



## RFP: Audit & Tax Services

### Attachments

1. AIRA's audits for the past four years
2. Management letters with board responses for past four years
3. AIRA's 990s for past four years
4. AIRA's organizational chart
5. AIRA's annual report



## RFP: Audit & Tax Services

### AIRA's audits – *past four years*

1. 2021
2. 2022
3. 2023
4. 2024

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT  
SEPTEMBER 30, 2021 AND 2020**

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CERTIFIED PUBLIC ACCOUNTANTS

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## Independent Auditor's Report

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

### **Report on the Financial Statements**

We have audited the accompanying financial statements of American Immunization Registry Association, (a nonprofit organization), which comprise the statements of financial position as of September 30, 2021 and 2020, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

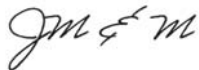
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of American Immunization Registry Association as of September 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 20, 2022, on our consideration of American Immunization Registry Association's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of American Immunization Registry Association's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering American Immunization Registry Association's internal control over financial reporting and compliance.



Washington, DC  
May 20, 2022

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENTS OF FINANCIAL POSITION**  
**SEPTEMBER 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
<b><u>ASSETS</u></b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 2,130,870	\$ 879,852
Accounts receivable	453,209	269,520
Federal grants receivable	194,279	278,865
Prepaid expenses	5,984	11,147
Total Current Assets	<u>2,784,342</u>	<u>1,439,384</u>
<b>TOTAL ASSETS</b>	<u><u>\$ 2,784,342</u></u>	<u><u>\$ 1,439,384</u></u>
<b><u>LIABILITIES AND NET ASSETS</u></b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 397,909	\$ 126,607
Accrued expenses	182,408	98,602
Deferred revenue	89,634	118,122
Total Current Liabilities	<u>669,951</u>	<u>343,331</u>
<b>NET ASSETS</b>		
Without donor restrictions	<u>2,114,391</u>	<u>1,096,053</u>
Total Net Assets	<u>2,114,391</u>	<u>1,096,053</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$ 2,784,342</u></u>	<u><u>\$ 1,439,384</u></u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENTS OF ACTIVITIES**  
**YEARS ENDED SEPTEMBER 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
<b>REVENUE AND SUPPORT</b>		
<b>WITHOUT DONOR RESTRICTIONS</b>		
Federal grants	\$ 5,537,342	\$ 2,976,313
Program service fees	1,593,205	342,911
Annual meeting income	274,105	-
Membership dues	166,165	149,180
Contributions	1,138	18,550
Interest income	<u>119</u>	<u>172</u>
Total Revenue and Support		
Without Donor Restrictions	7,572,074	3,487,126
<b>EXPENSES</b>		
Program Services:		
Strengthening public health systems and services	5,487,009	2,971,658
Audacious Inquiry project	645,991	120,812
ONC IDEAS project	24,958	-
National meeting	<u>130,808</u>	<u>8,116</u>
Total Program Services	6,288,766	3,100,586
Support Services:		
General and administrative	<u>264,970</u>	<u>77,679</u>
Total Expenses	<u>6,553,736</u>	<u>3,178,265</u>
<b>CHANGES IN NET ASSETS</b>	1,018,338	308,861
<b>NET ASSETS, beginning of year</b>		
Without Donor Restrictions	<u>1,096,053</u>	<u>787,192</u>
<b>NET ASSETS, end of year</b>		
Without Donor Restrictions	<u><u>\$ 2,114,391</u></u>	<u><u>\$ 1,096,053</u></u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED SEPTEMBER 30, 2021**

	Program Services					Support Services	
	Strengthening Public Health Systems and Services	Audacious Inquiry Project	ONC IDEAS Project	National Meeting	Total Program Services	General and Administrative	Total Expenses
Personnel Expenses:							
Salaries	\$ 2,595,463	\$ 74,780	\$ 18,920	\$ -	\$ 2,689,163	\$ 127,886	\$ 2,817,049
Payroll taxes	211,858	6,323	1,643	-	219,824	3,551	223,375
Employee benefits	368,581	8,913	40	-	377,534	8,340	385,874
Pension expense	88,344	-	-	-	88,344	3,380	91,724
Total Personnel Expenses	3,264,246	90,016	20,603	-	3,374,865	143,157	3,518,022
Accounting	-	-	-	-	-	39,500	39,500
Bank fees	-	-	-	-	-	8,609	8,609
Conference facilities, food and beverages	4,659	-	-	103,349	108,008	12,529	120,537
Dues and subscriptions	8,675	-	-	-	8,675	950	9,625
Insurance	6,659	-	-	-	6,659	-	6,659
Office supplies	119,427	-	-	9,303	128,730	13,564	142,294
Other expenses	467	-	-	141	608	507	1,115
Postage and delivery	3,467	-	-	1,007	4,474	1,117	5,591
Printing and publications	1,395	-	-	1,346	2,741	-	2,741
Professional fees	1,883,325	555,975	4,065	15,644	2,459,009	34,962	2,493,971
Telephone and communications	109,950	-	290	-	110,240	5,918	116,158
Travel	84,739	-	-	18	84,757	4,157	88,914
Total Expenses	<u>\$ 5,487,009</u>	<u>\$ 645,991</u>	<u>\$ 24,958</u>	<u>\$ 130,808</u>	<u>\$ 6,288,766</u>	<u>\$ 264,970</u>	<u>\$ 6,553,736</u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED SEPTEMBER 30, 2020**

