

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

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2015  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

|  |  |  |
|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Immunization Action Coalition<br><br>Doing business as<br><br>Number and street (or P O box if mail is not delivered to street address) Room/suite<br>2550 University Ave West ste 415N<br><br>City or town, state or province, country, and ZIP or foreign postal code<br>St Paul, MN 55114<br><br><b>F</b> Name and address of principal officer<br>DEBORAH WEXLER MD<br>2550 University Ave West ste 415N<br>St Paul, MN 55114 | <b>D</b> Employer identification number<br><br>41-1768237<br><br><b>E</b> Telephone number<br><br>(651) 647-9009<br><br><b>G</b> Gross receipts \$ 3,321,029   |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><br><b>H(c)</b> Group exemption number ▶ |
| <b>J</b> Website: ▶ www.immunize.org   |  |  |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  | <b>L</b> Year of formation 1993 <b>M</b> State of legal domicile MN  |

**Part I Summary**

|  |  |                                  |                     |
|--|--|----------------------------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities<br>EDUCATE HEALTHCARE PROFESSIONALS AND THE PUBLIC ABOUT SAFE AND EFFECTIVE USE OF VACCINES |                                  |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> 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)  | <b>3</b>                         | 4                   |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | 3                   |
| <b>5</b>   | Total number of individuals employed in calendar year 2015 (Part V, line 2a)   | <b>5</b>                         | 7                   |
| <b>6</b>   | Total number of volunteers (estimate if necessary)   | <b>6</b>                         | 3                   |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | 0                   |
| <b>b</b>   | Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>                        | 0                   |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | 2,252,114                        | 1,667,479           |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 1,129,047                        | 1,641,342           |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 3,413                            | 11,624              |
|  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1,348                            | 584                 |
|  |  | 3,385,922                        | 3,321,029           |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 0                                | 0                   |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0                                | 0                   |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 799,163                          | 1,000,381           |
|  | <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) ▶ 28,931  |                                  |                     |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 1,446,666                        | 2,223,967           |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,245,829  | 3,224,348                        |                     |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                      | 1,140,093  | 96,681                           |                     |
| <b>Net Assets or Fund Balances</b>   |  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  | <b>20</b> Total assets (Part X, line 16)   | 3,593,884                        | 3,442,368           |
|  | <b>21</b> Total liabilities (Part X, line 26)  | 544,742                          | 296,545             |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20                | 3,049,142  | 3,145,823                        |                     |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, in 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

|                               |   |  |
|-------------------------------|---|--|
| <b>Sign Here</b>              | *****   | Signature of officer   |
|                               |   | Deborah Wexler MD Executive Director<br>Type or print name and title |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>BRUCE THIEL                                 | Preparer's signature<br>BRUCE THIEL                                  |
|                               | Firm's name ▶ CBIZ MHM LLC  |  |
|                               | Firm's address ▶ 222 SOUTH 9TH STREET SUITE 1000<br>MINNEAPOLIS, MN 55402 |  |

May the IRS discuss this return with the preparer shown above? (see instructions)  
**For Paperwork Reduction Act Notice, see the separate instructions.**

**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 \$ 707,163 including grants of \$ ) (Revenue \$ 208,272 )  
Education - See Schedule O

**4b** (Code ) (Expenses \$ 2,327,840 including grants of \$ ) (Revenue \$ 1,433,070 )  
Partnering for Immunization - See Schedule O

**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 ▶ 3,035,003

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>   | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?   | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | Yes |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>             |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   |     | No |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | No |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>   |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No boxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

**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**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | No |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?   |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| <b>6</b>  | Did the organization have members or stockholders?  | Yes |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   |     | No |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | The governing body?   | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   |     | No |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |     | No |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

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

**Section C. Disclosure**

|           |   |    |
|-----------|---|----|
| <b>17</b> | List the States with which a copy of this Form 990 is required to be filed  | MN |
| <b>18</b> | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |    |
| <b>19</b> | 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  |    |
| <b>20</b> | State the name, address, and telephone number of the person who possesses the organization's books and records<br>Casey Pauly 2550 University Ave West STE 415N St Paul, MN 55114 (651) 647-9009  |    |







**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>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>  | 343,702              |  |   |   |  |
|   | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>   | 1,323,777            |  |   |   |  |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f \$   | 480                  |  |   |   |  |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . . ▶  | 1,667,479            |  |   |   |  |
| <b>Program Service Revenue</b>                                |   |  | Business Code        |  |   |   |  |
|   | <b>2a</b>   | Collaborative Agreemen   | 900099               | 1,433,070  | 1,433,070                               |   |  |
|   | <b>b</b>  | Product Contribution   | 900099               | 172,854  | 172,854                                 |   |  |
|   | <b>c</b>  | HONORARIA  | 900099               | 35,418   | 35,418                                  |   |  |
|   | <b>d</b>  |  |                      |  |   |   |  |
|   | <b>e</b>  |  |                      |  |   |   |  |
|   | <b>f</b>  | All other program service revenue  |                      |  |   |   |  |
| <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . . ▶                                   |  | 1,641,342            |  |   |   |  |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶   |                      | 11,624   |   | 11,624  |  |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . ▶   |                      |  |   |   |  |
|   | <b>5</b>  | Royalties . . . . . ▶  |                      |  |   |   |  |
|   | <b>6a</b>   | Gross rents  | (i) Real             | (ii) Personal                                      |   |   |  |
|   |   |  |                      |  |   |   |  |
|   |   |  |                      |  |   |   |  |
|   |   |  |                      |  |   |   |  |
|   | <b>b</b>  | Less rental expenses   |                      |  |   |   |  |
|   | <b>c</b>  | Rental income or (loss)  |                      |  |   |   |  |
|   | <b>d</b>  | Net rental income or (loss) . . . . . ▶  |                      |  |   |   |  |
|   | <b>7a</b>   | Gross amount from sales of assets other than inventory   | (i) Securities       | (ii) Other   |   |   |  |
|   |   |  |                      |  |   |   |  |
|   |   |  |                      |  |   |   |  |
|   |   |  |                      |  |   |   |  |
|   | <b>b</b>  | Less cost or other basis and sales expenses  |                      |  |   |   |  |
|   | <b>c</b>  | Gain or (loss)   |                      |  |   |   |  |
|   | <b>d</b>  | Net gain or (loss) . . . . . ▶   |                      |  |   |   |  |
|   | <b>8a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |                      |  |   |   |  |
|   |   |  |                      |  |   |   |  |
|   |   |  |                      |  |   |   |  |
| <b>b</b>  | Less direct expenses . . . . . <b>b</b>                                     |  |                      |  |   |   |  |
| <b>c</b>  | Net income or (loss) from fundraising events . . . ▶                        |  |                      |  |   |   |  |
| <b>9a</b>   | Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> |  |                      |  |   |   |  |
|   |   |  |                      |  |   |   |  |
|   |   |  |                      |  |   |   |  |
| <b>b</b>  | Less direct expenses . . . . . <b>b</b>                                     |  |                      |  |   |   |  |
| <b>c</b>  | Net income or (loss) from gaming activities . . . ▶                         |  |                      |  |   |   |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . <b>a</b>        |  |                      |  |   |   |  |
|   |   |  |                      |  |   |   |  |
|   |   |  |                      |  |   |   |  |
| <b>b</b>  | Less cost of goods sold . . . . . <b>b</b>                                  |  |                      |  |   |   |  |
| <b>c</b>  | Net income or (loss) from sales of inventory . . . ▶                        |  |                      |  |   |   |  |
| Miscellaneous Revenue   |   | Business Code  |                      |  |   |   |  |
| <b>11a</b>  | Other Income  | 900099   | 584                  |  | 584                                     |   |  |
| <b>b</b>  |   |  |                      |  |   |   |  |
| <b>c</b>  |   |  |                      |  |   |   |  |
| <b>d</b>  | All other revenue . . . . .   |  |                      |  |   |   |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶                                 |  | 584                  |  |   |   |  |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . . ▶                          |  | 3,321,029            | 1,641,342  | 0                                       | 12,208  |  |

