

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**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

**D** Employer identification number  
41-1768237

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

**G** Gross receipts \$ 2,634,977

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

**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 2019 (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 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,984,512	2,135,689
<b>9</b> Program service revenue (Part VIII, line 2g)	536,896	445,788
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,986	51,564
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,994	1,936
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,586,388	2,634,977
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35,000	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)	1,017,409	1,090,709
<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) ▶ 36,438		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,254,682	1,443,068
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,307,091	2,533,777
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	279,297	101,200
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	4,717,816	4,857,408
<b>21</b> Total liabilities (Part X, line 26)	155,876	194,268
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	4,561,940	4,663,140

**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: 2021-02-09

DEBORAH L WEXLER MD EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ CBIZ MHM LLC		2021-02-06		P00526510
Firm's address ▶ 222 SOUTH 9TH STREET SUITE 1000 MINNEAPOLIS, MN 55402			Firm's EIN ▶ 34-1873282	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 \$ 1,143,344 including grants of \$ 0 ) (Revenue \$ 179,288 )

See Additional Data

**4b** (Code: ) (Expenses \$ 1,121,973 including grants of \$ 0 ) (Revenue \$ 266,500 )

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** ▶ 2,265,317

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like organization type, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 4a, 5a, 6a, 7a, 8, 9a, 10a, 11a, 12a, 13a, 14a, 15, and 16. Each question is followed by a grid for 'Yes/No' or numerical answers.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (3), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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-A 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.
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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶	784,228	0	111,289

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **5**

<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LANTERN INCORPORATED 4213 XERXES AVENUE SOUTH MINNEAPOLIS, MN 55410	TECH/BUSINESS SERVICES	106,511

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



**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>	319,714		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,815,975		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>			
<b>h Total.</b> Add lines 1a-1f . . . . .		2,135,689			

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> COLLABORATIVE AGREEMEN		900099	266,500	266,500	
	<b>b</b> PRODUCT CONTRIBUTION		900099	154,380	154,380	
	<b>c</b> HONORARIA		900099	24,908	24,908	
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue.					
<b>g Total.</b> Add lines 2a-2f. . . . .			445,788			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			51,564			51,564	
	<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>6a</b>					
		<b>b</b> Less: rental expenses	<b>6b</b>					
		<b>c</b> Rental income or (loss)	<b>6c</b>					
	<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>7a</b>					
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
		<b>c</b> Gain or (loss)	<b>7c</b>					
	<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>8a</b>					
			<b>b</b> Less: direct expenses . . . . .	<b>8b</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>9a</b>					
			<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .							
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>10a</b>					
<b>b</b> Less: cost of goods sold . . . . .			<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue		Business Code						
<b>11a</b> OTHER INCOME		900099	1,936			1,936		
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			1,936					
<b>12 Total revenue.</b> See instructions . . . . .			2,634,977	445,788	0	53,500		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	496,200	487,736	5,384	3,080
<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 . . . . .	462,365	324,802	120,595	16,968
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	13,140	9,124	3,520	496
<b>9</b> Other employee benefits . . . . .	62,754	48,631	12,359	1,764
<b>10</b> Payroll taxes . . . . .	56,250	45,749	9,100	1,401
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	398		398	
<b>c</b> Accounting . . . . .	19,700		19,700	
<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)	769,879	732,284	31,634	5,961
<b>12</b> Advertising and promotion . . . . .	16,850	13,249	3,532	69
<b>13</b> Office expenses . . . . .	39,859	35,778	3,433	648
<b>14</b> Information technology . . . . .	225,033	214,849	7,873	2,311
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	65,881	58,634	5,929	1,318
<b>17</b> Travel . . . . .	44,433	44,398	35	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	131,601	127,020	4,184	397
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	31,685	28,199	2,852	634
<b>23</b> Insurance . . . . .	8,134	7,239	732	163
<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	74,076	72,678	585	813
<b>b</b> POSTAGE AND DISTRIBUTION	15,539	14,947	177	415
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,533,777	2,265,317	232,022	36,438
<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).	279,084	277,542	0	1,542

**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 . . . . .	247,542	<b>1</b>	184,691
	<b>2</b> Savings and temporary cash investments . . . . .	4,205,194	<b>2</b>	3,771,743
	<b>3</b> Pledges and grants receivable, net . . . . .	132,681	<b>3</b>	793,471
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	13,768	<b>8</b>	25,191
	<b>9</b> Prepaid expenses and deferred charges . . . . .	62,196	<b>9</b>	45,532
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 304,228		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 267,448	56,435	<b>10c</b> 36,780
	<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) . . . . .		4,717,816	<b>16</b>	4,857,408
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	126,900	<b>17</b>	176,675
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	9,928	<b>19</b>	7,688
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<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	19,048	<b>25</b>	9,905
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	155,876	<b>26</b>	194,268
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	3,747,726	<b>27</b>	3,834,209
	<b>28</b> Net assets with donor restrictions . . . . .	814,214	<b>28</b>	828,931
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	4,561,940	<b>32</b>	4,663,140	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	4,717,816	<b>33</b>	4,857,408	

**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>	2,634,977
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,533,777
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	101,200
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,561,940
<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>	4,663,140

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>		No
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1768237

**Name:** IMMUNIZATION ACTION COALITION

Form 990 (2019)

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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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
 If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,667,479	2,333,291	1,660,941	1,984,512	2,135,689	9,781,912
<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 Total.</b> Add lines 1 through 3	1,667,479	2,333,291	1,660,941	1,984,512	2,135,689	9,781,912
<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) . . .						5,821,657
<b>6 Public support.</b> Subtract line 5 from line 4.						3,960,255

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	1,667,479	2,333,291	1,660,941	1,984,512	2,135,689	9,781,912
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	11,624	10,873	22,736	59,986	51,564	156,783
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .	584	3,269	2,949	4,994	1,936	13,732
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						9,952,427
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	4,662,218

**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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	39.790 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	41.180 %

**16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<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? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<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? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<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)? <i>If "Yes," explain in Part VI 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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<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))? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<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>		
<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>	Yes	No
<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**

- 1**  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 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**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.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

150	
345	
495	
2,533,282	
2,533,777	
276,689	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....