	<u>Program Services</u>				<u>Support Services</u>	
	Strengthening Public Health Systems and Services	Audacious Inquiry Project	National Meeting	Total Program Services	General and Administrative	Total Expenses
Personnel Expenses:						
Salaries	\$ 1,454,023	\$ 10,473	\$ -	\$ 1,464,496	\$ 34,361	\$ 1,498,857
Payroll taxes	120,040	801	-	120,841	1,342	122,183
Employee benefits	256,967	-	-	256,967	4,995	261,962
Pension expense	56,567	-	-	56,567	1,060	57,627
Total Personnel Expenses	1,887,597	11,274	-	1,898,871	41,758	1,940,629
Accounting	-	-	-	-	15,488	15,488
Bank fees	-	-	-	-	3,141	3,141
Conference facilities, food and beverages	37,804	-	-	37,804	2,042	39,846
Dues and subscriptions	12,175	-	2,500	14,675	498	15,173
Insurance	8,417	-	-	8,417	-	8,417
Office supplies	66,528	-	37	66,565	4,847	71,412
Other expenses	934	-	-	934	907	1,841
Postage and delivery	2,755	-	-	2,755	-	2,755
Printing and publications	970	-	-	970	-	970
Professional fees	699,490	109,538	5,579	814,607	8,828	823,435
Telephone and communications	77,248	-	-	77,248	-	77,248
Travel	177,740	-	-	177,740	170	177,910
Total Expenses	<u>\$ 2,971,658</u>	<u>\$ 120,812</u>	<u>\$ 8,116</u>	<u>\$ 3,100,586</u>	<u>\$ 77,679</u>	<u>\$ 3,178,265</u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENTS OF CASH FLOWS**  
**YEARS ENDED SEPTEMBER 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 1,018,338	\$ 308,861
Adjustments to reconcile change in net assets to net cash provided by (used for) operating activities:		
(Increase) decrease in assets:		
Accounts receivable	(183,689)	(229,655)
Federal grants receivable	84,586	(142,736)
Prepaid expenses	5,163	(8,386)
Increase (decrease) in liabilities:		
Accounts payable	271,302	29,631
Accrued expenses	83,806	16,796
Deferred revenue	(28,488)	5,240
Net Cash Provided by (Used for) Operating Activities	<u>1,251,018</u>	<u>(20,249)</u>
<b>NET CHANGE IN CASH AND CASH EQUIVALENTS</b>	1,251,018	(20,249)
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	<u>879,852</u>	<u>900,101</u>
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<u><u>\$ 2,130,870</u></u>	<u><u>\$ 879,852</u></u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
NOTES TO THE FINANCIAL STATEMENTS  
SEPTEMBER 30, 2021 AND 2020**

**NOTE A – ORGANIZATION AND NATURE OF ACTIVITIES**

American Immunization Registry Association (“AIRA”) was incorporated under the laws of the State of Delaware in 2009. AIRA’s mission is to promote the use of immunization information systems (“IIS”) to ensure healthy communities. AIRA supports and promotes the development, implementation and interoperability of IIS through partnerships, peer and professional education/training, and resource development. AIRA’s primary revenue sources are federal grants, program service fees, annual meeting income, and membership dues.

Program Descriptions

To achieve its mission and purpose, AIRA operates the following programs:

*Strengthening Public Health Systems and Services* – The purposes of this program are to strengthen the nation’s public health infrastructure; ensure a competent, current, and connected public health system; and improve the delivery of essential public health services through capacity-building assistance. Under this program, AIRA receives federal grants from the United States Department of Health and Human Services Centers for Disease Control and Prevention (“CDC”) through the following cooperative agreements:

- *Capacity and Standards* – The purpose of this cooperative agreement is to provide capacity-building assistance to strengthen and improve the immunization information systems (“IIS”) and immunization program workforce that are instrumental in providing maintenance and oversight of the electronic systems that help prevent and control vaccine-preventable diseases.
- *Immunization Integration Program* – The purpose of the cooperative agreement is to increase immunization data quality and usage through collaboration, measurement, and technical support to improve IIS and electronic health record (“EHR”) systems interoperability.
- *Immunization Gateway Program* – The purpose of this cooperative agreement is to support immunization awardees with onboarding and sharing vaccination encounters through the Immunization Gateway.
- *Vaccinate with Confidence Program* – The purpose of this cooperative agreement is to provide capacity-building assistance to strengthen and improve the workforce and infrastructure necessary to support the capacity of IIS to conduct public health monitoring and surveillance to identify communities at risk.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**  
(continued)

**NOTE A – ORGANIZATION AND NATURE OF ACTIVITIES – continued**

Program Descriptions – continued

*Audacious Inquiry Project* – AIRA has contracted with Audacious Inquiry, an unrelated third party, for a project to support the rapid onboarding of IIS, as well as traditional and non-traditional provider organizations to the Immunization Gateway to support the COVID-19 vaccine response and increase the availability and volume of complete and accurate immunization data stored within IIS. This project also supports the ability of IIS and IIS vendors in generating and submitting the CDC prioritized data extract to the Data Clearing House.

*ONC IDEAS Project* – AIRA has contracted with the Association for State and Territorial Health Organizations (“ASTHO”), an unrelated third party, for a project to provide program planning and implementation, technical, policy, and research support of the Office of the National Coordinator for Health Information Technology (“ONC”) Immunization Data Exchange, Advancement and Sharing (“IDEAS”) program.

*National Meeting* – AIRA’s National Meeting provides an annual opportunity to bring AIRA’s peers and partners together. Through both formal presentations and informal discussions, attendees have an opportunity to strengthen long-term partnerships, develop new relationships, gain professional education and training, and learn from one another. During the year ended September 30, 2021, it was attended by 468 attendees (187 in-person and 281 virtual).

On March 11, 2020, the World Health Organization declared coronavirus disease 2019 (“COVID-19”) to be a global pandemic. The spread of COVID-19 has had a disruptive impact on the daily life and operations of individuals and businesses around the world. During the year ended September 30, 2020, the national meeting did not take place due to impacts from the COVID-19 pandemic.

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

These financial statements were prepared using the accrual basis of accounting. Therefore, revenue and related assets are recognized when earned and expenses and related liabilities are recognized as the obligations are incurred.

Financial Statement Presentation

Financial statement presentation follows Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 958, *Not-for-Profit Entities*. In accordance with Topic 958, net assets, revenue, gains and losses are classified based on the existence or absence of donor-imposed restrictions.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**  
(continued)

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

Financial Statement Presentation – continued

Accordingly, net assets and changes therein are classified and reported as follows:

*Net Assets without Donor Restrictions* - Net assets not subject to donor-imposed stipulations.

*Net Assets with Donor Restrictions* - Net assets subject to donor-imposed restrictions that will be met by either actions of AIRA and/or the passage of time, or that must be maintained in perpetuity by AIRA. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and are reported in the statements of activities as net assets released from restrictions.

Cash and Cash Equivalents

For purposes of the statements of cash flows, AIRA considers all highly liquid funds including money market funds and funds in interest bearing savings accounts to be cash equivalents. Cash and cash equivalents in certain accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At times, the accounts may exceed this limit; however, AIRA believes it is not exposed to any significant credit risk on cash and cash equivalents.

Accounts and Federal Grants Receivable

Accounts and federal grants receivable are stated at the amount management expects to collect from balances outstanding at year end. Annually, management determines if an allowance for doubtful accounts is necessary based upon review of outstanding receivables, historical collection information, and existing economic conditions. Accounts deemed uncollectible are charged off based on specific circumstances of the parties involved. Management believes that all accounts and federal grants receivable are collectible and will be received within one year. Therefore, no allowance for doubtful accounts has been established.