**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><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>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 . . . . .   | 465,992                      | 457,544                                | 6,131   | 2,317                              |
| <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 . . . . .   | 423,459                      | 336,326                                | 73,964  | 13,169                             |
| <b>8</b>  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 11,097                       | 9,048                                  | 1,656   | 393                                |
| <b>9</b>  | Other employee benefits . . . . .  | 45,283                       | 38,870                                 | 5,383   | 1,030                              |
| <b>10</b>   | Payroll taxes . . . . .  | 54,550                       | 47,358                                 | 6,061   | 1,131                              |
| <b>11</b>   | Fees for services (non-employees)  |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .   |                              |  |   |                                    |
| <b>b</b>  | Legal . . . . .  | 18,514                       | 17,239                                 | 1,094   | 181                                |
| <b>c</b>  | Accounting . . . . .   | 16,400                       |  | 16,400  |                                    |
| <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) . . . . .   | 787,288                      | 752,121                                | 27,934  | 7,233                              |
| <b>12</b>   | Advertising and promotion . . . . .  | 66,708                       | 61,084                                 | 5,624   |                                    |
| <b>13</b>   | Office expenses . . . . .  | 117,879                      | 110,245                                | 6,702   | 932                                |
| <b>14</b>   | Information technology . . . . .   | 292,736                      | 289,136                                | 2,567   | 1,033                              |
| <b>15</b>   | Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .  | 62,769                       | 59,003                                 | 3,138   | 628                                |
| <b>17</b>   | Travel . . . . .   | 300,568                      | 300,534                                | 34  |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .   | 245,151                      | 243,983                                | 1,168   |                                    |
| <b>20</b>   | Interest . . . . .   |                              |  |   |                                    |
| <b>21</b>   | Payments to affiliates . . . . .   |                              |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .  | 40,255                       | 37,840                                 | 2,012   | 403                                |
| <b>23</b>   | Insurance . . . . .  | 4,517                        | 4,331                                  | 155   | 31                                 |
| <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   | 167,154                      | 166,872                                |   | 282                                |
| <b>b</b>  | POSTAGE AND DISTRIBUTIO  | 104,028                      | 103,469                                | 391   | 168                                |
| <b>c</b>  |  |                              |  |   |                                    |
| <b>d</b>  |  |                              |  |   |                                    |
| <b>e</b>  | All other expenses   |                              |  |   |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24e  | 3,224,348                    | 3,035,003                              | 160,414                                       | 28,931                             |
| <b>26</b>   | <b>Joint costs.</b> 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) |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |   | (A)                |           | (B)                |
|---|---|--------------------|-----------|--------------------|
|   |   | Beginning of year  |           | End of year        |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 145,014            | <b>1</b>  | 101,802            |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 3,034,585          | <b>2</b>  | 2,334,641          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 196,271            | <b>3</b>  | 746,628            |
|   | <b>4</b> Accounts receivable, net . . . . .   |                    | <b>4</b>  |                    |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |                    | <b>5</b>  |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                    | <b>6</b>  |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                    | <b>7</b>  |                    |
|   | <b>8</b> Inventories for sale or use . . . . .  | 16,475             | <b>8</b>  | 39,549             |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 35,125             | <b>9</b>  | 62,553             |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b> 302,973 |           |                    |
|   | <b>b</b> Less accumulated depreciation . . . . .  | <b>10b</b> 145,778 | 166,414   | <b>10c</b> 157,195 |
|   | <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) . . . . . | 3,593,884   | <b>16</b>          | 3,442,368 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 146,526            | <b>17</b> | 202,140            |
|   | <b>18</b> Grants payable . . . . .  |                    | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue . . . . .  | 398,216            | <b>19</b> | 94,405             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   |                    | <b>20</b> |                    |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  |                    | <b>21</b> |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   |                    | <b>22</b> |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                    | <b>23</b> |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                    | <b>24</b> |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .  |                    | <b>25</b> |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 544,742            | <b>26</b> | 296,545            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                    |           |                    |
|   | <b>27</b> Unrestricted net assets . . . . .   | 2,416,105          | <b>27</b> | 2,647,082          |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 633,037            | <b>28</b> | 498,741            |
|   | <b>29</b> Permanently restricted net assets . . . . .   |                    | <b>29</b> |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                    |           |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                    | <b>30</b> |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                    | <b>31</b> |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                    | <b>32</b> |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 3,049,142   | <b>33</b>          | 3,145,823 |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 3,593,884   | <b>34</b>          | 3,442,368 |                    |

