNIZE.ORG/TECHNICALLY-SPEAKING">WWW.IMMUNIZE.ORG/TECHNICALLY-SPEAKING</a>

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FORM 990, PART III, LINE 4B	<p>PROGRAM PARTNERING FOR IMMUNIZATION IAC IS BROADLY AND DEEPLY CONNECTED TO EVERY LEVEL OF THE UNITED STATES IMMUNIZATION COMMUNITY WE SERVE AS AN INDEPENDENT "COMMUNICATIONS HUB" THROUGH OUR PUBLICATIONS, WEBSITES, EMAIL NEWS SERVICES, CONFERENCE ORGANIZING AND PARTICIPATION, CONTRIBUTIONS TO POLICY MAKING, AND DIRECT CONTACT WITH EVERY VACCINE-INVOLVED FEDERAL AGENCY, STATE HEALTH DEPARTMENT, PROFESSIONAL MEDICAL ASSOCIATION, AND VACCINE MANUFACTURER VIRTUALLY ALL OF AMERICA'S PROFESSIONAL MEDICAL SOCIETIES PARTNER WITH IAC AS MEMBERS OF OUR ADVISORY BOARD A LIST OF THESE SOCIETIES IS AVAILABLE ONLINE AT WWW IMMUNIZE ORG/ABOUTUS/ADVISORYBOARD ASP NATIONAL ADULT AND INFLUENZA IMMUNIZATION SUMMIT (NAIIS) NAIIS IS A PARTNERSHIP LED BY CDC, THE NATIONAL VACCINE PROGRAM OFFICE, AND IAC, OF MORE THAN 140 ORGANIZATIONS INCLUDING MORE THAN 700 INDIVIDUALS SINCE 2003, IAC HAS BEEN THE LEADING MEMBER OF NAIIS, CONTINUING TO SERVE AS THE NAIIS FISCAL AGENT AND MANAGING ITS WEBSITE AT WWW IZSUMMITPARTNERS ORG THE THREE NAIIS WORK GROUPS TAKE SPECIFIC ACTIONS THAT LEAD TO IMPROVEMENTS IN VACCINE UPTAKE IAC CHIEF STRATEGY OFFICER DR L J TAN LEADS THIS PROJECT NATIONAL NETWORK FOR IMMUNIZATION COALITIONS IAC FOUNDED THE NATIONAL NETWORK FOR IMMUNIZATION COALITIONS IN 2012 IAC MANAGES THE GROUP'S COMMUNICATIONS AND DELIBERATIONS, INCLUDING AN EMAIL LISTSERV, NEWSLETTERS, AND WEBSITE IAC ALSO CONDUCTS MONTHLY TELECONFERENCE CALLS OF THE COALITION DIRECTORS AND ARRANGES SPEAKERS FOR BIMONTHLY WEBINARS ATTENDED BY AN AVERAGE OF MORE THAN 100 PARTICIPANTS CURRENTLY, THE NETWORK COMPRISES MORE THAN 600 IMMUNIZATION ADVOCATES, INCLUDING REPRESENTATIVES FROM 130 IMMUNIZATION-RELATED COALITIONS AND NON-PROFIT LEADERS IAC HAS SERVED ON THE PLANNING COMMITTEE FOR THE BIENNIAL NATIONAL CONFERENCE FOR IMMUNIZATION COALITIONS AND PARTNERSHIPS (FORMERLY THE NATIONAL CONFERENCE ON IMMUNIZATION AND HEALTH COALITIONS) SINCE THE CONFERENCE BEGAN IN 1998 IMMUNIZATION POLICY AND CONFERENCES IAC IS DEEPLY INVOLVED IN STATE AND NATIONAL VACCINE POLICY MAKING SOME EXAMPLES FOR MORE THAN A DECADE, DR WEXLER, DR TAN, IAC ASSOCIATE DIRECTOR FOR IMMUNIZATION EDUCATION DR WILLIAM L ATKINSON, AND IAC ASSOCIATE DIRECTOR FOR IMMUNIZATION PROJECTS MS DIANE PETERSON HAVE FILLED IMPORTANT CONSULTING POSITIONS ON MANY ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) WORKING GROUPS, INCLUDING CHILDHOOD IMMUNIZATION SCHEDULE, ADULT