Revenue Recognition

*Federal Grants*

Federal grants are received primarily from the CDC. These revenues are considered conditional grants with a measurable performance or other barrier and a right of return, and are not recognized until the conditions on which they depend have been substantially met. These grants are also subject to audit by the grantor agencies, which could result in a request for reimbursement by the agency for expenditures disallowed under the terms and conditions of the appropriate grantor. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue in the statements of financial position.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**  
(continued)

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

Revenue Recognition – continued

*Program Service Fees*

Program service fees are revenues primarily derived from non-federal contracts for support and development services, which are recognized, at a point, in time when the services are provided.

*Annual Meeting Income*

Annual meeting income is received from registrations and sponsorships and is recognized, at a point in time, when the event is held.

*Membership Dues*

Membership dues are recognized over time by allocating the membership price to the related performance obligations and recognizing the related revenue as these obligations are accomplished. Contract liabilities are membership dues collected in advance of performance of the related membership obligations and are included in deferred revenue on the accompanying statements of financial position.

*Contributions*

AIRA recognizes contributions when cash, securities or other assets, or an unconditional promise to give is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Contributions received with donor stipulations are recorded as contributions with donor restrictions based on the donor's intent. Unless otherwise stated by the donor, individual donations are recorded as contributions without donor restrictions. Contributions with donor restrictions that are met in the same reporting period as the contribution is received are reported as contributions without donor restrictions support.

Deferred Revenue

Deferred revenue represents funds received in advance for program services, the annual meeting and membership dues, which will be recognized in future periods when earned.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**  
(continued)

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

Functional Allocation of Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or support function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses are allocated on the basis of salaries and related costs determined by the estimated time expended.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**NOTE C - INCOME TAXES**

AIRA is a 501(c)(3) tax exempt organization under Section 501(a) of the Internal Revenue Code. AIRA is, however, subject to tax on business income unrelated to its exempt purpose.

AIRA believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements or that would have an effect on its tax-exempt status. There are no unrecognized tax benefits or liabilities that need to be recorded.

AIRA's information tax returns are subject to examination by the Internal Revenue Service for a period of three years from the date they were filed, except under certain circumstances. AIRA's information return for the years ended September 30, 2018 to 2020, are open for a tax examination by the Internal Revenue Service, although no request has been made as of the date of these financial statements.

**NOTE D – AVAILABLE RESOURCES AND LIQUIDITY**

AIRA's management regularly monitors liquidity requirements to ensure that ongoing operating needs and other contractual commitments are met. Timing of revenue receipts, with most occurring early in the year, also enhances the availability of necessary operational funds. Sources of liquidity available to AIRA include financial assets consisting of cash and cash equivalents, accounts receivable, and federal grants receivable.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 AND 2020**  
(continued)

**NOTE D – AVAILABLE RESOURCES AND LIQUIDITY – continued**

In determining the adequacy of liquidity sources to cover general operating expenditures over a 12-month period, AIRA considers all expenditures related to its strengthening public health systems and services, Audacious Inquiry project, ONC IDEAS project and national meeting programs, as well as services undertaken to support those programs, to be general operating expenditures.

As of September 30, 2021 and 2020, total financial assets held by AIRA and the amounts of those financial assets that could readily be made available within one year of the statements of financial position date to meet general operating expenditures were:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 2,130,870	\$ 879,852
Accounts receivable	453,209	269,520
Federal grants receivable	<u>194,279</u>	<u>278,865</u>
Total Financial Assets Available to Meet Cash Needs for General Expenditures within One Year	<u>\$ 2,778,358</u>	<u>\$ 1,428,237</u>

**NOTE E - CONCENTRATIONS**

For the years ended September 30, 2021 and 2020, AIRA received 73% and 85% of its revenue from a single source, the CDC.

**NOTE F - RETIREMENT PLAN**

Effective May 1, 2016, AIRA adopted the TriNet 401(k) Plan (the “Plan”). The Plan is open to all employees who have completed six months of service. AIRA contributes five percent of eligible employees’ salaries. For the years ended September 30, 2021 and 2020, employer contributions to the Plan totaled \$91,724 and \$57,627, respectively.

**NOTE G - SUBSEQUENT EVENTS**

In preparing these financial statements, AIRA’s management has evaluated events and transactions for potential recognition or disclosure through May 20, 2022, the date the financial statements were available to be issued. There were no additional events or transactions that were discovered during the evaluation that required further recognition and disclosure.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
INDEPENDENT AUDITOR'S REPORTS  
UNIFORM GUIDANCE**

**SEPTEMBER 30, 2021**

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**Independent Auditor's Report on Internal Control over Financial Reporting  
and on Compliance and Other Matters Based on an  
Audit of Financial Statements Performed In Accordance  
with *Government Auditing Standards***

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of American Immunization Registry Association (a nonprofit organization), which comprise the statement of financial position as of September 30, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 20, 2022.

**Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered American Immunization Registry Association's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose for expressing an opinion on the effectiveness of American Immunization Registry Association's internal control. Accordingly, we do not express an opinion on the effectiveness of American Immunization Registry Association's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.


To the Board of Directors  
American Immunization Registry Association

## **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether American Immunization Registry Association's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance and other matters that are required to be reported under *Government Auditing Standards*.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of American Immunization Registry Association's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering American Immunization Registry Association's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Washington, DC  
May 20, 2022



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**Independent Auditor's Report on Compliance for Each Major  
Program and on Internal Control over Compliance  
Required by the Uniform Guidance**

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

**Report on Compliance for Each Major Federal Program**

We have audited American Immunization Registry Association's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on its of American Immunization Registry Association's major federal program for the year ended September 30, 2021. American Immunization Registry Association's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

**Management's Responsibility**

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal program.

**Auditor's Responsibility**

Our responsibility is to express an opinion on compliance for American Immunization Registry Association's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about American Immunization Registry Association's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for its major federal program. However, our audit does not provide a legal determination of American Immunization Registry Association's compliance.

To the Board of Directors  
American Immunization Registry Association

## **Opinion on Each Major Federal program**

In our opinion, American Immunization Registry Association complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended September 30, 2021.

## **Report on Internal Control Over Compliance**

Management of American Immunization Registry Association is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered American Immunization Registry Association's internal control over compliance with the types of requirements that could have a direct and material effect on its major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for its major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of American Immunization Registry Association's internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Washington, DC  
May 20, 2022



CERTIFIED PUBLIC ACCOUNTANTS

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## **Independent Auditor's Report on the Schedule of Expenditures of Federal Awards**

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

### **Report on the Schedule of Expenditures of Federal Awards**

We have audited the accompanying schedule of expenditures of federal awards of American Immunization Registry Association for the year ended September 30, 2021, and the related notes to the schedule of expenditures of federal awards.

### **Management's Responsibility**

Management is responsible for the preparation and fair presentation of this financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on this financial statement based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether the financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statement.