**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>  | 3,321,029 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 3,224,348 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 96,681    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 3,049,142 |
| <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> | 3,145,823 |

**Part XII Financial Statements and Reporting**

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

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

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

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 11, check only one box )

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a)2011   | (b)2012   | (c)2013   | (d)2014   | (e)2015   | (f)Total  |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)   | 1,269,563 | 1,408,831 | 1,790,254 | 2,252,114 | 1,667,479 | 8,388,241 |
| <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  | 1,269,563 | 1,408,831 | 1,790,254 | 2,252,114 | 1,667,479 | 8,388,241 |
| <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) |           |           |           |           |           | 4,648,436 |
| <b>6 Public support.</b> Subtract line 5 from line 4   |           |           |           |           |           | 3,739,805 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011   | (b)2012   | (c)2013   | (d)2014   | (e)2015   | (f)Total  |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>7</b> Amounts from line 4  | 1,269,563 | 1,408,831 | 1,790,254 | 2,252,114 | 1,667,479 | 8,388,241 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 14,873    | 13,401    | 8,899     | 3,457     | 11,624    | 52,254    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             | 192       | 1,685     | 3,211     | 1,348     | 584       | 7,020     |
| <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   |           |           |           |           |           | 8,447,515 |

**12** Gross receipts from related activities, etc. (see instructions) **12** 3,396,978

**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**

**14** Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14** 44.270%

**15** Public support percentage for 2014 Schedule A, Part II, line 14 **15** 40.280%

**16a 33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 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 Public support.</b> (Subtract line 7c from line 6.)  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 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 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2015.** 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—2014.** 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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>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>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>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>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>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>   |     |    |
| <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>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>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>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>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <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 II of Schedule L (Form 990).</i>   |     |    |
| <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>b</b> Did one or more disqualified persons (as defined in line 9(a)) 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>c</b> Did a disqualified person (as defined in line 9(a)) 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>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>   |     |    |
| <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>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>  |     |    |



**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** 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? 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.
- 2** 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? 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.

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |

**Section C. Type II Supporting Organizations**

- 1** 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)? 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).

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |

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

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |
| <b>3</b> |     |    |

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** 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? 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.
- 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? 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.
- 3** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** 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? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     |    |
| <b>2b</b> |     |    |
| <b>3a</b> |     |    |
| <b>3b</b> |     |    |

**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 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

|          | (A) Prior Year | (B) Current Year (optional) |
|----------|----------------|-----------------------------|
| <b>1</b> |                |                             |
| <b>2</b> |                |                             |
| <b>3</b> |                |                             |
| <b>4</b> |                |                             |
| <b>5</b> |                |                             |
| <b>6</b> |                |                             |
| <b>7</b> |                |                             |
| <b>8</b> |                |                             |

**Section B - Minimum Asset Amount**

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by 0.35
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

|           | (A) Prior Year | (B) Current Year (optional) |
|-----------|----------------|-----------------------------|
| <b>1</b>  |                |                             |
| <b>1a</b> |                |                             |
| <b>1b</b> |                |                             |
| <b>1c</b> |                |                             |
| <b>1d</b> |                |                             |
| <b>2</b>  |                |                             |
| <b>3</b>  |                |                             |
| <b>4</b>  |                |                             |
| <b>5</b>  |                |                             |
| <b>6</b>  |                |                             |
| <b>7</b>  |                |                             |
| <b>8</b>  |                |                             |

**Section C - Distributable Amount**

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

|          |  | Current Year |
|----------|--|--------------|
| <b>1</b> |  |              |
| <b>2</b> |  |              |
| <b>3</b> |  |              |
| <b>4</b> |  |              |
| <b>5</b> |  |              |
| <b>6</b> |  |              |

**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 Part VI) 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 Part VI) See instructions |                     |
| <b>9</b> Distributable amount for 2015 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2015</b> | <b>(iii)<br/>Distributable<br/>Amount for 2015</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2015 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2015   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b>   |                                     |   |  |
| <b>d</b> From 2013. . . . . _____  |                                     |   |  |
| <b>e</b> From 2014. . . . . _____  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2010 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2015 from Section D, line 7   |                                     |   |  |
| \$ _____   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> Excess from 2013. . . . . _____   |                                     |   |  |
| <b>d</b> From 2014. . . . . _____  |                                     |   |  |
| <b>e</b> From 2015. . . . . _____  |                                     |   |  |

**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).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Table with 2 columns: Name of the organization (Immunization Action Coalition) and Employer identification number (41-1768237)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

**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 |
|----------------------------------|-----------------------------|
|----------------------------------|-----------------------------|

| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)   | 188   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
|--|---|--|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)   | 160   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)   | 348   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| <b>d</b> Other exempt purpose expenditures   | 3,224,000   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)   | 3,224,348   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns  | 311,217   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| <table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |   |  | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| Not over \$500,000   | 20% of the amount on line 1e                      |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000 |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000  |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| Over \$17,000,000  | \$1,000,000                                       |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)   | 77,804  |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| <b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-  | 0   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| <b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-  | 0   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?   |   |  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |

**Y e s**     **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)2012 | (b)2013 | (c)2014 | (d)2015 | (e) Total |
|--|---------|---------|---------|---------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             | 241,125 | 251,565 | 262,294 | 311,217 | 1,066,201 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |         |         |         |         | 1,599,302 |
| <b>c</b> Total lobbying expenditures                             | 996     | 1,333   | 7,925   | 348     | 10,602    |
| <b>d</b> Grassroots nontaxable amount                            | 60,281  | 62,891  | 65,574  | 77,804  | 266,550   |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |         |         |         |         | 399,825   |
| <b>f</b> Grassroots lobbying expenditures                        | 412     | 1,047   | 1,299   | 188     | 2,946     |



**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Immunization Action Coalition

**Employer identification number**  
41-1768237

**Part I 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

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

|    | Held at the End of the Year |
|----|-----------------------------|
| 2a |                             |
| 2b |                             |
| 2c |                             |
| 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
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <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" to 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
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

Complete if the organization answered 'Yes' to 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                         | 44,737                       | 111,844        |
| <b>d</b> Equipment . . . . .  |                                      | 109,479                         | 90,281                       | 19,198         |
| <b>e</b> Other . . . . .  |                                      | 36,913                          | 10,760                       | 26,153         |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) . . . . . ▶ |                                      |                                 |                              | 157,195        |



**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>  | 3,321,029 |
| <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>  | 3,321,029 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |           |           |
| <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>  | 3,321,029 |

**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>  | 3,224,348 |
| <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>  | 3,224,348 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |           |           |
| <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>  | 3,224,348 |

**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  |
|------------------|--|
| Part X, Line 2   | THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED JUNE 30, 2016, AND 2015. |

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.