IMMUNIZATION SCHEDULE, GENERAL RECOMMENDATIONS, COMBINATION VACCINES, INFLUENZA, HERPES ZOSTER, EVIDENCE-BASED, PNEUMOCOCCAL, HEPATITIS, PERTUSSIS, AND MENINGOCOCCAL-HIB DR TAN IS A FORMER VOTING MEMBER OF THE NATIONAL VACCINE ADVISORY COMMITTEE (NVAC) AND HAS SERVED AS CHAIR OF ITS IMMUNIZATION INFRASTRUCTURE WORKING GROUP, AS WELL AS SERVING ON THE VACCINE SAFETY, MATERNAL IMMUNIZATION, ADULT IMMUNIZATION, HEALTH CARE PERSONNEL, AND VACCINE CONFIDENCE WORKING GROUPS IAC STAFF MEMBERS ATTEND OR GIVE PRESENTATIONS AT CDC'S NATIONAL IMMUNIZ</p>

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FORM 990, PART III, LINE 4B	<p>ATION CONFERENCE, THE IMMUNIZATION PROGRAM MANAGERS CONFERENCE, AND MEETINGS OF THE NATIONAL VACCINE ADVISORY COMMITTEE (NVAC) AND ACIP, AS WELL AS AT MANY STATE IMMUNIZATION CONFERENCES. IAC STAFF ATTENDED 70 STATE OR NATIONAL AND SIX INTERNATIONAL CONFERENCES DURING FISCAL YEAR 2018. DR. WEXLER AND DR. TAN ARE MEMBERS OF THE 317 COALITION STEERING COMMITTEE, WHICH ADVOCATES FOR INCREASED FEDERAL FUNDING FOR THOSE WHO ARE UNINSURED OR UNDERINSURED, AS WELL AS FOR INCREASED FINANCIAL SUPPORT FOR THE INFRASTRUCTURE OF IMMUNIZATION PROGRAMS IN PUBLIC HEALTH DEPARTMENTS. DR. WEXLER, DR. TAN, IAC ASSOCIATE DIRECTOR FOR RESEARCH DR. SHARON HUMISTON, IAC COORDINATOR FOR PUBLIC HEALTH MS. LAUREL WOOD, AND MS. PETERSON PARTICIPATE ON SEVERAL MONTHLY CONFERENCE CALLS HOSTED BY IAC NATIONAL PARTNERS WITH PARTICIPATION BY ORGANIZATIONS SUCH AS THE AMERICAN ACADEMY OF PEDIATRICS, THE AMERICAN ACADEMY OF FAMILY PHYSICIANS, THE AMERICAN COLLEGE OF PHYSICIANS, AND THE AMERICAN PHARMACISTS ASSOCIATION. THESE CALLS ADDRESS A WIDE RANGE OF CURRENT FEDERAL AND STATE IMMUNIZATION POLICY ISSUES. IAC IS A MEMBER OF THE IMMUNIZATION ALLIANCE, AN AMERICAN ACADEMY OF PEDIATRICS INITIATIVE FORMED TO ADDRESS PARENTAL HESITANCY ABOUT IMMUNIZING CHILDREN. MS. PETERSON LEADS THE NATIONAL EFFORT TO TRACK STATE ANTI-THIMEROSAL LEGISLATION, AS WELL AS OTHER LEGISLATION THAT WOULD BE DETRIMENTAL TO STATE IMMUNIZATION PROGRAMS. THIS INCLUDES PROVIDING EDUCATIONAL MATERIALS AND RESOURCES FOR STATE AND NATIONAL PARTNERS AS WELL AS STATE LEGISLATORS. IN ADDITION, IAC MAINTAINS LISTS OF LOCAL AND STATE IMMUNIZATION CHAMPIONS WHO CAN BE CONTACTED TO HELP EDUCATE LEGISLATORS. MS. PETERSON IS THE IAC LEGISLATIVE LIAISON TO THE PEDIATRIC INFECTIOUS DISEASES SOCIETY'S VACCINE ADVOCACY TASK FORCE. MS. PETERSON REPRESENTS THE MINNESOTA COALITION ON ADULT IMMUNIZATION ON THE MINNESOTA IMMUNIZATION PRACTICES ADVISORY COMMITTEE, WHICH ADVISES THE MINNESOTA DEPARTMENT OF HEALTH'S