To the Board of Directors  
American Immunization Registry Association

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statement referred to above presents fairly, in all material respects, the expenditures of federal awards of American Immunization Registry Association for the year ended September 30, 2021, in accordance with accounting principles generally accepted in the United States of America.



Washington, DC  
May 20, 2022

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED SEPTEMBER 30, 2021**

<b>Federal Grantor / Program or Cluster Title</b>	<b>Assistance Listing Number</b>	<b>Total Federal Expenditures</b>
Department of Health and Human Services		
Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421	\$ 5,537,342
Total Department of Health and Human Services		5,537,342
<b>Total Expenditures of Federal Awards</b>		<b>\$ 5,537,342</b>

The accompanying notes are an integral part of the Schedule of Expenditures of Federal Awards.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

**NOTE A – BASIS OF PRESENTATION**

The accompanying Schedule of Expenditures of Federal Awards (the “Schedule”) includes the federal grant activity of American Immunization Registry Association (“AIRA”) under programs of the federal government for the year ended September 30, 2021. The information in this Schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of AIRA, it is not intended to and does not present the financial position, changes in net assets, or cash flows of AIRA.

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Expenditures reported in the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein, certain types of expenses are not allowable or are limited as to reimbursement.

**NOTE C – INDIRECT COST RATE**

AIRA has elected not to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED SEPTEMBER 30, 2021**

**SECTION I - SUMMARY OF AUDITOR'S RESULTS**

***Financial Statements***

Type of auditor's report issued on the financial statements	Unmodified
Internal control over financial reporting:	
Material weaknesses identified?	No
Significant deficiencies identified that are not considered to be material weaknesses?	None Reported
Noncompliance material to financial statements noted?	No

***Federal Awards***

Type of auditor's report issued on compliance for major programs:	Unmodified
Internal control over major programs:	
Material weaknesses identified?	No
Significant deficiencies identified that are not considered to be material weaknesses?	None Reported
Any audit findings disclosed that are required to be reported in accordance with 2 CFR Section 200.516(a)?	No

***Major programs***

Name of Federal Program or Cluster:	Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health
Assistance Listing Number:	93.421
Dollar threshold used to distinguish between Type A and Type B programs:	\$750,000
Auditee qualified as low-risk auditee?	Yes

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED SEPTEMBER 30, 2021  
(continued)**

**SECTION II – FINDINGS RELATED TO FINANCIAL STATEMENTS REPORTED IN  
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

None

**SECTION III – FINDINGS AND QUESTIONED COSTS RELATED TO FEDERAL  
AWARDS**

None

**SECTION IV – SCHEDULE OF PRIOR YEAR FINDINGS**

None

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT**

**SEPTEMBER 30, 2022 AND 2021**

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CERTIFIED PUBLIC ACCOUNTANTS

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## Independent Auditor's Report

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

### **Report on the Audit of the Financial Statements**

#### ***Opinion***

We have audited the accompanying financial statements of American Immunization Registry Association (a nonprofit organization), which comprise the statements of financial position as of September 30, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of American Immunization Registry Association as of September 30, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of American Immunization Registry Association and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about American Immunization Registry Association's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of American Immunization Registry Association's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about American Immunization Registry Association's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated June 13, 2023, on our consideration of American Immunization Registry Association's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of American Immunization Registry Association's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering American Immunization Registry Association's internal control over financial reporting and compliance.

A handwritten signature in cursive script, appearing to read "JM & M".

Washington, DC  
June 13, 2023

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENTS OF FINANCIAL POSITION**  
**SEPTEMBER 30, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
<b><u>ASSETS</u></b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 1,074,813	\$ 2,130,870
Accounts receivable	56,563	453,209
Federal grants receivable	419,780	194,279
Prepaid expenses	15,186	5,984
Total Current Assets	<u>1,566,342</u>	<u>2,784,342</u>
<b>NONCURRENT ASSETS</b>		
Investments	1,499,929	-
Total Noncurrent Assets	<u>1,499,929</u>	<u>-</u>
<b>TOTAL ASSETS</b>	<u><u>\$ 3,066,271</u></u>	<u><u>\$ 2,784,342</u></u>
<b><u>LIABILITIES AND NET ASSETS</u></b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 229,186	\$ 397,909
Accrued expenses	190,724	182,408
Deferred revenue	206,777	89,634
Total Current Liabilities	<u>626,687</u>	<u>669,951</u>
<b>NET ASSETS</b>		
Without donor restrictions	<u>2,439,584</u>	<u>2,114,391</u>
Total Net Assets	<u>2,439,584</u>	<u>2,114,391</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$ 3,066,271</u></u>	<u><u>\$ 2,784,342</u></u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENTS OF ACTIVITIES**  
**YEARS ENDED SEPTEMBER 30, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
<b>REVENUE AND SUPPORT</b>		
<b>WITHOUT DONOR RESTRICTIONS</b>		
Federal grants	\$ 4,873,073	\$ 4,559,137
Federal grants - COVID-19	1,804,259	978,205
Program service fees	268,012	1,593,205
Annual meeting income	263,820	274,105
Membership dues	199,301	166,165
Contributions	5	1,138
Investment loss, net	(71)	-
Interest income	221	119
	<u>221</u>	<u>119</u>
Total Revenue and Support		
Without Donor Restrictions	7,408,620	7,572,074
<b>EXPENSES</b>		
Program Services:		
Strengthening public health systems and services	6,563,154	5,487,009
Audacious Inquiry project	8,043	645,991
ONC IDEAS project	95,011	24,958
National meeting	47,081	130,808
Total Program Services	<u>6,713,289</u>	<u>6,288,766</u>
Support Services:		
General and administrative	370,138	264,970
Total Expenses	<u>7,083,427</u>	<u>6,553,736</u>
<b>CHANGES IN NET ASSETS</b>	325,193	1,018,338
<b>NET ASSETS, beginning of year</b>		
Without Donor Restrictions	<u>2,114,391</u>	<u>1,096,053</u>
<b>NET ASSETS, end of year</b>		
Without Donor Restrictions	<u>\$ 2,439,584</u>	<u>\$ 2,114,391</u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED SEPTEMBER 30, 2022**