69,172	
0	
0	

- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  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.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	282,638	264,134	265,355	276,689	1,088,816
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,633,224
<b>c</b> Total lobbying expenditures	2,933	985	2,381	495	6,794
<b>d</b> Grassroots nontaxable amount	70,660	66,034	66,339	69,172	272,205
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					408,308
<b>f</b> Grassroots lobbying expenditures	1,622		300	150	2,072



**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>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</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>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 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
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

- 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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**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	134,212	22,369
<b>d</b> Equipment . . . . .		104,728	94,967	9,761
<b>e</b> Other . . . . .		42,919	38,269	4,650
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				36,780

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	9,905

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>	2,634,977
<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>	2,634,977
<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>	2,634,977

**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>	2,533,777
<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>	2,533,777
<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>	2,533,777

**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 ORGANIZATION REVIEWS AND ASSESSES ITS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN TAX RETURNS. BASED ON THIS ASSESSMENT THE ORGANIZATION DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT THE POSITION WOULD BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. THE ORGANIZATION'S ASSESSMENT HAS NOT ANY SIGNIFICANT POSITIONS THAT IT BELIEVES WOULD NOT BE SUSTAINED UNDER EXAMINATION. THE ORGANIZATION HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION AND HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

## 2019

**Open to Public Inspection**

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	0			26,352
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			26,352



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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; don't 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; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

## 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
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS	CONSULT AND PROVIDE GUIDANCE AND ASSISTANCE ON THE DEVELOPMENT OF THEIR SUMMIT MEETINGS	14,619
EUROPE	0	0	PROGRAM SERVICES AND GRANTS TO RECIPIENTS	CONSULT AND PROVIDE GUIDANCE AND ASSISTANCE	11,733

Schedule J (Form 990) Department of the Treasury Internal Revenue Service

Compensation Information 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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization IMMUNIZATION ACTION COALITION

Employer identification number 41-1768237

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include 1a (Travel, Housing, etc.), 1b (Policy), 2 (Substantiation), 3 (Methods), 4 (Severance), 5 (Contingent on revenues), 6 (Contingent on net earnings), 7 (Nonfixed payments), 8 (Contract exception), 9 (Rebuttable presumption).