IMMUNIZATION PROGRAM. MS. WOOD IS THE IAC LIAISON TO THE ASSOCIATION OF IMMUNIZATION MANAGERS (AIM), THE ORGANIZATION WHICH REPRESENTS THE 64 FEDERALLY FUNDED STATE, TERRITORIAL, AND CITY IMMUNIZATION PROGRAMS. DR. TAN AND MS. PETERSON GIVE PRESENTATIONS ON VACCINE POLICY AT STATE IMMUNIZATION CONFERENCES, EXPLAINING HOW VACCINE POLICY IS MADE AT THE STATE AND NATIONAL LEVELS AND HOW PEOPLE CAN GET INVOLVED AT THE LOCAL LEVEL. DR. TAN PROVIDES CONSULTATION INTERNATIONALLY TO THE EUROPEAN SCIENTIFIC WORKING GROUP OF THE EU INFLUENZA SUMMIT AND TO THE ASIAN PACIFIC ALLIANCE FOR THE CONTROL OF INFLUENZA, AND GIVES PRESENTATIONS NATIONALLY AND INTERNATIONALLY ON IMMUNIZATION POLICYMAKING AND ADVOCACY. MS. WOOD SERVES ON THE INTERNATIONAL VACCINE STABILITY WORKING GROUP WHICH IS TASKED WITH ALIGNING VACCINE STORAGE AND HANDLING POLICIES WITH RECOMMENDATIONS BASED ON SCIENCE AND EXPERTISE DERIVED FROM ORGANIZATIONS AROUND THE WORLD. DR. TAN IS ON THE STEERING COMMITTEE OF THE NATIONAL HPV VACCINATION ROUNDTABLE, ESTABLISHED BY</p>



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FORM 990, PART III, LINE 4B	<p>BY THE AMERICAN CANCER SOCIETY (ACS) AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IN 2014. THIS IS A NATIONAL COALITION OF PUBLIC ORGANIZATIONS, PRIVATE ORGANIZATIONS, VOLUNTARY ORGANIZATIONS, AND INVITED INDIVIDUALS DEDICATED TO REDUCING THE INCIDENCE OF AND MORTALITY FROM HPV-ASSOCIATED CANCER IN THE U.S., THROUGH COORDINATED LEADERSHIP AND STRATEGIC PLANNING. IAC IS A MEMBER ORGANIZATION. DR. TAN SERVED ON THE NATIONAL QUALITY FORUM'S ADULT IMMUNIZATIONS EXPERT COMMITTEE. DR. TAN SERVES ON THE PHARMACY QUALITY ALLIANCE'S ADULT IMMUNIZATION WORKING GROUP. DR. TAN BELONGS TO THE EUROPEAN SOCIETY OF CLINICAL MICROBIOLOGY AND INFECTIOUS DISEASES VACCINE STUDY GROUP. DR. TAN SERVES AS AN EDITOR FOR THE FOLLOWING PUBLICATIONS: JOURNAL FOR DISASTER MEDICINE AND PUBLIC HEALTH PREPAREDNESS, BMC INFECTIOUS DISEASES, AND MEDSCAPE INFECTIOUS DISEASES. DR. TAN COMPLETED HIS TERM AS AN ELECTED MEMBER OF THE FEDERAL NATIONAL VACCINE ADVISORY COMMITTEE (NVAC). HE CURRENTLY SERVES ON NVAC'S HPV AND VACCINE CONFIDENCE WORKING GROUPS. DR. TAN CO-CHAIRMANED THE ADULT VACCINE ACCESS COALITION (AVAC). AVAC'S GOAL IS TO MAKE NECESSARY POLICY CHANGES AT THE NATIONAL LEVEL TO INCREASE VACCINATION RATES. DR. TAN SERVES ON THE BOARD OF DIRECTORS OF AND PROVIDES LEADERSHIP TO THE UNITY CONSORTIUM. THE GROUP PROVIDES ACTION-ORIENTED LEADERSHIP, INNOVATION, AND EDUCATION ON PREVENTIVE HEALTH AND IMMUNIZATION FOR ADOLESCENTS AND YOUNG ADULTS.