	Program Services					Support Services	
	Strengthening Public Health Systems and Services	Audacious Inquiry Project	ONC IDEAS Project	National Meeting	Total Program Services	General and Administrative	Total Expenses
Personnel Expenses:							
Salaries	\$ 2,827,161	\$ -	\$ 65,150	\$ -	\$ 2,892,311	\$ 121,525	\$ 3,013,836
Payroll taxes	230,511	-	3,166	-	233,677	11,736	245,413
Employee benefits	473,435	-	453	-	473,888	18,610	492,498
Pension expense	106,100	-	1,480	-	107,580	4,327	111,907
Total Personnel Expenses	3,637,207	-	70,249	-	3,707,456	156,198	3,863,654
Accounting	-	-	-	-	-	42,445	42,445
Bank fees	-	-	-	-	-	9,559	9,559
Conference facilities, food and beverages	58,934	-	-	29,054	87,988	18,239	106,227
Dues and subscriptions	8,320	-	-	10,826	19,146	146	19,292
Insurance	27,225	-	-	-	27,225	-	27,225
Office expenses	79,004	-	230	225	79,459	15,053	94,512
Other expenses	481	-	-	-	481	585	1,066
Postage and delivery	4,128	-	18	14	4,160	370	4,530
Printing and publications	236	-	-	46	282	-	282
Professional fees	2,388,725	8,043	20,235	2,478	2,419,481	105,410	2,524,891
Telephone and communications	121,595	-	870	816	123,281	7,322	130,603
Travel	237,299	-	3,409	3,622	244,330	14,811	259,141
Total Expenses	<u>\$ 6,563,154</u>	<u>\$ 8,043</u>	<u>\$ 95,011</u>	<u>\$ 47,081</u>	<u>\$ 6,713,289</u>	<u>\$ 370,138</u>	<u>\$ 7,083,427</u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED SEPTEMBER 30, 2021**

	Program Services					Support Services	
	Strengthening Public Health Systems and Services	Audacious Inquiry Project	ONC IDEAS Project	National Meeting	Total Program Services	General and Administrative	Total Expenses
Personnel Expenses:							
Salaries	\$ 2,595,463	\$ 74,780	\$ 18,920	\$ -	\$ 2,689,163	\$ 127,886	\$ 2,817,049
Payroll taxes	211,858	6,323	1,643	-	219,824	3,551	223,375
Employee benefits	368,581	8,913	40	-	377,534	8,340	385,874
Pension expense	88,344	-	-	-	88,344	3,380	91,724
Total Personnel Expenses	3,264,246	90,016	20,603	-	3,374,865	143,157	3,518,022
Accounting	-	-	-	-	-	39,500	39,500
Bank fees	-	-	-	-	-	8,609	8,609
Conference facilities, food and beverages	4,659	-	-	103,349	108,008	12,529	120,537
Dues and subscriptions	8,675	-	-	-	8,675	950	9,625
Insurance	6,659	-	-	-	6,659	-	6,659
Office expenses	119,427	-	-	9,303	128,730	13,564	142,294
Other expenses	467	-	-	141	608	507	1,115
Postage and delivery	3,467	-	-	1,007	4,474	1,117	5,591
Printing and publications	1,395	-	-	1,346	2,741	-	2,741
Professional fees	1,883,325	555,975	4,065	15,644	2,459,009	34,962	2,493,971
Telephone and communications	109,950	-	290	-	110,240	5,918	116,158
Travel	84,739	-	-	18	84,757	4,157	88,914
Total Expenses	<u>\$ 5,487,009</u>	<u>\$ 645,991</u>	<u>\$ 24,958</u>	<u>\$ 130,808</u>	<u>\$ 6,288,766</u>	<u>\$ 264,970</u>	<u>\$ 6,553,736</u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENTS OF CASH FLOWS**  
**YEARS ENDED SEPTEMBER 30, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 325,193	\$ 1,018,338
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Investment loss, net	71	-
(Increase) decrease in assets:		
Accounts receivable	396,646	(183,689)
Federal grants receivable	(225,501)	84,586
Prepaid expenses	(9,202)	5,163
Increase (decrease) in liabilities:		
Accounts payable	(168,723)	271,302
Accrued expenses	8,316	83,806
Deferred revenue	117,143	(28,488)
Net Cash Provided by Operating Activities	<u>443,943</u>	<u>1,251,018</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchases of investments	(1,500,000)	-
Net Cash Used for Investing Activities	<u>(1,500,000)</u>	<u>-</u>
<b>NET CHANGE IN CASH AND CASH EQUIVALENTS</b>	(1,056,057)	1,251,018
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	<u>2,130,870</u>	<u>879,852</u>
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<u><u>\$ 1,074,813</u></u>	<u><u>\$ 2,130,870</u></u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
NOTES TO THE FINANCIAL STATEMENTS  
SEPTEMBER 30, 2022 AND 2021**

**NOTE A – ORGANIZATION AND NATURE OF ACTIVITIES**

American Immunization Registry Association (“AIRA”) was incorporated under the laws of the State of Delaware in 2009. AIRA’s mission is to promote the use of immunization information systems (“IIS”) to ensure healthy communities. AIRA supports and promotes the development, implementation and interoperability of IIS through partnerships, peer and professional education/training, and resource development. AIRA's primary revenue sources are federal grants, program service fees, annual meeting income, and membership dues.

Program Descriptions

To achieve its mission and purpose, AIRA operates the following programs:

*Strengthening Public Health Systems and Services* – The purposes of this program are to strengthen the nation’s public health infrastructure; ensure a competent, current, and connected public health system; and improve the delivery of essential public health services through capacity-building assistance. Under this program, AIRA receives federal grants from the United States Department of Health and Human Services Centers for Disease Control and Prevention (“CDC”) through the following cooperative agreements:

- *Capacity and Standards* – The purpose of this cooperative agreement is to provide capacity-building assistance to strengthen and improve the immunization information systems (“IIS”) and immunization program workforce that are instrumental in providing maintenance and oversight of the electronic systems that help prevent and control vaccine-preventable diseases.
- *Immunization Integration Program* – The purpose of the cooperative agreement is to increase immunization data quality and usage through collaboration, measurement, and technical support to improve IIS and electronic health record (“EHR”) systems interoperability.
- *Immunization Gateway Program* – The purpose of this cooperative agreement is to support immunization awardees with onboarding and sharing vaccination encounters through the Immunization Gateway. The Immunization Gateway supports the exchange of immunization data between IISs, provider organizations and consumer applications.
- *Vaccinate with Confidence Program* – The purpose of this cooperative agreement is to provide capacity-building assistance to strengthen and improve the workforce and infrastructure necessary to support the capacity of IIS to conduct public health monitoring and surveillance to identify communities at risk.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022 AND 2021**  
(continued)

**NOTE A – ORGANIZATION AND NATURE OF ACTIVITIES – continued**

Program Descriptions – continued

*Audacious Inquiry Project* – AIRA has contracted with Audacious Inquiry, an unrelated third party, for a project to support the rapid onboarding of IIS, as well as traditional and non-traditional provider organizations to the Immunization Gateway to support the COVID-19 vaccine response and increase the availability and volume of complete and accurate immunization data stored within IIS. This project also supports the ability of IIS and IIS vendors in generating and submitting the CDC prioritized data extract to the Data Clearing House. This program ended as of September 30, 2021.