**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**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

IMMUNIZATION ACTION COALITION

Employer identification number

41-1768237

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 HEALTHCARE 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>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 52,000 OPT-IN SUBSCRIBERS EVERY WEDNESDAY, IAC EXPRESS PROVIDES UP-TO-DATE INFORMATION ABOUT NEW AND UPDATED CDC/ACIP VACCINE RECOMMENDATIONS, NEW FDA LICENSURES, NEWLY RELEASED VACCINE INFORMATION STATEMENTS AND TRANSLATIONS, NEW IMMUNIZATION EDUCATION MATERIALS, CURRENT EVENTS IN THE VACCINE WORLD, CONTINUING EDUCATION OPPORTUNITIES, AND JOURNAL ARTICLES. SPECIAL EDITIONS OF IAC EXPRESS ARE ALSO PUBLISHED WHEN THERE ARE URGENT MATTERS TO BE REPORTED. DURING FISCAL YEAR 2020, ENDING JUNE 30, 2020 (FY2020), IAC PUBLISHED 70 ISSUES OF IAC EXPRESS, WHICH INCLUDED A TOTAL OF 905 ARTICLES ON TOPICS RELATED TO VACCINES AND VACCINE-PREVENTABLE DISEASES. THE CURRENT ISSUE, AS WELL AS THE MORE THAN 1,500 ISSUES PUBLISHED SINCE IAC EXPRESS'S BEGINNING IN 1997, IS AVAILABLE ONLINE AT <a href="http://WWW.IMMUNIZE.ORG/EXPRESS">WWW.IMMUNIZE.ORG/EXPRESS</a>. ASK THE EXPERTS: ASK THE EXPERTS (ATE) IS A RECURRING FEATURE OF IAC EXPRESS, IN WHICH IAC 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 ATE QUESTIONS AND ANSWERS ARE AVAILABLE AND SEARCHABLE IN THE ASK THE EXPERTS WEB SECTION AVAILABLE ONLINE AT <a href="http://WWW.IMMUNIZE.ORG/ASKEXPERTS">WWW.IMMUNIZE.ORG/ASKEXPERTS</a>. UNPROTECTED PEOPLE STORIES: 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 OUR COLLECTION CALLED UNPROTECTED PEOPLE STORIES IS EXTREMELY IMPORTANT IN HELPING PARENTS AND THE MEDIA UNDERSTAND THE VALUE OF VACCINES. THESE STORIES CAN BE PARTICULARLY EFFECTIVE IN COUNTERING STORIES CLAIMING HARM FROM VACCINES. CURRENTLY, 109 REPORTS ARE AVAILABLE ONLINE AT <a href="http://WWW.IMMUNIZE.ORG/STORIES">WWW.IMMUNIZE.ORG/STORIES</a>. EDUCATIONAL MATERIALS FOR HEALTHCARE PROFESSIONALS, THEIR PATIENTS, AND THE PUBLIC: IAC IS THE MOST RELIED-UPON SOURCE OF FREE IMMUNIZATION MATERIALS FOR HEALTHCARE PROFESSIONALS, THEIR PATIENTS, AND THE PUBLIC. DURING FY2020, 3.5 MILLION COPIES OF IAC'S 329 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 <a href="http://WWW.IMMUNIZE.ORG/HANDOUTS">WWW.IMMUNIZE.ORG/HANDOUTS</a>. IAC BELIEVES IT IS VERY IMPORTANT TO PROVIDE INFORMATION FOR NON-ENGLISH SPEAKING PATIENTS AND THE PUBLIC. WE CURRENTLY PROVIDE SPANISH TRANSLATIONS OF 50 OF OUR PATIENT/PARENT HANDOUTS. MANY OF THESE PATIENT/PARENT HANDOUTS ARE ALSO TRANSLATED INTO SEVEN ADDITIONAL LANGUAGES. TRANSLATIONS OF VACCINE INFORMATION STATEMENTS (VISS): FOR TWO DECADES, IAC HAS MAINTAINED AN ONLINE INDEX OF THE FEDERALLY MANDATE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4A	<p>D VISS, FOR WHICH HUNDREDS OF TRANSLATIONS ARE AVAILABLE. THE INDEX CAN BE VIEWED AT <a href="http://WWW.IMMUNIZE.ORG/VIS">WWW.IMMUNIZE.ORG/VIS</a> AND CAN BE SORTED ALPHABETICALLY 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 FOR VIS TRANSLATIONS. AS A RESULT OF THE FEDERAL FUNDING, IAC PROVIDES TRANSLATIONS IN A MINIMUM OF NINE LANGUAGES WITHIN 30 DAYS OF CDC'S RELEASE OF A NEW OR UPDATED VIS FOR A ROUTINELY RECOMMENDED VACCINE. THE LANGUAGES PROVIDED WITHIN THE CURRENT GRANT YEAR ARE ARABIC, BURMESE, SIMPLIFIED CHINESE, TRADITIONAL CHINESE, FRENCH, RUSSIAN, SPANISH, SOMALI, AND VIETNAMESE. IN ADDITION, IAC POSTS SPANISH VIS TRANSLATIONS ONLINE IN BOTH PDF AND RTF VERSIONS. RTF VERSIONS ENABLE ELECTRONIC RECORDS SYSTEMS (THAT CANNOT UTILIZE PDFS) TO PROVIDE SPANISH TRANSLATIONS WITHIN THEIR SYSTEMS. THE IAC STAFF COORDINATES NATIONALLY WITH NUMEROUS DONORS AND VOLUNTEERS WHO GENEROUSLY PROVIDE TRANSLATIONS OF VISS IN ADDITIONAL LANGUAGES. DURING FY2020, IAC POSTED 94 NEW OR REVISED VIS TRANSLATIONS ON ITS WEBSITE AT <a href="http://WWW.IMMUNIZE.ORG/VIS">WWW.IMMUNIZE.ORG/VIS</a>.