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>HEPATITIS B VACCINE BIRTH DOSE PROJECT FOR MORE THAN TWO DECADES, IAC HAS HELPED LEAD THE NATIONAL EFFORT TO ENSURE THAT EVERY NEWBORN RECEIVES A BIRTH DOSE OF HEPATITIS B VACCINE PRIOR TO DISCHARGE FROM THE NEWBORN NURSERY WE HAVE COMPLETED A GUIDEBOOK FOR IMPLEMENTING BIRTH DOSE POLICIES TITLED HEPATITIS B WHAT HOSPITALS NEED TO DO TO PROTECT NEWBORNS AND LAUNCHED A NATIONAL CAMPAIGN IN 2013 URGING BIRTHING INSTITUTIONS TO ADOPT HEPATITIS B VACCINE BIRTH DOSE POLICIES AS PART OF THIS INITIATIVE, IAC HAS DEVELOPED THE HEPATITIS B VACCINE BIRTH DOSE HONOR ROLL TO BE INCLUDED IN THE HONOR ROLL, A BIRTHING INSTITUTION MUST HAVE (1) REPORTED A COVERAGE RATE OF 90% OR GREATER, OVER A 12-MONTH PERIOD, FOR ADMINISTERING HEPATITIS B VACCINE BEFORE HOSPITAL DISCHARGE TO ALL NEWBORNS, INCLUDING THOSE WHOSE PARENTS REFUSE VACCINATION, AND (2) IMPLEMENTED SPECIFIC WRITTEN POLICIES, PROCEDURES, AND PROTOCOLS TO PROTECT ALL NEWBORNS FROM HEPATITIS B VIRUS INFECTION PRIOR TO HOSPITAL DISCHARGE HONOREES ARE LISTED ON IAC'S WEBSITE, AWARDED A CERTIFICATE, AND FEATURED IN IAC EXPRESS CURRENTLY, THE HONOR ROLL INCLUDES MORE THAN 400 BIRTHING INSTITUTIONS, ALL OF WHICH ARE LISTED ONLINE AT <a href="http://WWW.IMMUNIZE.ORG/HONOR-ROLL/BIRTHDOSE/HONOREES.ASP">WWW.IMMUNIZE.ORG/HONOR-ROLL/BIRTHDOSE/HONOREES.ASP</a> HONOR ROLL FOR PATIENT SAFETY IN 2009, IAC CREATED THE HONOR ROLL FOR PATIENT SAFETY, WHICH RECOGNIZES HEALTHCARE SETTINGS THAT HAVE IMPLEMENTED MANDATORY INFLUENZA VACCINATION POLICIES FOR THEIR HEALTHCARE STAFF TO DATE, MORE THAN 600 HEALTHCARE INSTITUTIONS HAVE BEEN HONORED THE HONOREES ARE LISTED AT <a href="http://WWW.IMMUNIZE.ORG/HONOR-ROLL/INFLUENZA-MANDATES">WWW.IMMUNIZE.ORG/HONOR-ROLL/INFLUENZA-MANDATES</a> VOICES FOR VACCINES AFTER CONCEIVING THE IDEA FOR A MEMBERSHIP ORGANIZATION OF PARENTS DEDICATED TO PROMOTING THE VALUE OF IMMUNIZATION, DR WEXLER CO-FOUNDED VOICES FOR VACCINES WITH DR STANLEY PLOTKIN AND DR PAUL OFFIT, ALL OF WHOM SERVE ON ITS EXECUTIVE COMMITTEE WEBSITE FOR VACCINE FACTS AND POLICY <a href="http://WWW.VACCINEFACTSANDPOLICY.ORG">WWW.VACCINEFACTSANDPOLICY.ORG</a> IN COLLABORATION WITH GEORGE WASHINGTON UNIVERSITY AND THE ASSOCIATION OF IMMUNIZATION MANAGERS, IAC HAS CREATED AN ONLINE DATABASE OF STATISTICS AND POLICIES COVERING EACH OF THE 50 STATES, WASHINGTON, DC, THE EIGHT U.S. TERRITORIES, AND THE FIVE MAJOR CITIES WITH FEDERALLY FUNDED IMMUNIZATION PROGRAMS THE DATA FOR THE VACCINE FACTS AND POLICY PROJECT ARE DIVIDED INTO FIVE MAJOR TOPIC AREAS, INCLUDING DEMOGRAPHICS AND RATES, FISCAL