*ONC IDEAS Project* – AIRA has contracted with the Association for State and Territorial Health Organizations (“ASTHO”), an unrelated third party, for a project to provide program planning and implementation, technical, policy, and research support of the Office of the National Coordinator for Health Information Technology (“ONC”) Immunization Data Exchange, Advancement and Sharing (“IDEAS”) program.

*National Meeting* – AIRA’s National Meeting provides an annual opportunity to bring AIRA’s peers and partners together. Through both formal presentations and informal discussions, attendees have an opportunity to strengthen long-term partnerships, develop new relationships, gain professional education and training, and learn from one another. During the year ended September 30, 2022, it was attended by 660 virtual attendees. During the year ended September 30, 2021, it was attended by 468 attendees (187 in-person and 281 virtual).

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

These financial statements were prepared using the accrual basis of accounting. Therefore, revenue and related assets are recognized when earned and expenses and related liabilities are recognized as the obligations are incurred.

Financial Statement Presentation

Financial statement presentation follows Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 958, *Not-for-Profit Entities*. In accordance with Topic 958, net assets, revenue, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Net Assets without Donor Restrictions* - Net assets not subject to donor-imposed stipulations.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022 AND 2021**  
(continued)

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

Financial Statement Presentation – continued

*Net Assets with Donor Restrictions* - Net assets subject to donor-imposed restrictions that will be met by either actions of AIRA and/or the passage of time, or that must be maintained in perpetuity by AIRA. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and are reported in the statements of activities as net assets released from restrictions.

Cash and Cash Equivalents

For purposes of the statements of cash flows, AIRA considers all highly liquid funds including money market funds and funds in interest bearing savings accounts to be cash equivalents. Cash and cash equivalents in certain accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At times, the accounts may exceed this limit; however, AIRA believes it is not exposed to any significant credit risk on cash and cash equivalents.

Accounts and Federal Grants Receivable

Accounts and federal grants receivable are stated at the amount management expects to collect from balances outstanding at year end. Annually, management determines if an allowance for doubtful accounts is necessary based upon review of outstanding receivables, historical collection information, and existing economic conditions. Accounts deemed uncollectible are charged off based on specific circumstances of the parties involved. Management believes that all accounts and federal grants receivable are collectible and will be received within one year. Therefore, no allowance for doubtful accounts has been established. As of the beginning of the year ended September 30, 2021, accounts receivable totaled \$269,520. As of the beginning of the year ended September 30, 2021, federal grants receivable totaled \$278,865.

Investments

Investments are reported at fair value on a recurring basis based on observable quoted market prices. Interest is recorded when earned. Purchases and sales of investments are reflected on a trade-date basis. Net appreciation (depreciation) in the fair value of investments include realized and unrealized gains and losses and are reported as gains or losses on the statements of activities.

Revenue Recognition

*Federal Grants*

Federal grants are received primarily from the CDC. These revenues are considered conditional grants with a measurable performance or other barrier and a right of return, and are not recognized until the conditions on which they depend have been substantially met. These grants

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022 AND 2021**  
(continued)

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

Revenue Recognition – continued

*Federal Grants* – continued

are also subject to audit by the grantor agencies, which could result in a request for reimbursement by the agency for expenditures disallowed under the terms and conditions of the appropriate grantor. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue in the statements of financial position. As of the beginning of the year ended September 30, 2021, deferred federal grant revenue totaled \$1,147.

*Program Service Fees*

Program service fees are revenues primarily derived from non-federal contracts for support and development services, which are recognized, at a point, in time when the services are provided.

*Annual Meeting Income*

Annual meeting income is received from registrations and sponsorships and is recognized at a point in time, when the event is held. As of the beginning of the year ended September 30, 2021, deferred annual meeting income totaled \$46,100.

*Membership Dues*

Membership dues are recognized over time by allocating the membership price to the related performance obligations and recognizing the related revenue as these obligations are accomplished. Contract liabilities are membership dues collected in advance of performance of the related membership obligations and are included in deferred revenue on the accompanying statements of financial position. As of the beginning of the year ended September 30, 2021, deferred membership dues totaled \$70,875.

*Contributions*

AIRA recognizes contributions when cash, securities or other assets, or an unconditional promise to give is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Contributions received with donor stipulations are recorded as contributions with donor restrictions based on the donor's intent. Unless otherwise stated by the donor, individual donations are recorded as contributions without donor restrictions. Contributions with donor restrictions that are met in the same reporting period as the contribution is received are reported as contributions without donor restrictions support.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022 AND 2021**  
(continued)

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

Functional Allocation of Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or support function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses are allocated on the basis of salaries and related costs determined by the estimated time expended.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Reclassifications

Federal grants – COVID-19 has been presented separately from federal grants on the statement of activities for the year ended December 31, 2021. The reclassification was made to conform to the current year presentation and had no effect on previously reported net assets or changes in net assets.

**NOTE C - INCOME TAXES**

AIRA is a 501(c)(3) tax exempt organization under Section 501(a) of the Internal Revenue Code. AIRA is, however, subject to tax on business income unrelated to its exempt purpose.

AIRA believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements or that would have an effect on its tax-exempt status. There are no unrecognized tax benefits or liabilities that need to be recorded.

AIRA's information tax returns are subject to examination by the Internal Revenue Service for a period of three years from the date they were filed, except under certain circumstances. AIRA's information return for the years ended September 30, 2019 to 2021, are open for a tax examination by the Internal Revenue Service, although no request has been made as of the date of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022 AND 2021**  
(continued)

**NOTE D – AVAILABLE RESOURCES AND LIQUIDITY**

AIRA’s management regularly monitors liquidity requirements to ensure that ongoing operating needs and other contractual commitments are met. Timing of revenue receipts, with most occurring early in the year, also enhances the availability of necessary operational funds. Sources of liquidity available to AIRA include financial assets consisting of cash and cash equivalents, investments, accounts receivable, and federal grants receivable.

In determining the adequacy of liquidity sources to cover general operating expenditures over a 12-month period, AIRA considers all expenditures related to its Strengthening Public Health Systems and Services, Audacious Inquiry project, ONC IDEAS project and national meeting programs, as well as services undertaken to support those programs, to be general operating expenditures.