</p> <p>ADDITIONAL IMMUNIZATION RESOURCES: THIS ONLINE LIST OF RESOURCES HIGHLIGHTS EMAIL NEWS SERVICES, APPS, PACKAGE INSERTS, POWER POINT SLIDE SETS, CONTACT INFORMATION FOR VACCINE MANUFACTURERS, AND IMMUNIZATION PARTNER ORGANIZATIONS. THIS INFORMATION IS ONLINE AT <a href="http://WWW.IMMUNIZE.ORG/RESOURCES">WWW.IMMUNIZE.ORG/RESOURCES</a>.</p> <p>IMMUNIZATION TECHNIQUES: BEST PRACTICES WITH INFANTS, CHILDREN, AND ADULTS DVD : IN 2001, IAC COLLABORATED WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, IMMUNIZATION BRANCH, IN DEVELOPING THIS DVD (FORMERLY TITLED IMMUNIZATION TECHNIQUES: SAFE, EFFECTIVE, CARING). IN 2010, THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH UPDATED THIS AWARD-WINNING TRAINING DVD THAT TEACHES BEST PRACTICES FOR ADMINISTERING 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 <a href="http://WWW.IMMUNIZE.ORG/DVD">WWW.IMMUNIZE.ORG/DVD</a>.</p> <p>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-HELD IMMUNIZATION RECORD CARD FOR RECORDING VACCINATION HISTORIES. VERSIONS ARE AVAILABLE FOR CHILDREN, ADULTS, AND ACROSS-THE-LIFESPAN USE. TO DATE, MORE THAN 12.5 MILLION IMMUNIZATION RECORD CARDS HAVE BEEN DISTRIBUTED, INCLUDING 9.6 MILLION ADULT, 1.2 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>.</p> <p>LAMINATED IMMUNIZATION SCHEDULES: IN MARCH 2006, IAC BEGAN PRODUCING LAMINATED VERSIONS OF CDC'S RECOMMENDED IMMUNIZATION SCHEDULES (FOR CHILDREN/ADOLESCENTS AND FO</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III LINE 4A	<p>R ADULTS) TO BE USED IN MEDICAL PRACTICES. IAC HAS DISTRIBUTED MORE THAN 400,000 LAMINATED IMMUNIZATION SCHEDULES SINCE 2006. LAMINATED SCHEDULES CAN BE ORDERED ONLINE AT <a href="http://WWW.IMMUNIZE.ORG/SCHEDULES">WWW.IMMUNIZE.ORG/SCHEDULES</a>. FLU VACCINE BUTTONS AND STICKERS: IN JUNE 2019, IAC INTRODUCED TWO NEW PROMOTIONAL ITEMS: FLU VACCINE BUTTONS AND FLU VACCINE STICKERS. THE BUTTONS AND STICKERS ARE AVAILABLE ON OUR WEBSITE AT <a href="http://WWW.IMMUNIZE.ORG/SHOP">WWW.IMMUNIZE.ORG/SHOP</a>. THE PURPOSE OF THESE PROMOTIONAL ITEMS IS TO INCREASE AWARENESS AMONG CLINIC STAFF AND PATIENTS OF THE IMPORTANCE OF INFLUENZA VACCINATION. IAC HAS DISTRIBUTED MORE THAN 50,000 FLU VACCINE BUTTONS FOR HEALTHCARE PROFESSIONALS TO WEAR AND 200,000 FLU VACCINE STICKERS FOR PATIENTS. "VACCINES SAVE LIVES" PINS: IN AUGUST 2019, IAC LAUNCHED ITS "VACCINES SAVE LIVES" BLACK ENAMEL PIN WITH GOLD LETTERING THAT CAN BE WORN AS JEWELRY ON UNIFORMS OR OTHER CLOTHING TO PROMOTE THE MESSAGE THAT VACCINATION IS IMPORTANT. IAC HAS DISTRIBUTED MORE THAN 6,000 PINS TO DATE.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4A	<p>WEBSITE FOR HEALTHCARE PROFESSIONALS: WWW.IMMUNIZE.ORG : LAUNCHED IN 1995 AS ONE OF THE FIRST WEBSITES DEVOTED TO IMMUNIZATION, WWW.IMMUNIZE.ORG IS THE LARGEST RESOURCE OF PRACTICAL, USER-FRIENDLY IMMUNIZATION INFORMATION AVAILABLE TODAY, SERVING AN AVERAGE OF MORE THAN 26,000 VISITORS PER DAY IN FY2020. THE WEBSITE MAKES AVAILABLE MORE THAN 1,500 WEB PAGES AND 1,400 PDF FILES DEDICATED TO EDUCATING HEALTHCARE PROFESSIONALS AND THE PUBLIC ABOUT VACCINES AND VACCINE-PREVENTABLE DISEASES. CURRENTLY, THE SITE RANKS NUMBER ONE IN GOOGLE WHEN SEARCHING ON THE WORD "IMMUNIZE." THIS WEBSITE HOUSES THE COMPLETE COLLECTION 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 PUBLISHED IN THE UNITED STATES IN DOZENS OF LANGUAGES. DURING FY2020, USERS DOWNLOADED 7 MILLION READY- TO-COPY PDF DOCUMENTS FROM THE WEBSITE, INCLUDING APPROXIMATELY 3.5 MILLION VISS AND THEIR TRANSLATIONS AND 3.5 MILLION COPIES OF IAC-CREATED EDUCATIONAL MATERIALS. OTHER NOTEWORTHY SECTIONS OF THE WEBSITE INCLUDE ASK THE EXPERTS, ACIP RECOMMENDATIONS, PACKAGE INSERTS, VACCINES, CLINIC TOOLS, STATE VACCINATION LAWS, IMAGE LIBRARY (OF VACCINE-PREVENTABLE DISEASES), AND VIDEO OF THE WEEK.