ENVIRONMENT, LAW AND POLICY, STRATEGIES AND INITIATIVES, AND THE STRUCTURE OF IMMUNIZATION PROGRAMS EACH MAJOR TOPIC AREA IS SUBDIVIDED INTO AREAS THAT ALLOW USERS TO CUSTOMIZE THEIR QUERIES IN ORDER TO LOCATE INFORMATION ON SPECIFIC IMMUNIZATION LAW AND POLICY TOPICS, INCLUDING BUT NOT LIMITED TO CORRECTIONAL FACILITIES, COVERAGE RATES, HEALTHCARE PERSONNEL, IMMUNIZATION INFORMATION SYSTEMS, MEDICAID, SCHOOL ENTRY REQUIREMENTS, AND STANDING ORDERS INFORMATION RESOURCE AND CUSTOMER SERVICE IAC MAKES A TREMENDOUS EFFORT TO ANSWER EMAIL AND PHONE INQUIRIES FROM HEALTHCARE PROFESSIONALS AND THE PUBLIC IN A TI</p>

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B</p>	<p>MELY AND ACCURATE MANNER STAFF MEMBERS RESPOND TO MORE THAN A THOUSAND EMAIL MESSAGES AND PHONE CALLS EACH MONTH IAC IN THE MEDIA IAC STAFF MEMBERS ARE OFTEN CALLED ON TO PROVIDE ACCURATE INFORMATION TO PRINT, RADIO, TELEVISION, AND INTERNET NEWS MEDIA SOME RECENT CONTACTS WITH MEDIA INCLUDE ABC NEWS, AMERICAN ACADEMY OF FAMILY PHYSICIANS, BAYLOR LARIAT, BECKER'S HOSPITAL REVIEW, BLOOMBERG, CHICAGO TRIBUNE, CNN, COLUMBIA DAILY TRIBUNE, EL PASO TIMES, ELSEVIER JOURNAL, FORBES, FOX NEWS, IDCARELIVE, INFECTIOUS DISEASE NEWS, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, KUTV, SALT LAKE CITY, UTAH, THE LA TIMES, MD MAGAZINE, MEDICAL ECONOMICS, MEDSCAPE MEDICAL NEWS, NATIONAL PUBLIC RADIO, NEW YORK MAGAZINE, NEWS WEEK, PHARMACY TIMES, PORTLAND PRESS HERALD, PUBLIC NEWS SERVICE, VICTORIA ADVOCATE, WALL STREET JOURNAL, WASHINGTON POST, WEBMD, AND THE YORK DAILY TIMES WHEN VACCINES ARE PORTRAYED INACCURATELY IN THE ENTERTAINMENT OR NEWS MEDIA, IAC OFTEN RESPONDS WITH AUTHORITATIVE INFORMATION ABOUT THE ISSUE AND A REMINDER ABOUT THE POSITIVE AND NEGATIVE POWER OF THE MEDIA ON AMERICAN ATTITUDES AND BELIEFS TAKE A STAND 10 A CONTINUATION OF THE WORKSHOP COLLABORATION WITH PFIZER INC, THIS TAKE A STAND (TAS) PROJECT TRACKED IMMUNIZATION COVERAGE RATES AND IDENTIFIED CHALLENGES AND SUCCESSES OF FIVE MEDICAL CLINICS ACROSS THE COUNTRY THAT ADDED STANDING ORDERS PROTOCOLS FOR ADULT IMMUNIZATION TO THEIR PRACTICES IN FY2018, IAC PRESENTED AT THE NATIONAL IMMUNIZATION CONFERENCE AND NATIONAL ADULT AND INFLUENZA SUMMIT, DETAILING ASPECTS OF THE PROJECT IN ADDITION, IAC CREATED THE INITIAL MANUSCRIPT DRAFT ON THE QUANTITATIVE AND QUALITATIVE RESULTS OF THE PROJECT IN FY2019, THE MANUSCRIPT WILL BE FINALIZED AND SUBMITTED FOR PUBLICATION IN A NATIONAL MEDICAL JOURNAL THESE ACTIVITIES SUPPORT ADVANCING THE USE OF STANDING ORDERS MORE BROADLY, HELPING TO INCREASE ADULT IMMUNIZATION RATES