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

|   |  |
|---|--|
| Name of the organization<br>Immunization Action Coalition | Employer identification number<br>41-1768237 |
|---|--|

**Part I Questions Regarding Compensation**

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                           |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 Ltjen Tan MS PhD<br>Chief Strategy officer | (i)  | 171,517<br>-----                                   | 41,012<br>-----                     | 0<br>-----                          | 6,819<br>-----                                 | 18,726<br>-----         | 238,074<br>-----                | 0<br>-----  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

**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 Associate Director for Operations 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)**

Department of the  
Treasury  
Internal Revenue  
Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

**2015**

**Open to Public  
Inspection**

Name of the organization  
Immunization Action Coalition

**Employer identification number**

41-1768237

**Return  
Reference**

**Explanation**

Form 990,  
Part III, Line 1

THE IMMUNIZATION ACTION COALITION (IAC) WORKS TO INCREASE IMMUNIZATION RATES AND PREVENT DISEASE BY CREATING AND DISTRIBUTING EDUCATIONAL MATERIALS FOR HEALTH PROFESSIONALS AND THE PUBLIC THAT ENHANCE THE DELIVERY OF SAFE AND EFFECTIVE IMMUNIZATION SERVICES IAC ALSO FACILITATES COMMUNICATION ABOUT THE SAFETY, EFFICACY, AND USE OF VACCINES WITHIN THE BROAD IMMUNIZATION COMMUNITY OF PATIENTS, PARENTS, HEALTH CARE ORGANIZATIONS, AND GOVERNMENT HEALTH AGENCIES



| Return Reference            | Explanation  |
|-----------------------------|--|
| Form 990, Part III, Line 4a | <p>Program Education IAC creates publications and educational materials for healthcare professional staff, their patients, and the public. All of these publications and materials are available online and copyright-free. Needle Tips Frontline healthcare professionals rely on Needle Tips for its up-to-date, practice-oriented information on the national recommendations for childhood, adolescent, and adult immunization. A 16- to 24-page periodical, published four times per year, Needle Tips is the only publication of its kind in the United States. The technical content of each issue is reviewed by the Centers for Disease Control and Prevention (CDC). In fiscal year 2016, IAC published four online issues of Needle Tips in both PDF and magazine view formats. Current and past issues are available on the IAC website at <a href="http://www.immunize.org/nt">www.immunize.org/nt</a>. Vaccinate Adults Vaccinate Adults is CDC-reviewed and provides concise, readable, up-to-date information tailored for busy healthcare professionals whose practices are focused on adults. A 12- to 16-page periodical, Vaccinate Adults is published four times per year. In fiscal year 2016, IAC published four online issues of Vaccinate Adults in both PDF and magazine view formats. Current and past issues are available on the IAC website at <a href="http://www.immunize.org/va">www.immunize.org/va</a>. IAC Express Currently emailed free of charge to more than 50,000 opt-in subscribers every Wednesday, IAC Express provides up-to-date information about new and updated CDC vaccine recommendations, new FDA vaccine licensures, newly released Vaccine Information Statements, new immunization education materials, current events in the vaccine world, and journal articles. Special editions of IAC Express are also published when there are urgent matters to be reported on. During fiscal year 2016, IAC published 62 issues of IAC Express containing more than 935 articles on vaccines and vaccine-preventable diseases. The current issue, as well as the more than 1,200 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 is a recurring feature of Needle Tips, Vaccinate Adults, IAC Express, and <a href="http://www.immunize.org/in">www.immunize.org/in</a> in which CDC experts answer challenging and timely questions about vaccines and their administration. Questions are gathered from IAC's close communications with clinicians who provide immunization services as well as from IAC and CDC staff who analyze the latest changes to vaccine recommendations. Nearly 1,100 Q&amp;As are available online at <a href="http://www.immunize.org/askexperts">www.immunize.org/askexperts</a>. Unprotected People Reports Since 1998, IAC has collected and published personal stories and case reports of people who have suffered or died from vaccine-preventable diseases. IAC believes that Unprotected People Reports are extremely important in helping parents and the media understand the value of vaccines. These reports can be particularly effective in countering stories claiming harm from vaccines. Currently, 109 reports are available on-line at <a href="http://www.immunize.org/reports">www.immunize.org/reports</a>. Educational Materials for Healthcare Professionals, their Patients, and the Public IAC is the most relied upon source of free CDC-reviewed immunization materials for healthcare professionals, their patients, and the public. During fiscal year 2016, 3.3 million copies of IAC's 200 English language educational pieces and 100 translation versions 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 47 of our patient/parent handouts. Some of these pieces are also translated into several of 8 additional languages. Translations of Vaccine Information Statements (VISs) For more than a decade, IAC has maintained an online index of the federally mandated VISs for which hundreds of translations are available. The index can be viewed at <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 out how to use VISs, news about VISs, chronological listing of VISs, alternate formats of VISs, and a language locator to help identify where languages are spoken. In October 2011, IAC entered into a five-year cooperative agreement with CDC to support IAC's role as the official clearinghouse of VIS translations. As a result of the federal funding, IAC provides translations in a 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, Chinese (Simplified), Chinese (Traditional), French (European), Russian, Spanish (Mexican), Somali, and Vietnamese. In addition, IAC posts Spanish VIS translations online in both PDF and Rich Text Format (RTF) files. RTF versions enable electronic records systems (that cannot utilize PDFs) to provide Spanish translations within their system. IAC staff coordinates nationally with numerous donors and volunteers who generously provide translations of VISs in additional languages. During fiscal year 2016, IAC posted more than 120 new or revised VIS translations on its website at <a href="http://www.immunize.org/vis">www.immunize.org/vis</a>. Directory of Immunization Resources This online compendium highlights the best in reference texts, journals, email news services, listservs, guidebooks, applications (apps), blogs, books, websites, educational materials, and more, available from government agencies, professional societies, nonprofit groups, and industry. This free directory is online at <a href="http://www.immunize.org/resources">www.immunize.org/resources</a>. 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 video 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>. Personal Immunization Record Cards In collaboration with CDC, and with input from several state health departments, IAC has created three versions of a personal immunization record card for recording vaccination histories. Versions are available for children, adults, and across-the-lifespan use. To date, more than 11.5 million immunization record cards have been distributed, including 9.1 million adult, 900,000 child/teen, and 1.4 million lifetime record cards. Record cards can be ordered online at <a href="http://www.immunize.org/recordcards">www.immunize.org/recordcards</a>. Laminated Immunization Schedules In March 2006, IAC began producing durable versions of CDC's recommended immunization schedules (for children/teens and adults) for convenient use in medical practices. IAC adds value to these resources by including contraindications and precautions for each vaccine so that healthcare professionals do not have to refer to a separate resource for this critical information. IAC has distributed more than 325,000 laminated schedules. Laminated schedules can be ordered online at <a href="http://www.immunize.org/schedules">www.immunize.org/schedules</a>. Website for Healthcare Professionals <a href="http://www.immunize.org">www.immunize.org</a> Launched in 1994, one of the earliest websites devoted to immunization, <a href="http://www.immunize.org">www.immunize.org</a> is the largest resource of practical, user-friendly immunization information available today, serving an average of more than 25,000 visitors per day in fiscal year 2016. The website makes available more than 4,500 web pages 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 term "immunize." Some awards for website excellence are listed on <a href="http://www.immunize.org/aboutus/awards.asp">www.immunize.org/aboutus/awards.asp</a>. This website houses all of IAC's publications and educational materials. They are available free of charge and users are encouraged to copy and distribute them. This collection includes all VISs published in the United States in dozens of languages and some in alternative formats. In the past twelve months, users downloaded 6.8 million ready-to-copy (PDF) documents from the website, including approximately 2.7 million VISs and their translations.</p> |