</p> <p>WEBSITE FOR THE PUBLIC, VACCINE INFORMATION YOU NEED: WWW.VACCINEINFORMATION.ORG: DEVELOPED IN CONSULTATION WITH CDC, THIS WEBSITE FOR THE GENERAL PUBLIC PRESENTS STRAIGHTFORWARD INFORMATION ABOUT VACCINE-PREVENTABLE DISEASES AND THEIR VACCINES. LAUNCHED IN AUGUST 2002, IT CURRENTLY HOSTS AN AVERAGE OF 3,500 VISITS PER DAY. CONSISTING OF 230 PAGES, THIS WEBSITE PROVIDES BASIC INFORMATION ABOUT VACCINATION, VACCINE SAFETY, AND THE OVERALL IMPORTANCE OF IMMUNIZATION. IT FEATURES 196 VACCINE-PREVENTABLE DISEASE PHOTOS AND 172 VIDEO CLIPS. MAJOR SECTIONS INCLUDE INFANTS/CHILDREN, PRETEENS, TEENS, AND ADULTS, VACCINE BASICS, AND DISEASES. THE WEBSITE OFFERS PARENTS AND PEOPLE OF ALL AGES TIMELY, ACCURATE, AND PROVEN INFORMATION ABOUT VACCINES AND THE DISEASES THEY PREVENT. THE SITE ALSO FEATURES HUNDREDS OF VALUABLE RESOURCES, INCLUDING PERSONAL TESTIMONIES OF SUFFERING AND LOSS DUE TO VACCINE-PREVENTABLE DISEASES; VACCINE-RELATED VIDEOS; PUBLIC SERVICE ANNOUNCEMENTS; AND EDUCATIONAL MATERIALS FROM TRUSTED ORGANIZATIONS.</p> <p>WEBSITE FOR IMMUNIZATION COALITIONS: WWW.IMMUNIZATIONCOALITIONS.ORG: THIS WEBSITE PROVIDES ACCESS TO AN INTERACTIVE 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 OPPORTUNITIES. CURRENTLY, 137 IMMUNIZATION COALITIONS HAVE ENTERED INFORMATION ABOUT THEIR ORGANIZATIONAL STRUCTURES AND ACTIVITIES.</p> <p>REPOSITORY OF RESOURCES FOR MAINTAINING IMMUNIZATION DURING THE COVID-19 PANDEMIC: IN MAY 2020, IAC LAUNCHED THE REPOSITORY OF RESOURCES FOR MAINTAINING IMMUNIZATION DURING THE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4A	<p>COVID-19 PANDEMIC TO PROVIDE A RICH COLLECTION OF RESOURCES TO HEALTHCARE PROFESSIONALS AND OTHERS TO HELP THEM IN THEIR ROUTINE VACCINATION EFFORTS DURING THE PANDEMIC. THE REPOSITORY INCLUDES LINKS TO BOTH NATIONAL AND STATE-LEVEL POLICIES AND GUIDANCE; ADVOCACY MATERIALS, INCLUDING TALKING POINTS, WEBINARS, PRESS RELEASES, ARTICLES, AND SOCIAL MEDIA POSTS ; AND TELEHEALTH RESOURCES. THESE RESOURCES ARE INTENDED TO SUPPORT THE IMMUNIZATION EFFORTS OF HEALTHCARE SETTINGS, STATE AND LOCAL HEALTH DEPARTMENTS, PROFESSIONAL SOCIETIES, IMMUNIZATION COALITIONS, AND ADVOCACY ORGANIZATIONS. VACCINATING ADULTS: A STEP-BY-STEP GUIDE (GUIDE): THIS 142-PAGE GUIDE WAS RELEASED IN NOVEMBER 2018 AND PROVIDES PRACTICAL INFORMATION IN AN EASY-TO-USE FORMAT TO HELP 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 TO SEPTEMBER 2010 ARE AVAILABLE ONLINE AT <a href="http://WWW.IMMUNIZE.ORG/TECHNICALLY-SPEAKING">WWW.IMMUNIZE.ORG/TECHNICALLY-SPEAKING</a>.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4B	<p>PROGRAM: PARTNERING FOR IMMUNIZATION IAC IS BROADLY AND DEEPLY CONNECTED TO EVERY LEVEL OF THE U.S. IMMUNIZATION COMMUNITY. WE SERVE AS AN INDEPENDENT COMMUNICATIONS HUB THROUGH OUR PUBLICATIONS, WEBSITES, EMAIL NEWS SERVICES, CONFERENCE ORGANIZING AND PARTICIPATION, CONTRIBUTIONS TO POLICYMAKING, AND AS A 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 <a href="http://WWW.IMMUNIZE.ORG/ABOUTUS/ADVISORYBOARD.ASP">WWW.IMMUNIZE.ORG/ABOUTUS/ADVISORYBOARD.ASP</a>. NATIONAL ADULT AND INFLUENZA IMMUNIZATION SUMMIT (NAIIS): A PARTNERSHIP OF CDC, THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' OFFICE OF INFECTIOUS DISEASE AND HIV/AIDS POLICY, AND IAC, NAIIS COMPRISES MORE THAN 130 ORGANIZATIONS INCLUDING NEARLY 700 INDIVIDUALS. NAIIS MAINTAINS THREE WORK GROUPS THAT TAKE SPECIFIC ACTIONS AIMED AT IMPROVING VACCINE UPTAKE. SINCE 2003, IAC HAS BEEN THE LEADING MEMBER OF NAIIS, CONTINUING TO SERVE AS THE NAIIS FISCAL AGENT AND MANAGING ITS WEBSITE AT <a href="http://WWW.IZSUMMITPARTNERS.ORG">WWW.IZSUMMITPARTNERS.ORG</a>. NAIIS IS LED BY IAC CHIEF STRATEGY OFFICER DR. L.J. TAN. NATIONAL NETWORK OF IMMUNIZATION COALITIONS: IAC FOUNDED THE NATIONAL NETWORK OF 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 QUARTERLY WEBINARS ATTENDED BY AN AVERAGE OF MORE THAN 100 PARTICIPANTS. CURRENTLY, THE NETWORK COMPRISES MORE THAN 600 IMMUNIZATION