NATIONWIDE TAKE A STAND 20 SPONSORED BY PFIZER, INC DURING FY2018, THE IMMUNIZATION ACTION COALITION AND IDCARELIVE CREATED A SUITE OF SEVEN ONLINE VIDEO MODULES "STANDING ORDERS PROTOCOLS FOR ADULT IMMUNIZATION" THESE VIDEOS PROVIDE GUIDANCE TO CLINICIANS ON HOW TO IMPLEMENT STANDING ORDERS PROTOCOLS FOR ADULT VACCINATION IAC DRAFTED CONTENT AND SLIDE DECKS, PROVIDED IAC SUBJECT MATTER EXPERTS AS SPEAKERS, AND COORDINATED PROJECT ADMINISTRATION AND MARKETING IDCARELIVE WAS RESPONSIBLE FOR VIDEO PRODUCTION, WEBSITE HOSTING, AND MARKETING THE MODULES WERE LAUNCHED ON MARCH 1, 2018, AND ARE AVAILABLE AT WWW.IDCARELIVE.COM/STANDINGORDERS AS WITH THE TAS 10 PROJECT, THIS TOOL WILL BE USED TO ADVANCE STANDING ORDERS PROTOCOLS MORE BROADLY, AND HELP TO INCREASE ADULT IMMUNIZATION RATES NATIONWIDE IN FY2019, THE VIDEO MODULES WILL CONTINUE TO BE AVAILABLE ONLINE THROUGH FEBRUARY 2019 AND IAC WILL CONTINUE TO SUPPORT MARKETING EFFORTS MENACWY PROJECT AND 16-YEAR-OLD PLATFORM A COLLABORATION WITH SANOFI PASTEUR, THE GOAL OF THIS PROJECT IS TO IMPROVE IMMUNIZATION COV</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>ERAGE FOR THE RECOMMENDED SECOND DOSE OF MENINGOCOCCAL ACWY (MCV4) VACCINE AT 16 YEARS OF AGE ACCORDING TO CDC'S 2015 NIS-TEEN SURVEY, TWO-THIRDS OF TEENS ELIGIBLE FOR THE SECOND DOSE AT 16 YEARS OF AGE HAD NOT RECEIVED IT BY THEIR 18TH BIRTHDAY THE PROJECT UPDATED TH E WEBSITE WWW GIVE2MCV4 ORG, NOW RENAMED WWW GIVE2MENACWY ORG WE CONTINUE TO UPDATE A WID E ARRAY OF MATERIALS TO HELP PROVIDERS APPROPRIATELY RECOMMEND AND ADMINISTER THIS IMPORTA NT DOSE OF MENINGOCOCCAL ACWY VACCINE AMONG THE MANY ITEMS DEVELOPED FOR THE PROVIDER "TO OLKIT" ARE A GENERAL FACT SHEET ABOUT MENINGOCOCCAL DISEASE AND THE IMPORTANCE OF THE SECO ND DOSE, TIPS FOR TALKING WITH PATIENTS AND THEIR PARENTS, AND A SCREENING CHECKLIST AND S TANDING ORDERS TEMPLATES FOR VACCINE ADMINISTRATION NEW ITEMS AND TOOLS ARE REGULARLY ADD ED TO THE WEBSITE, PROMOTIONAL EFFORTS FOR PROVIDER EDUCATION ABOUT THE AVAILABLE RESOURCE S WILL CONTINUE, AND UPDATING INFORMATION WILL BE EMPHASIZED GOING FORWARD DR ATKINSON P RESENTED A WEBINAR HIGHLIGHTING THE IMPORTANCE OF ADOLESCENT VACCINATION TO MORE THAN 1,00 0 IN ONLINE ATTENDEES THE WEBINAR IS ARCHIVED ON WWW IMMUNIZE ORG AND THE SLIDE DECK CREA TED BY DR ATKINSON IS ALSO AVAILABLE ON THE WEBSITE 65+FLUDEFENSE IN JANUARY, IAC ENTER ED INTO A COLLABORATION AGREEMENT WITH SEQIRUS TO CREATE A WEBSITE TO PROMOTE THE IMPORTAN CE OF INFLUENZA VACCINATION FOR PEOPLE AGE 65 YEARS AND OLDER THE SITE WILL FEATURE TALKI NG POINTS, BEST