As of September 30, 2022 and 2021, total financial assets held by AIRA and the amounts of those financial assets that could readily be made available within one year of the statements of financial position date to meet general operating expenditures were:

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 1,074,813	\$ 2,130,870
Investments	1,499,929	-
Accounts receivable	56,563	453,209
Federal grants receivable	<u>419,780</u>	<u>194,279</u>
Total Financial Assets Available to Meet Cash Needs for General Expenditures within One Year	<u>\$ 3,051,085</u>	<u>\$ 2,778,358</u>

**NOTE E – INVESTMENTS AND FAIR VALUE MEASUREMENT**

FASB ASC Topic 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022 AND 2021**  
(continued)

**NOTE E – INVESTMENTS AND FAIR VALUE MEASUREMENT – continued**

The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs are based on unadjusted quoted prices for identical assets traded in active markets that AIRA has the ability to access.
- Level 2 Inputs are based upon quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, or model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.
- Level 3 Inputs are unobservable and significant to the fair value measurement.

The fair values of AIRA’s investments in mutual funds are based on observable market quotations.

The preceding valuation methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Marketable securities are exposed to various risks such as interest rates, market, and credit risks. Due to the level of risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect the amounts reported in the statements of financial position.

The following table presents AIRA’s fair value hierarchy for investment securities measured at fair value on a recurring basis as of September 30, 2022:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equities	\$ 249,936	\$ -	\$ -	\$ 249,936
Fixed income	1,249,993	-	-	1,249,993
 Total Investments	 \$ 1,499,929	 \$ -	 \$ -	 \$ 1,499,929

AIRA did not have any investments as of September 30, 2021.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022 AND 2021**  
(continued)

**NOTE F - CONCENTRATIONS**

For the years ended September 30, 2022 and 2021, AIRA received 90% and 73% of its revenue from a single source, the CDC. A significant reduction in the level of funding from this source in the future could impact AIRA's ability to carry out its current program activities. However, management of AIRA does not consider this a significant risk in the near term.

**NOTE G - RETIREMENT PLAN**

Effective May 1, 2016, AIRA adopted the TriNet 401(k) Plan (the "Plan"). The Plan is open to all employees who have completed six months of service. AIRA contributes to the Plan by matching 100% of employee contributions, up to 5% of employees' compensation. For the years ended September 30, 2022 and 2021, employer contributions to the Plan totaled \$111,907 and \$91,724, respectively.

**NOTE H - SUBSEQUENT EVENTS**

In preparing these financial statements, AIRA's management has evaluated events and transactions for potential recognition or disclosure through June 13, 2023, the date the financial statements were available to be issued. There were no additional events or transactions that were discovered during the evaluation that required further recognition and disclosure.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

**INDEPENDENT AUDITOR'S REPORTS  
UNIFORM GUIDANCE**

**SEPTEMBER 30, 2022**

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#### **REPORTS AND SCHEDULES REQUIRED BY THE UNIFORM GUIDANCE**

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CERTIFIED PUBLIC ACCOUNTANTS

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**Independent Auditor's Report on Internal Control over Financial Reporting  
and on Compliance and Other Matters Based on an  
Audit of Financial Statements Performed In Accordance  
with *Government Auditing Standards***

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of American Immunization Registry Association (a nonprofit organization), which comprise the statement of financial position as of September 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated June 13, 2023.

**Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered American Immunization Registry Association's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose for expressing an opinion on the effectiveness of American Immunization Registry Association's internal control. Accordingly, we do not express an opinion on the effectiveness of American Immunization Registry Association's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

To the Board of Directors  
American Immunization Registry Association

## **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether American Immunization Registry Association's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance and other matters that are required to be reported under *Government Auditing Standards*.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of American Immunization Registry Association's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering American Immunization Registry Association's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Washington, DC  
June 13, 2023



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**Independent Auditor's Report on Compliance for Each Major  
Program and on Internal Control over Compliance  
Required by the Uniform Guidance**

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

**Report on Compliance for Each Major Federal Program**

***Opinion on Each Major Federal Program***

We have audited American Immunization Registry Association's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of American Immunization Registry Association's major federal programs for the year ended September 30, 2022. American Immunization Registry Association's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, American Immunization Registry Association complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2022.

***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of American Immunization Registry Association and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of American Immunization Registry Association's compliance with the compliance requirements referred to above.

To the Board of Directors  
American Immunization Registry Association

### ***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to American Immunization Registry Association's federal programs.

### ***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on American Immunization Registry Association's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about American Immunization Registry Association's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding American Immunization Registry Association's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of American Immunization Registry Association's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of American Immunization Registry Association's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

To the Board of Directors  
American Immunization Registry Association

## **Report on Internal Control over Compliance**

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Washington, DC  
June 13, 2023



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## **Independent Auditor's Report on the Schedule of Expenditures of Federal Awards**

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

### **Report on the Schedule of Expenditures of Federal Awards**

#### ***Opinion***

We have audited the accompanying schedule of expenditures of federal awards (the "Schedule") of American Immunization Registry Association for the year ended September 30, 2022, and the related notes to the schedule of expenditures of federal awards.

In our opinion, the accompanying schedule of expenditures of federal awards presents fairly, in all material respects, the expenditures of federal awards of American Immunization Registry Association for the year ended September 30, 2022, in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report.

We are required to be independent of American Immunization Registry Association and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Responsibilities of Management for the Schedule***

Management is responsible for the preparation and fair presentation of the Schedule in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the Schedule that is free from material misstatement, whether due to fraud or error.

To the Board of Directors  
American Immunization Registry Association

***Auditor's Responsibilities for the Audit of the Schedule***

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the Schedule.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the Schedule, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the Schedule.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of American Immunization Registry Association's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the Schedule.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



Washington, DC  
June 13, 2023

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED SEPTEMBER 30, 2022**

<b>Federal Grantor / Program or Cluster Title</b>	<b>Assistance Listing Number</b>	<b>Grant Identification Number</b>	<b>Total Federal Expenditures</b>
<b>U.S. Department of Health and Human Services</b>			
Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421	18NU38OT000291	\$ 4,873,073
COVID-19 Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421	18NU38OT000291C5	<u>1,804,259</u>
Total Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421		<u>6,677,332</u>
<b>Total U.S. Department of Health and Human Services</b>			<u>6,677,332</u>
<b>TOTAL EXPENDITURES OF FEDERAL AWARDS</b>			<u><u>\$ 6,677,332</u></u>

The accompanying notes are an integral part of the Schedule of Expenditures of Federal Awards.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED SEPTEMBER 30, 2022**

**NOTE A – BASIS OF PRESENTATION**

The accompanying Schedule of Expenditures of Federal Awards (the “Schedule”) includes the federal grant activity of American Immunization Registry Association (“AIRA”) under programs of the federal government for the year ended September 30, 2022. The information in this Schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of AIRA, it is not intended to and does not present the financial position, changes in net assets, or cash flows of AIRA.

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Expenditures reported in the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein, certain types of expenses are not allowable or are limited as to reimbursement.