ADVOCATES, INCLUDING REPRESENTATIVES FROM 137 IMMUNIZATION-RELATED COALITIONS AND NONPROFIT LEADERS. IAC HAS SERVED ON THE PLANNING COMMITTEE FOR THE BIENNIAL NATIONAL CONFERENCE FOR IMMUNIZATION COALITIONS AND PARTNERSHIPS SINCE THE CONFERENCE BEGAN IN 1998. IMMUNIZATION POLICY AND CONFERENCES: IAC IS DEEPLY INVOLVED IN STATE AND NATIONAL VACCINE POLICYMAKING. SOME EXAMPLES: FOR MORE THAN A DECADE, DR. WEXLER, DR. TAN, IAC MEDICAL CONSULTANT DR. WILLIAM L. ATKINSON, AND IAC ASSOCIATE DIRECTOR FOR IMMUNIZATION PROJECTS MS. DIANE PETERSON HAVE FILLED IMPORTANT CONSULTING POSITIONS ON MANY ADVISORY COMMITTEES ON IMMUNIZATION PRACTICES (ACIP) WORKING GROUPS, INCLUDING CHILDHOOD IMMUNIZATION SCHEDULE, ADULT IMMUNIZATION SCHEDULE, GENERAL PRINCIPLES OF VACCINATION, COMBINATION VACCINES, INFLUENZA, HERPES ZOSTER, EVIDENCE-BASED, PNEUMOCOCCAL, HEPATITIS, PERTUSSIS, AND MENINGOCOCCAL-HIB. DR. KELLY MOORE, IAC ASSOCIATE DIRECTOR FOR IMMUNIZATION EDUCATION, AND DR. CAROLYN BRIDGES, IAC ASSOCIATE DIRECTOR FOR ADULT IMMUNIZATION, HAVE RECENTLY BEEN ADDED TO IAC'S TEAM OF CONSULTANTS PARTICIPATING IN ACIP WORKING GROUPS. 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 VACC</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4B	<p>INE SAFETY, MATERNAL IMMUNIZATION, ADULT IMMUNIZATION, HEALTH CARE PERSONNEL, AND VACCINE CONFIDENCE WORKING GROUPS. IAC STAFF MEMBERS ATTEND OR GIVE PRESENTATIONS AT CDC'S NATIONAL IMMUNIZATION CONFERENCE, THE IMMUNIZATION PROGRAM MANAGERS CONFERENCE, AND MEETINGS OF N VAC AND ACIP, AS WELL AS AT MANY STATE IMMUNIZATION CONFERENCES. DURING FY2020, IAC STAFF ATTENDED SIX STATE OR NATIONAL AND TWO INTERNATIONAL CONFERENCES, REFLECTING A REDUCTION I N FACE-TO-FACE MEETINGS DUE TO THE COVID-19 PANDEMIC. DR. WEXLER AND DR. TAN ARE MEMBERS O F 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. TA N, IAC ASSOCIATE DIRECTOR FOR RESEARCH DR. SHARON HUMISTON, IAC COORDINATOR FOR PUBLIC HEA LTH MS. LAUREL WOOD, AND MS. PETERSON PARTICIPATE IN SEVERAL MONTHLY CONFERENCE CALLS HOST ED BY IAC NATIONAL PARTNERS AND ATTENDED BY ORGANIZATIONS SUCH AS THE AMERICAN ACADEMY OF PEDIATRICS, THE AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, THE AMERICAN COLLEGE OF PHYSICIANS, AND THE AMERICAN PHARMACISTS ASSOCIA TION. THESE CALLS ADDRESS A WIDE RANGE OF CURRENT FEDERAL AND STATE IMMUNIZATION POLICY IS SUES. IAC IS A MEMBER OF THE IMMUNIZATION ALLIANCE, AN AMERICAN ACADEMY OF PEDIATRICS INIT IATIVE FORMED TO ADDRESS PARENTAL HESITANCY ABOUT IMMUNIZING CHILDREN. IAC IS A MEMBER OF THE AMERICAN IMMUNIZATION REGISTRY ASSOCIATION, WITH DR. WEXLER, DR. TAN, AND MS. WOOD SER VING AS PRIMARY CONTACTS. MS. PETERSON LEADS THE NATIONAL EFFORT TO TRACK STATE ANTI-VACCI NATION LEGISLATION, AS WELL AS OTHER LEGISLATION THAT WOULD BE DETRIMENTAL TO STATE IMMUNI ZATION PROGRAMS. THIS EFFORT INCLUDES PROVIDING EDUCATIONAL MATERIALS AND RESOURCES FOR ST ATE AND NATIONAL PARTNERS AS WELL AS STATE LEGISLATORS. IN ADDITION, IAC MAINTAINS LISTS O F LOCAL AND STATE IMMUNIZATION CHAMPIONS WHO CAN BE CONTACTED TO HELP EDUCATE LEGISLATORS. MS. PETERSON HAS SERVED AS THE IAC LEGISLATIVE LIAISON TO THE PEDIATRIC INFECTIOUS DISEAS ES SOCIETY'S VACCINE ADVOCACY TASK FORCE. MS. PETERSON SERVES ON THE MINNESOTA IMMUNIZATIO N PRACTICES ADVISORY COMMITTEE, WHICH ADVISES THE MINNESOTA DEPARTMENT OF HEALTH'S IMMUNIZ ATION PROGRAM. MS. WOOD IS THE IAC LIAISON TO THE ASSOCIATION OF IMMUNIZATION MANAGERS (AI M), 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 S TATE IMMUNIZATION CONFERENCES, EXPLAINING HOW VACCINE POLICY IS MADE AT THE STATE AND NATI ONAL LEVELS AND HOW PEOPLE CAN GET INVOLVED AT THE LOCAL LEVEL. DR. TAN PROVIDES CONSULTAT ION INTERNATIONALLY TO THE EUROPEAN SCIENTIFIC WORKING GROUP OF THE EU INFLUENZA SUMMIT AN D TO THE ASIAN PACIFIC ALLIANCE FOR THE CONTROL OF INFLUENZA AND GIVES PRESENTATIONS NATIO NALLY AND INTERNATIONALLY ON I</p>