| Return Reference            | Explanation   |
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| Form 990, Part III, Line 4a | <p>Other noteworthy sections of the website include ACIP Recommendations, Package Inserts, Diseases and Vaccines, Clinic Resources, State Vaccination Laws, Image Library of Vaccine-Preventable Disease, and video of the weekly IAC expert staff members continually review the recent immunization literature and select hundreds of journal articles each year dealing with practical topics such as parental concerns about vaccines, providing vaccination services, immunization exemptions, and many others, and present links to those articles on the website at <a href="http://www.immunize.org/journalarticles">www.immunize.org/journalarticles</a> Website for the Public, Vaccine Information You Need - <a href="http://www.vaccineinformation.org">www.vaccineinformation.org</a> 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 serves an average of more than 4,500 visits per day, making more than 450 pages available It provides basic information about vaccination, vaccine safety, and the overall importance of immunization, and features more than 250 vaccine-preventable disease photos and approximately 194 video clips Major sections include Infants/Children, Preteens, Teens, and Adults The website offers parents and people of all ages timely, accurate, and proven information about vaccines and the diseases they prevent Hundreds of valuable resources, including personal testimonies of suffering and loss due to vaccine-preventable diseases, vaccine-related videos and public service announcements, and educational materials from trusted organizations are featured Online Database of Immunization Coalitions <a href="http://www.izcoalitions.org">www.izcoalitions.org</a> This website provides access to an interactive online database of local, state, regional, national, and international immunization coalitions The database allows interested healthcare professionals, parents, immunization advocates, and others to contact immunization coalitions for resources, ideas, or volunteering Currently, 111 immunization coalitions have entered information about their structure and activities Adult Vaccination Resources Library This searchable online library of adult immunization resources gathers adult immunization resources into one location, allowing healthcare providers and the general public to pinpoint adult immunization resources that can be used in a clinic setting or for individual education A major benefit of the library is the ability to select predetermined categories and tagged-keywords that have been assigned by IAC expert staff In this way, visitors can zero in on resources most likely to match their interests Currently, more than 250 resources are available through the library which is available at <a href="http://www.immunize.org/adult-vaccination/resources.asp">www.immunize.org/adult-vaccination/resources.asp</a> Adult Vaccination Guide IAC's Adults Only Vaccination A Step-by-Step Guide is an attractive, well-organized, 157-page guide that presents a comprehensive description of all aspects of a vaccination program from assessing vaccine indications and contraindications to determining billing codes The guide was published in 2004 and is currently being revised and updated for release in 2017 Technically Speaking Technically Speaking is a monthly column written by IAC's Executive Director Deborah L Wexler, MD The column is featured in The Children's Hospital of Philadelphia Vaccine Education Center's (VEC's) monthly e-newsletter for healthcare professionals Technically Speaking columns cover practical topics in immunization delivery such as needle length, vaccine administration, cold chain, and immunization schedules Current and archived issues back to 2010 are available online at <a href="http://www.immunize.org/technically-speaking">www.immunize.org/technically-speaking</a></p> |