PRACTICES, HELPFUL TIPS TO GUIDE HEALTHCARE PROVIDERS THROUGH CONVERSATION S AROUND INFLUENZA VACCINATION WITH THEIR OLDER PATIENTS, AND WILL ADDRESS PATIENT HESITAN CY AROUND VACCINATION THE GOAL IS TO HAVE THE SITE AVAILABLE BY OCTOBER 2018</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THERE ARE NO MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE GOVERNING BODY, AND THE GOVERNING BODY HAS NOT DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	IAC'S BYLAWS PROVIDE THAT DEBORAH L WEXLER, MD, IS THE SOLE MEMBER OF THE CORPORATION SHE IS ENTITLED TO ELECT THE BOARD OF DIRECTORS AND TO TAKE OTHER MEMBER ACTION, INCLUDING ADDING OTHER MEMBERS TO THE CORPORATION DR WEXLER HAS NOT TAKEN ANY ACTION AS THE SOLE MEMBER OF THE ORGANIZATION OTHER THAN TO APPOINT PROFESSIONALS TO THE BOARD OF DIRECTORS FOR THE PURPOSE OF PROMOTING IAC'S GOALS AND MISSION

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	SEE COMMENT ABOVE FOR PART VI, LINE 6

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION HAS A SMALL BOARD OF DIRECTORS THERE ARE NO SEPERATE COMMITTEES OF THE BOARD OF DIRECTORS



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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 THE ORGANIZATION'S STAFF PROVIDES NECESSARY DOCUMENTATION AND DATA VIA QUESTIONNAIRES TO THE ACCOUNTANT ONCE THE DRAFT OF THE FORM 990 HAS BEEN PREPARED BY THE ACCOUNTANT, THE ORGANIZATION'S MANAGEMENT REVIEWS THE FORM FOR ACCURACY WHEN THE DRAFT IS APPROVED BY MANAGEMENT, THE 990 IS SENT BY ELECTRONIC MEANS TO EACH BOARD MEMBER FOR REVIEW AND APPROVAL IF THERE ARE ANY CHANGES, THEY WILL BE INCORPORATED INTO THE DRAFT ONCE THE BOARD HAS APPROVED THE 990, MANAGEMENT CONVEYS APPROVAL TO THE ACCOUNTANT TO FINALIZE THE DRAFT THE FINAL FORM 990 IS SIGNED BY THE EXECUTIVE DIRECTOR AND FILED IN A TIMELY MANNER WITH THE APPROPRIATE STATE AND FEDERAL AUTHORITIES FORM 990 IS AVAILABLE FOR PUBLIC REVIEW ON WWW GUIDESTAR ORG

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	WRITTEN CONFLICT OF INTEREST POLICY ANNUALLY THE BOARD, MANAGEMENT AND ALL EMPLOYEES REVIEW AND SIGN THEIR COPIES OF THE CONFLICT OF INTEREST POLICY TO DISCLOSE ANY CONFLICTS COPIES ARE REVIEWED BY MANAGEMENT FOR REPORTABLE CONFLICTS ANY CONFLICTS ARE NOTED IN THE BOARD MINUTES BOARD MEMBERS THAT HAVE CONFLICTS OF INTEREST ARE PROHIBITED FROM PARTICIPATING OR VOTING IN BOARD ACTIVITIES RELATED TO THE CONFLICT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION OF EXECUTIVE DIRECTOR THE ORGANIZATION GATHERS COMPARABLE PAY DATA FROM THE STATE OF MN AND THE MN COUNCIL OF NONPROFIT SALARY AND BENEFITS SURVEY TO DETERMINE FAIRNESS ANNUAL REVIEW OF EXECUTIVE DIRECTOR'S SALARY AND BENEFITS IS APPROVED BY THE BOARD, WITH THE EXECUTIVE DIRECTOR EXCUSED FROM THE CONVERSATION AND VOTING THE EXECUTIVE DIRECTOR RECEIVED THE SAME PERCENTAGE INCREASE IN HER SALARY AS DID THE REST OF THE STAFF THIS PROCESS WAS LAST CONDUCTED IN SEPTEMBER 2015