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<b>Return Reference</b>	<b>Explanation</b>
PART III LINE 4B	<p>MMUNIZATION POLICYMAKING AND ADVOCACY. MS. WOOD SERVES ON THE INTERNATIONAL VACCINE STABIL ITY WORKING GROUP, WHICH IS TASKED WITH ALIGNING VACCINE STORAGE AND HANDLING POLICIES WIT H RECOMMENDATIONS BASED ON SCIENCE AND EXPERTISE DERIVED FROM ORGANIZATIONS AROUND THE WOR LD. DR. TAN HAS SERVED ON THE STEERING COMMITTEE OF THE NATIONAL HPV VACCINATION ROUNDTABL E, ESTABLISHED BY THE AMERICAN CANCER SOCIETY (ACS) AND CDC IN 2014. THIS IS A NATIONAL CO ALITION OF PUBLIC ORGANIZATIONS, PRIVATE ORGANIZATIONS, VOLUNTARY ORGANIZATIONS, AND INVIT ED INDIVIDUALS DEDICATED TO REDUCING THE INCIDENCE OF AND MORTALITY FROM HPV-ASSOCIATED CA NCER IN THE U.S. IAC IS A MEMBER ORGANIZATION. DR. TAN SERVED ON THE NATIONAL QUALITY FORU M'S ADULT IMMUNIZATION EXPERT COMMITTEE. DR. TAN SERVES ON THE PHARMACY QUALITY ALLIANCE'S ADULT IMMUNIZATION WORKING GROUP. DR. TAN SERVES ON THE EUROPEAN SOCIETY OF CLINICAL MICR O BIOLOGY AND INFECTIOUS DISEASES VACCINE STUDY GROUP. DR. TAN SERVED AS AN ADVISOR TO AMGA 'S ADULT IMMUNIZATION COLLABORATIVE AND CURRENTLY SERVES ON THE ADVISORY COMMITTEE FOR AMG A'S NATIONAL ADULT IMMUNIZATION CAMPAIGN, LAUNCHING IN 2021. DR. TAN SERVES AS AN EDITOR F OR THE FOLLOWING PUBLICATIONS: JOURNAL FOR DISASTER MEDICINE AND PUBLIC HEALTH PREPAREDNES S, BMC INFECTIOUS DISEASES, AND MEDSCAPE INFECTIOUS DISEASES. DR. TAN COMPLETED HIS TERM A S AN ELECTED MEMBER OF THE FEDERAL NATIONAL VACCINE ADVISORY COMMITTEE (NVAC). DR. TAN CO- CHAIRED THE ADULT VACCINE ACCESS COALITION (AVAC). AVAC'S GOAL IS TO MAKE NECESSARY POLICY CHANGES AT THE NATIONAL LEVEL TO INCREASE VACCINATION RATES.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4B	<p>HEPATITIS B VACCINE BIRTH DOSE PROJECT FOR NEARLY THREE 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 BY VACCINATING WITHIN 24 HOURS OF BIRTH. HONOREES ARE LISTED ON IAC'S WEBSITE, AWARDED A CERTIFICATE, AND FEATURED IN IAC EXPRESS. CURRENTLY, THE HONOR ROLL INCLUDES MORE THAN 500 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>. IAC ALSO HAS DEVELOPED A RELATED SLIDE SET TITLED "GIVE BIRTH TO THE END OF HEP B: WHAT HOSPITALS NEED TO DO TO PROTECT NEWBORNS," AVAILABLE IN PDF OR POWERPOINT FORMAT AT <a href="http://WWW.IMMUNIZE.ORG/RESOURCES/RES_POWERPOINT.ASP">WWW.IMMUNIZE.ORG/RESOURCES/RES_POWERPOINT.ASP</a>. HONOR ROLL FOR MANDATORY INFLUENZA VACCINATION FOR HEALTHCARE PERSONNEL: IN 2009, IAC CREATED THE HONOR ROLL FOR MANDATORY INFLUENZA VACCINATION FOR HEALTHCARE PERSONNEL, WHICH RECOGNIZES HEALTHCARE SETTINGS THAT HAVE IMPLEMENTED MANDATORY INFLUENZA VACCINATION POLICIES FOR THEIR HEALTHCARE STAFF. TO DATE, MORE THAN 1,100 HEALTHCARE SETTINGS 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 (VFV) WITH DR. STANLEY PLOTKIN AND DR. PAUL OFFIT, ALL OF WHOM SERVED ON ITS EXECUTIVE COMMITTEE. PARENT LED AND NATIONAL IN SCOPE, VFV HAS BECOME A MAJOR VACCINATION ADVOCACY ORGANIZATION ESPECIALLY ON SOCIAL MEDIA AND THE INTERNET. IAC INFORMATION AND CUSTOMER SERVICE: IAC MAKES A TREMENDOUS EFFORT TO ANSWER EMAIL AND PHONE INQUIRIES FROM HEALTHCARE PROFESSIONALS AND THE PUBLIC IN A TIMELY MANNER. STAFF MEMBERS RESPOND TO MORE THAN 500 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 AMERICAN ACADEMY OF FAMILY PHYSICIANS NEWS, AMERICAN MEDICAL ASSOCIATION COVID-19 UPDATE, BECKER'S HOSPITAL REVIEW, CNN, FOX NEWS, NATIONAL PUBLIC RADIO, THE NEW YORK TIMES, PHARMACY TIMES, SELF MAGAZINE, THE TELEGRAPH, USA TODAY, THE WASH</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4B	<p>INGTON TIMES, THE WASHINGTON POST, WEB MD, AND YAHOO NEWS. 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. CLOSING THE MENINGOCOCCAL ACWY BOOSTER VACCINATION GAP: IN COLLABORATION WITH SANOFI PASTEUR, OUR WEBSITE AT <a href="http://WWW.GIVE2MENACWY.ORG">WWW.GIVE2MENACWY.ORG</a> AIMS TO RAISE AWARENESS OF THE LOW IMMUNIZATION RATES FOR THE MENINGOCOCCAL (MENACWY) BOOSTER DOSE AT AGE 16, HELP HEALTHCARE PROVIDERS KNOW THEIR SECOND-DOSE MENACWY COVERAGE RATES, AND SUPPLY TOOLS FOR PROVIDERS TO INCREASE RATES AND HELP CLOSE THE MENACWY BOOSTER DOSE GAP FOR THEIR ADOLESCENT PATIENTS. AS PART OF THIS COLLABORATION, DR. HUMISTON PRESENTED TWO WEBINARS HIGHLIGHTING THE IMPORTANCE OF ADOLESCENT VACCINATION. THE MOST RECENT WEBINAR IS ARCHIVED ON <a href="http://WWW.IMMUNIZE.ORG/RESOURCES/RES_POWERPOINT.ASP">WWW.IMMUNIZE.ORG/RESOURCES/RES_POWERPOINT.ASP</a>. MENINGOCOCCAL B VACCINATION HONOR ROLL: IN MAY 2020, IAC LAUNCHED THE IAC MENINGOCOCCAL B VACCINATION HONOR ROLL TO RECOGNIZE COLLEGES AND UNIVERSITIES THAT HAVE TAKEN THE LEAD IN ESTABLISHING POLICIES REQUIRING OR RECOMMENDING MENB VACCINATION TO PROTECT THEIR STUDENTS AND TO PREVENT DISEASE OUTBREAKS. TO DATE, THERE ARE 264 INSTITUTIONS IN 36 STATES LISTED, INCLUDING 40 THAT REQUIRE MENB VACCINATION. HONOREES ARE LISTED AT <a href="http://WWW.IMMUNIZE.ORG/HONOR-ROLL/MENB_65+FLUDEFFENSE">WWW.IMMUNIZE.ORG/HONOR-ROLL/MENB_65+FLUDEFFENSE</a>: OUR COLLABORATION WITH SEQIRUS AIMS TO PROMOTE THE IMPORTANCE OF INFLUENZA VACCINATION FOR PEOPLE AGE 65 YEARS AND OLDER. THE WEBSITE AT <a href="http://WWW.INFLUENZA-DEFENSE.ORG">WWW.INFLUENZA-DEFENSE.ORG</a> FEATURES TALKING POINTS, BEST PRACTICES, AND HELPFUL TIPS TO GUIDE HEALTHCARE PROVIDERS THROUGH CONVERSATIONS AROUND INFLUENZA VACCINATION WITH THEIR OLDER PATIENTS. IT ALSO ADDRESSES PATIENT HESITANCY AROUND VACCINATION. PBS DOCUMENTARY ABOUT THE HISTORY OF IAC VISIONARIES, INC. IS A PRODUCTION OF DOCUMENTARIES HIGHLIGHTING THE RARELY TOLD STORIES OF NONPROFIT ORGANIZATIONS THAT ARE WORKING TO MAKE POSITIVE DIFFERENCES IN THEIR COMMUNITIES AND BEYOND. AS PART OF ITS 24TH SEASON ON PBS, VISIONARIES SELECTED THE IMMUNIZATION ACTION COALITION TO BE ONE OF TWELVE FEATURED STORIES OFFERED TO PUBLIC TELEVISION STATIONS DURING 2020-21. FILMING WAS DONE OVER FIVE DAYS IN SAINT PAUL, MINNESOTA, DURING FEBRUARY 2020. THE DOCUMENTARY, PROTECTING HEALTH: SAVING LIVES, INCLUDES FOOTAGE FROM FILMING IN 1995 WHEN DR. WEXLER WAS FORMING AND DEVELOPING IAC AS A PREMIER PROVIDER OF IMMUNIZATION EDUCATION MATERIALS TO THE NATION'S HEALTHCARE PROVIDERS. THE FILM INTERWEAVES THE STORY OF DR. WEXLER'S PERSONAL COMMITMENT TO SPREADING THE BENEFITS OF VACCINATION WITH A GREAT DEAL OF INFORMATION ON VACCINES AND THEIR DELIVERY, INCLUDING THE CHALLENGES PRESENTED BY ANTI-VACCINATION MESSAGING. THE VIEWER IS TAKEN ON A RIDE THROUGH IAC'S HISTORY THAT BEGINS WITH THE NATION'S 1989-90 MEASLES EPIDEMIC TO ITS CURRENT WORK BEING CARRIED OUT BY AN EXTRAORDINARY STAFF OF NATIONAL EXPERTS. THE DOCUMENTARY MAY BE VIEWED ONLINE</p>