| Return Reference            | Explanation   |
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| Form 990, Part III, Line 4b | <p>Program Partnering for Immunization IAC is broadly and deeply connected to every level of the United States immunization community We serve as an independent "communications hub" through our publications, websites, email news services, conference organizing and participation, contributions to policy making, and direct contact with every vaccine-involved federal agency, state health department, professional medical association, and vaccine manufacturer Virtually all of America's professional medical societies partner with IAC as members of our Advisory Board A list of these societies is available online at <a href="http://www.immunize.org/aboutus/advisoryboard.asp">www.immunize.org/aboutus/advisoryboard.asp</a> National Adult and Influenza Immunization Summit (NAIIS) The NAIIS is a partnership led by CDC, the National Vaccine Program Office, and IAC, of more than 140 organizations represented by over 800 individuals Since 2003, IAC has been a 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> The four NAIIS work groups take specific actions that lead to improvements in vaccine uptake IAC Chief Strategy Officer Dr L J Tan leads this project Vaccination Interventions for Nursing Assistants and Aides (VINAA) - The goal of the VINAA project was to prevent influenza and pneumonia among residents and healthcare providers in long-term care facilities (LTCFs) by improving vaccination rates among nursing assistants The VINAA project was a multi-phase collaboration between IAC and Ofstead &amp; Associates, Inc (an independent public health research firm) to implement a customized, evidence-based program in LTCFs in four Midwestern states, followed by evaluation and dissemination of information about the project The project was funded by a partnership grant from Pfizer Inc and was completed in the spring of 2016 National Network for Immunization Coalitions - IAC founded the National Network for Immunization Coalitions in 2012 IAC manages the group's communications and deliberations, including an email listserv, newsletters, website, and also conducts teleconference calls of the coalition directors IAC also arranges speakers for bimonthly conference calls and webinars attended by an average of 118 participants Currently, the network comprises nearly 600 immunization advocates, including representatives from almost 300 coalitions IAC has served on the planning committee for the biennial National Conference for Immunization Coalitions and Partnerships (formerly the National Conference on Immunization and Health Coalitions) since the conference began in 1998 Immunization Policy and Conferences - IAC is deeply involved in state and national vaccine policy making Some examples For more than a decade, Dr Wexler, Dr Tan, IAC's Associate Director for Immunization Education Dr William L Atkinson, and IAC's Associate Director for Immunization Projects Ms Diane Peterson have filled important consulting positions on many Advisory Committee on Immunization Practices (ACIP) Working Groups, including Childhood Immunization Schedule, Adult Immunization Schedule, General Recommendations, Combination Vaccines, Influenza, Herpes Zoster, Evidence-based, Pneumococcal, Hepatitis, Pertussis, and Meningococcal-Hib Dr Tan is a former voting member of the National Vaccine Advisory Committee (NVAC) and has served as chair of its Immunization Infrastructure Working Group, as well as serving on the Vaccine Safety, Maternal Immunization, Adult Immunization, Health Care Personnel, and Vaccine Confidence Working Groups Dr Wexler and Dr Tan co-lead IAC's Adult Vaccine Policy Group, which holds a monthly conference call of adult immunization partner organizations across the nation to discuss how to improve adult immunization uptake and policy in the US More than 125 partners participate in the call or, if unable to attend, receive minutes of the meeting IAC staff members attend or give presentations at CDC's National Immunization Conference, the Immunization Program Managers Conference, and meetings of the National Vaccine Advisory Committee (NVAC) and ACIP, as well as at many state immunization conferences IAC staff attended 62 state or national and three international conferences during fiscal year 2016 Dr Wexler and Dr Tan are members of the 317 Coalition Steering Committee, which advocates for increased federal funding for those who are uninsured or underinsured, as well as for increased financial support for the infrastructure of immunization programs in public health departments Dr Wexler, Dr Tan, IAC's Associate Director for Research, Dr Sharon Humiston, IAC's Coordinator for Public Health, Ms Laurel Wood, and Ms Peterson participate on several monthly conference calls hosted by IAC national partners with participation by organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, and the American Pharmacists Association These calls address a wide range of federal and state immunization policy issues Dr Wexler and Dr Tan are charter members of the Childhood Influenza Immunization Coalition which operates under the auspices of the National Foundation for Infectious Diseases IAC is a member of the Immunization Alliance, an American Academy of Pediatrics initiative formed to address parental hesitancy about immunizing children Ms Peterson leads the national effort to track state anti-thimerosal legislation, as well as other legislation that would be detrimental to state immunization programs This includes providing educational materials and resources for state and national partners as well as state legislators In addition, IAC maintains lists of local and state immunization champions who can be contacted to help educate legislators Ms Peterson is the IAC legislative liaison to the Pediatric Infectious Diseases Society's Vaccine Advocacy Task Force Ms Peterson represents the Minnesota Coalition on Adult Immunization on the Minnesota Immunization Practices Advisory Committee, which advises the Minnesota Department of Health's Immunization Program Ms Wood is the IAC liaison to the Association of Immunization Managers (AIM), the organization which represents the 64 federally funded state, territorial, and city immunization programs Dr Wexler, Dr Tan, Dr Atkinson, and Ms Peterson give presentations on vaccine policy at state immunization conferences, explaining how vaccine policy is made at the state and national levels and how people can get involved at the local level Dr Tan provides consultation internationally to the European Scientific Working Group of the EU Influenza Summit, and to the Asian Pacific Alliance for the Control of Influenza, and gives presentations nationally and internationally on immunization policy making and advocacy Ms Wood serves on the International Vaccine Stability Working Group which is tasked with aligning vaccine storage and handling policies with recommendations based on science and expertise derived from organizations around the world From September 2003 through November 2005, Dr Wexler served as the founding chair of the National Viral Hepatitis Roundtable (NVHR), and was a member of its Steering Committee through 2010 Dr Tan also served on the Steering Committee of the NVHR for three years</p> |