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE IMMUNIZATION ACTION COALITION DOES NOT MAKE ITS ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC

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Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>DATABASE CONSULTANT PROGRAM SERVICE EXPENSES 27,058 MANAGEMENT AND GENERAL EXPENSES 71 FUNDRAISING EXPENSES 18 TOTAL EXPENSES 27,147 DESIGN CONSULTANT PROGRAM SERVICE EXPENSES 3,218 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,218 ADMIN CONSULTANT PROGRAM SERVICE EXPENSES 212 MANAGEMENT AND GENERAL EXPENSES 22,259 FUNDRAISING EXPENSES 5,396 TOTAL EXPENSES 27,867 MISC CONSULTANT PROGRAM SERVICE EXPENSES 10,848 MANAGEMENT AND GENERAL EXPENSES 620 FUNDRAISING EXPENSES 30 TOTAL EXPENSES 11,498 STANDING ORDERS PROJECT CONSULTANTS PROGRAM SERVICE EXPENSES 109,670 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 109,670 WRITER/EPIDEMIOLOGIST CONSULTANT PROGRAM SERVICE EXPENSES 58,027 MANAGEMENT AND GENERAL EXPENSES 6,109 FUNDRAISING EXPENSES 328 TOTAL EXPENSES 64,464 RESEARCH/GRANT/WRITER CONSULTANT PROGRAM SERVICE EXPENSES 10,642 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,642 PROJECTS CONSULTANT PROGRAM SERVICE EXPENSES 42,241 MANAGEMENT AND GENERAL EXPENSES 974 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 43,215 PUBLIC HEALTH COORDINATOR PROGRAM SERVICE EXPENSES 89,868 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 89,868 CREATIVE CONSULTANT PROGRAM SERVICE EXPENSES 42,102 MANAGEMENT AND GENERAL EXPENSES 1,558 FUNDRAISING EXPENSES 895 TOTAL EXPENSES 44,555 DIRECTOR OF IZ EDUCATION PROGRAM SERVICE EXPENSES 39,565 MANAGEMENT AND GENERAL EXPENSES 2,252 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 41,817 TRANSLATIONS PROGRAM SERVICE EXPENSES 37,208 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 37,208 BENEFIT AND PAYROLL SERVICE FEES PROGRAM SERVICE EXPENSES 3,498 MANAGEMENT AND GENERAL EXPENSES 311 FUNDRAISING EXPENSES 77 TOTAL EXPENSES 3,886 WRITER/WEB CONTENT CONSULT PROGRAM SERVICE EXPENSES 79,940 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 79,940 EDITING CONSULT PROGRAM SERVICE EXPENSES 16,262 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 150 TOTAL EXPENSES 16,412</p>