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PART III LINE 4B	AT <a href="http://WWW.IMMUNIZE.ORG/ABOUTUS/IAC-FILM-HISTORY.ASP">WWW.IMMUNIZE.ORG/ABOUTUS/IAC-FILM-HISTORY.ASP</a> .

# 990 Schedule O, Supplemental Information

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.

**990 Schedule O, Supplemental Information**

<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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION HAS A SMALL BOARD OF DIRECTORS. THERE ARE NO SEPARATE 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 <a href="http://WWW.GUIDESTAR.ORG">WWW.GUIDESTAR.ORG</a>

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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.

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15B	COMPENSATION OF EXECUTIVE DIRECTOR. 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 JULY 2020. COMPENSATION OF CHIEF STRATEGY OFFICER: IN DECEMBER 2018, THE ORGANIZATION OBTAINED AN INDEPENDENT REVIEW OF THE CHIEF STRATEGY OFFICERS COMPENSATION AND FOUND IT TO BE REASONABLE AND APPROPRIATE. DURING ITS DECEMBER 2018 MEETING, THE BOARD REVIEWED AND APPROVED THE INDEPENDENT REPORT.

# 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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>DATABASE CONSULTANT: PROGRAM SERVICE EXPENSES 26,696. MANAGEMENT AND GENERAL EXPENSES 154. FUNDRAISING EXPENSES 34. TOTAL EXPENSES 26,884. DESIGN CONSULTANT: PROGRAM SERVICE EXPENSES 2,187. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,187. ADMIN CONSULTANT: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 25,785. FUNDRAISING EXPENSES 2,880. TOTAL EXPENSES 28,665. MISC CONSULTANT: PROGRAM SERVICE EXPENSES 11,254. MANAGEMENT AND GENERAL EXPENSES 548. FUNDRAISING EXPENSES 122. TOTAL EXPENSES 11,924. WRITER/EPIDEMIOLOGIST CONSULTANT: PROGRAM SERVICE EXPENSES 24,350. MANAGEMENT AND GENERAL EXPENSES 3,619. FUNDRAISING EXPENSES 844. TOTAL EXPENSES 28,813. RESEARCH/GRANT/WRITER CONSULTANT: PROGRAM SERVICE EXPENSES 44,226. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 44,226. PROJECTS CONSULTANT: PROGRAM SERVICE EXPENSES 161,397. MANAGEMENT AND GENERAL EXPENSES 150. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 161,547. PUBLIC HEALTH COORDINATOR: PROGRAM SERVICE EXPENSES 71,255. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 71,255. CREATIVE CONSULTANT: PROGRAM SERVICE EXPENSES 52,088. MANAGEMENT AND GENERAL EXPENSES 852. FUNDRAISING EXPENSES 942. TOTAL EXPENSES 53,882. DIRECTOR OF IZ EDUCATION: PROGRAM SERVICE EXPENSES 52,571. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 52,571. TRANSLATIONS: PROGRAM SERVICE EXPENSES 20,657. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 20,657. BENEFIT SERVICE FEE: PROGRAM SERVICE EXPENSES 943. MANAGEMENT AND GENERAL EXPENSES 95. FUNDRAISING EXPENSES 21. TOTAL EXPENSES 1,059. WRITER/WEB CONTENT CONSULT: PROGRAM SERVICE EXPENSES 105,905. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 105,905. EDITING CONSULT: PROGRAM SERVICE EXPENSES 35,842. MANAGEMENT AND GENERAL EXPENSES -103. FUNDRAISING EXPENSES -23. TOTAL EXPENSES 35,716. MEDICAL CONSULT: PROGRAM SERVICE EXPENSES 84,139. MANAGEMENT AND GENERAL EXPENSES 345. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 84,484. SCIENTIFIC CONSULTANT: PROGRAM SERVICE EXPENSES 38,000. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 38,000. PAYROLL SERVICE FEE: PROGRAM SERVICE EXPENSES 1,873. MANAGEMENT AND GENERAL EXPENSES 189. FUNDRAISING EXPENSES 42. TOTAL EXPENSES 2,104.</p>