| Return Reference            | Explanation  |
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| Form 990, Part III, Line 4b | <p>IAC EDITORIAL AND OPERATIONS ASSISTANT JANELLE ANDERSON, REPRESENTS IAC AS PART OF THE NATIONAL TASK FORCE ON HEPATITIS B FOCUS ON ASIAN AND PACIFIC ISLANDER AMERICANS SHE PARTICIPATES IN MONTHLY CALLS AND ATTENDED THE NATIONAL TASK FORCE FACE-TO-FACE MEETING IN DALLAS IN 2015 HEPATITIS B VACCINE BIRTH DOSE PROJECT - FOR MORE THAN A DECADE, 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 HAVE RECENTLY LAUNCHED A NATIONAL CAMPAIGN URGING BIRTHING INSTITUTIONS TO ADOPT HEPATITIS B VACCINE BIRTH DOSE POLICIES AS PART OF THIS INITIATIVE, IAC HAS DEVELOPED THE HEPATITIS B VACCINE BIRTH DOSE HONOR ROLL TO BE INCLUDED IN THE HONOR ROLL, A BIRTHING INSTITUTION MUST HAVE (1) REPORTED A COVERAGE RATE OF 90% OR GREATER, OVER A 12-MONTH PERIOD, FOR ADMINISTERING HEPATITIS B VACCINE BEFORE HOSPITAL DISCHARGE TO ALL NEWBORNS, INCLUDING THOSE WHOSE PARENTS REFUSE VACCINATION, AND (2) IMPLEMENTED SPECIFIC WRITTEN POLICIES, PROCEDURES, AND PROTOCOLS TO PROTECT ALL NEWBORNS FROM HEPATITIS B VIRUS INFECTION PRIOR TO HOSPITAL DISCHARGE HONOREES ARE LISTED ON IAC'S WEBSITE, AWARDED A CERTIFICATE, AND FEATURED IN IAC EXPRESS CURRENTLY, THE HONOR ROLL INCLUDES NEARLY 300 BIRTHING INSTITUTIONS SCHOOL-LOCATED VACCINATION NETWORK - IAC CONTINUES TO WORK TOWARD ITS GOAL OF BECOMING THE CENTRAL LOCATION FOR PROMOTING AND DEVELOPING SCHOOL-LOCATED VACCINATION PROGRAMS (SLV) THE SLV WEB SECTION ONLINE AT WWW IMMUNIZE.ORG/SCHOOL-VACCINATION FEATURES RESOURCES AND MATERIALS FROM ACROSS THE U S THE SLV LISTSERV ENABLES THE NATION'S LEADERS IN SCHOOL-LOCATED VACCINATION TO COMMUNICATE AND COLLABORATE ON A CONTINUING BASIS HONOR ROLL FOR PATIENT SAFETY - IN 2009, IAC CREATED THE HONOR ROLL FOR PATIENT SAFETY, WHICH RECOGNIZES HEALTHCARE SETTINGS THAT HAVE IMPLEMENTED MANDATORY INFLUENZA VACCINATION POLICIES FOR THEIR HEALTHCARE STAFF TO DATE, MORE THAN 580 HEALTHCARE INSTITUTIONS HAVE BEEN HONORED THE HONOREES ARE LISTED AT WWW IMMUNIZE.ORG/HONOR-ROLL 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 ALONG WITH DR. STANLEY PLOTKIN AND DR. PAUL OFFIT VACCINE FACTS AND POLICY PUBLIC DATABASE - IN COLLABORATION WITH GEORGE WASHINGTON UNIVERSITY AND THE ASSOCIATION OF IMMUNIZATION MANAGERS, IAC HAS CREATED AN ONLINE DATABASE OF STATISTICS AND POLICIES COVERING EACH OF THE 50 STATES, WASHINGTON, DC, THE EIGHT U S TERRITORIES, AND THE FIVE MAJOR CITIES WITH FEDERALLY FUNDED IMMUNIZATION PROGRAMS THE DATA FOR THE VACCINE FACTS AND POLICY PROJECT ARE DIVIDED INTO FIVE MAJOR TOPIC AREAS INCLUDING DEMOGRAPHICS AND RATES, FISCAL ENVIRONMENT, LAW AND POLICY, STRATEGIES AND INITIATIVES, AND THE STRUCTURE OF IMMUNIZATION PROGRAMS EACH MAJOR TOPIC AREA IS SUBDIVIDED INTO AREAS THAT ALLOW THE USER TO CUSTOMIZE THEIR QUERIES IN ORDER TO LOCATE INFORMATION ON SPECIFIC IMMUNIZATION LAW AND POLICY TOPICS, INCLUDING, BUT NOT LIMITED TO CORRECTIONAL FACILITIES, COVERAGE RATES, HEALTHCARE PERSONNEL, IMMUNIZATION INFORMATION SYSTEMS, MEDICAID, SCHOOL ENTRY REQUIREMENTS, AND STANDING ORDERS INFORMATION RESOURCE AND CUSTOMER SERVICE - IAC MAKES A TREMENDOUS EFFORT TO ANSWER EMAIL AND PHONE INQUIRIES FROM HEALTHCARE PROFESSIONALS AND THE PUBLIC IN A TIMELY AND ACCURATE MANNER STAFF MEMBERS RESPOND TO THOUSANDS OF 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 THE ABC NEWS, AMERICAN MEDICAL ASSOCIATION, CNN, ELSEVIER JOURNAL, FOX NEWS, THE HUFFINGTON POST, INFECTIOUS DISEASE NEWS, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, THE LA TIMES, KAISER HEALTH NEWS, MEDIA PLANET, MEDSCAPE MEDICAL NEWS, NEW YORK MAGAZINE, NEWSWEEK, WALL STREET JOURNAL, WASHINGTON POST, AND WEBMD WHEN VACCINES ARE PORTRAYED INACCURATELY IN THE ENTERTAINMENT OR NEWS MEDIA, IAC OFTEN RESPONDS WITH AUTHORITY INFORMATION ABOUT THE ISSUE AND A REMINDER ABOUT THE POSITIVE AND NEGATIVE POWER OF THE MEDIA ON AMERICAN ATTITUDES AND BELIEFS "TAKE A STAND" WORKSHOPS A COLLABORATION WITH PFIZER INC, THIS PROJECT AIMS TO IMPROVE ADULT IMMUNIZATION COVERAGE RATES BY INCREASING THE USE OF STANDING ORDERS PROTOCOLS IN MEDICAL PRACTICES THROUGHOUT THE NATION STANDING ORDERS ALLOW AUTHORIZED HEALTHCARE PERSONNEL TO GIVE IMMUNIZATIONS UNDER CERTAIN PRE-APPROVED CONDITIONS AND HAVE BEEN SHOWN TO BOOST VACCINE UTILIZATION A TOTAL OF 22 WORKSHOPS ARE PLANNED IN AS MANY CITIES IN ADDITION TO INCREASING THE USE OF STANDING ORDERS IN THE CLINICS OF ATTENDEES, THE PROJECT WILL SERVE AS A LEARNING TOOL FOR ADVANCING THEIR USE MORE BROADLY, LEADING TO A MAJOR IMPACT ON ADULT IMMUNIZATION NATIONWIDE MCV4 PROJECT - A COLLABORATION WITH SANOFI PASTEUR, THE GOAL OF THIS PROJECT IS TO IMPROVE IMMUNIZATION COVERAGE FOR THE RECOMMENDED SECOND DOSE OF MENINGOCOCCAL ACWY (MCV4) VACCINE AT 16 YEARS OF AGE ACCORDING TO CDC'S 2015 NIS-TEEN SURVEY, TWO-THIRDS OF THOSE TEENS ELIGIBLE FOR THE SECOND DOSE AT 16 YEARS OF AGE HAD NOT RECEIVED IT BY 17 YEARS OF AGE WITHIN JUST A FEW MONTHS OF ITS BEGINNING, THE PROJECT HAS ESTABLISHED A WEBSITE, WWW GIVE2MCV4.ORG, AND DEVELOPED A WIDE ARRAY OF MATERIALS TO HELP PROVIDERS APPROPRIATELY RECOMMEND AND ADMINISTER THIS IMPORTANT DOSE OF MENINGOCOCCAL VACCINE AMONG THE MANY ITEMS DEVELOPED FOR THE PROVIDER "TOOLKIT" ARE A GENERAL FACT SHEET ABOUT MENINGOCOCCAL DISEASE AND THE IMPORTANCE OF THE SECOND DOSE, TIPS FOR TALKING WITH PATIENTS AND THEIR PARENTS, AND A SCREENING CHECKLIST AND STANDING ORDERS TEMPLATES FOR VACCINE ADMINISTRATION THE TOOLKIT ALSO INCLUDES A SLIDE SET AND SPEAKERS NOTES EXPLAINING THE NEED FOR DOSE #2 OF MCV4 VACCINE AS WELL AS GENERAL INFORMATION RELATED TO IMPROVING COVERAGE FOR ALL VACCINES RECOMMENDED FOR ADOLESCENTS NEW ITEMS AND TOOLS CONTINUE TO BE ADDED TO THE WEBSITE, AND PROMOTIONAL EFFORTS FOR PROVIDER EDUCATION ABOUT THE AVAILABLE RESOURCES AND UPDATING THEM WILL BE EMPHASIZED DURING 2016-17 MED-IQ - IAC COLLABORATED WITH MEDIQ TO DEVELOP TWO AUDIO-ENHANCED ONLINE PUBLICATIONS THAT TAKE A LOOK AT REAL-WORLD ISSUES IN CURRENT PRACTICES ONE PUBLICATION ("VACCINATING ADULTS WITH CHRONIC DISORDERS THE SPECIALIST'S ROLE") IS DIRECTED TO SPECIALISTS (CARDIOLOGISTS, ENDOCRINOLOGISTS, PULMONOLOGISTS) THE SECOND PUBLICATION ("VACCINATING ADULTS WITH CHRONIC DISORDERS INSIGHTS FOR THE PRIMARY CARE CLINICIAN") TARGETS PRIMARY CARE CLINICIANS AND PHARMACISTS BOTH PUBLICATIONS ARE FREE AND PROVIDE CONTINUING MEDICAL EDUCATION CREDITS FOR PARTICIPANTS MEDSCAPE - IAC COLLABORATED WITH MEDSCAPE TO DEVELOP TWO VIDEOTAPED ROUNDTABLE DISCUSSIONS WHERE HEALTHCARE PROVIDERS CAN EARN CMEs FOR VIEWING THE LIVE WEBINAR(S) THE FIRST WAS TITLED "MENINGOCOCCAL B VACCINATION IMPLEMENTING THE A CIP CATEGORY B RECOMMENDATIONS AND THE SECOND WAS A CME PROGRAM FOR NURSING HEALTHCARE PROVIDERS TITLED "THE HCP GUIDE TO PROTECTING AGAINST MENINGOCOCCAL DISEASE WHO, WHEN, AND WHY "</p> |

| <b>Return Reference</b>                 | <b>Explanation</b>  |
|---|---|
| Form 990, Part VI,<br>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 |

| <b>Return Reference</b>              | <b>Explanation</b>   |
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| 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. |

| Return Reference                      | Explanation                           |
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| Form 990, Part VI, Section A, line 7a | See comment above for Part VI, Line 6 |

| <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. |



| <b>Return Reference</b>               | <b>Explanation</b>  |
|---------------------------------------|---|
| Form 990, Part VI, Section B, line 11 | <p>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></p> |

| <b>Return Reference</b>                | <b>Explanation</b>  |
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| 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. |

| <b>Return Reference</b>               | <b>Explanation</b>   |
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| Form 990, Part VI, Section B, line 15 | <p>Compensation of Executive Director The organization gathers comparable pay data from the state of MN and the MN Council of Nonprofit Salary and Benefits Survey to determine fairness Annual review of Executive Director's salary and benefits is approved by the board With the Executive Director excused from the conversation and voting, the board increased the Executive Director's salary to be more in line, but still less than the average compensation of Executive Directors of National peer organizations This process was last conducted in October 2016 Compensation for the Chief Strategy Officer has been set based on consideration of market compensation for his services and the value of his activities to both the organization and to the national immunization community This process was last completed in October 2016</p> |

| 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 |

| Return Reference            | Explanation   |
|-----------------------------|---|
| Form 990, Part IX, line 11g | <p>Website Programming Program service expenses 56,623 Management and general expenses 208 Fundraising expenses 42 Total expenses 56,873 Design Program service expenses 60,090 Management and general expenses 0 Fundraising expenses 1,942 Total expenses 62,032 Administrative Program service expenses 989 Management and general expenses 14,958 Fundraising expenses 4,463 Total expenses 20,410 Miscellaneous Program service expenses 32,666 Management and general expenses 134 Fundraising expenses 548 Total expenses 33,348 Health Research Program service expenses 179,940 Management and general expenses 0 Fundraising expenses 0 Total expenses 179,940 Health Law Research Program service expenses 99,331 Management and general expenses 0 Fundraising expenses 0 Total expenses 99,331 Writing and Review ing Content Program service expenses 76,821 Management and general expenses 5,402 Fundraising expenses 139 Total expenses 82,362 Coordinating Educational Projects Program service expenses 219,319 Management and general expenses 1,235 Fundraising expenses 0 Total expenses 220,554 Translation Materials Program service expenses 14,249 Management and general expenses 0 Fundraising expenses 0 Total expenses 14,249 Human Resources Program service expenses 12,093 Management and general expenses 5,997 Fundraising expenses 99 Total expenses 18,189</p> |