**NOTE C – INDIRECT COST RATE**

AIRA has elected not to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED SEPTEMBER 30, 2022**

**SECTION I - SUMMARY OF AUDITOR'S RESULTS**

***Financial Statements***

Type of auditor's report issued on the financial statements	Unmodified
Internal control over financial reporting:	
Material weaknesses identified?	No
Significant deficiencies identified that are not considered to be material weaknesses?	None Reported
Noncompliance material to financial statements noted?	No

***Federal Awards***

Type of auditor's report issued on compliance for major programs:	Unmodified
Internal control over major programs:	
Material weaknesses identified?	No
Significant deficiencies identified that are not considered to be material weaknesses?	None Reported
Any audit findings disclosed that are required to be reported in accordance with 2 CFR Section 200.516(a)?	No

***Major programs***

Name of Federal Program or Cluster:	Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health
Assistance Listing Number:	93.421
Dollar threshold used to distinguish between Type A and Type B programs:	\$750,000
Auditee qualified as low-risk auditee?	Yes

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED SEPTEMBER 30, 2022  
(continued)**

**SECTION II – FINDINGS RELATED TO FINANCIAL STATEMENTS REPORTED IN  
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

None

**SECTION III – FINDINGS AND QUESTIONED COSTS RELATED TO FEDERAL  
AWARDS**

None

**SECTION IV – SCHEDULE OF PRIOR YEAR FINDINGS**

None

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT**

**SEPTEMBER 30, 2023 AND 2022**

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## Independent Auditor's Report

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

### **Report on the Audit of the Financial Statements**

#### ***Opinion***

We have audited the accompanying financial statements of American Immunization Registry Association (a nonprofit organization), which comprise the statements of financial position as of September 30, 2023 and 2022, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of American Immunization Registry Association as of September 30, 2023 and 2022, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of American Immunization Registry Association and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about American Immunization Registry Association's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of American Immunization Registry Association's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about American Immunization Registry Association's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated April 22, 2024, on our consideration of American Immunization Registry Association's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of American Immunization Registry Association's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering American Immunization Registry Association's internal control over financial reporting and compliance.



Washington, DC  
April 22, 2024

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENTS OF FINANCIAL POSITION**  
**SEPTEMBER 30, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
<b><u>ASSETS</u></b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 1,748,702	\$ 1,074,813
Accounts receivable	108,036	56,563
Federal grants receivable	152,348	419,780
Prepaid expenses	26,925	15,186
Total Current Assets	<u>2,036,011</u>	<u>1,566,342</u>
<b>NONCURRENT ASSETS</b>		
Investments	1,549,715	1,499,929
Total Noncurrent Assets	<u>1,549,715</u>	<u>1,499,929</u>
<b>TOTAL ASSETS</b>	<u><u>\$ 3,585,726</u></u>	<u><u>\$ 3,066,271</u></u>
<b><u>LIABILITIES AND NET ASSETS</u></b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 120,355	\$ 229,186
Accrued expenses	404,598	190,724
Deferred revenue	342,629	206,777
Total Current Liabilities	<u>867,582</u>	<u>626,687</u>
<b>NET ASSETS</b>		
Without donor restrictions	<u>2,718,144</u>	<u>2,439,584</u>
Total Net Assets	<u>2,718,144</u>	<u>2,439,584</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$ 3,585,726</u></u>	<u><u>\$ 3,066,271</u></u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENTS OF ACTIVITIES**  
**YEARS ENDED SEPTEMBER 30, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
<b>REVENUE AND SUPPORT</b>		
<b>WITHOUT DONOR RESTRICTIONS</b>		
Federal grants	\$ 4,532,027	\$ 4,873,073
Federal grants - COVID-19	1,606,524	1,804,259
Program service fees	483,635	268,012
Annual meeting income	546,765	263,820
Membership dues	192,940	199,301
Contributions	20	5
Investment gain (loss), net	49,786	(71)
Interest income	<u>1,426</u>	<u>221</u>
Total Revenue and Support		
Without Donor Restrictions	7,413,123	7,408,620
<b>EXPENSES</b>		
Program Services:		
Strengthening public health systems and services	6,017,759	6,563,154
ASTHO project	18,095	-
AMDA project	33,418	-
Audacious Inquiry project	-	8,043
ONC IDEAS project	-	95,011
National meeting	<u>339,947</u>	<u>47,081</u>
Total Program Services	6,409,219	6,713,289
Support Services:		
General and administrative	<u>725,344</u>	<u>370,138</u>
Total Expenses	<u>7,134,563</u>	<u>7,083,427</u>
<b>CHANGES IN NET ASSETS</b>	278,560	325,193
<b>NET ASSETS, beginning of year</b>		
Without Donor Restrictions	<u>2,439,584</u>	<u>2,114,391</u>
<b>NET ASSETS, end of year</b>		
Without Donor Restrictions	<u><u>\$ 2,718,144</u></u>	<u><u>\$ 2,439,584</u></u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED SEPTEMBER 30, 2023**

	Program Services				Support Services		
	Strengthening Public Health Systems and Services	ASTHO Project	AMDA Project	National Meeting	Total Program Services	General and Administrative	Total Expenses
Personnel Expenses:							
Salaries	\$ 3,038,087	\$ -	\$ -	\$ -	\$ 3,038,087	\$ 266,535	\$ 3,304,622
Payroll taxes	244,563	-	-	-	244,563	22,109	266,672
Employee benefits	594,001	-	-	-	594,001	30,886	624,887
Pension expense	114,511	-	-	-	114,511	9,311	123,822
Total Personnel Expenses	3,991,162	-	-	-	3,991,162	328,841	4,320,003
Accounting	-	-	-	-	-	45,398	45,398
Bank fees	-	-	-	-	-	14,204	14,204
Conference facilities, food and beverages	56,509	-	-	271,409	327,918	47,406	375,324
Dues and subscriptions	10,688	-	-	9,148	19,836	1,250	21,086
Insurance	43,759	-	-	-	43,759	-	43,759
Office expenses	95,564	-	-	15,415	110,979	17,458	128,437
Other expenses	531	-	-	-	531	1,989	2,520
Postage and delivery	3,404	-	-	1,721	5,125	1,061	6,186
Printing and publications	1,427	-	-	3,399	4,826	-	4,826
Professional fees	1,366,879	8,883	33,418	34,609	1,443,789	193,634	1,637,423
Telephone and communications	132,108	-	-	-	132,108	10,031	142,139
Travel	315,728	9,212	-	4,246	329,186	64,072	393,258
Total Expenses	\$ 6,017,759	\$ 18,095	\$ 33,418	\$ 339,947	\$ 6,409,219	\$ 725,344	\$ 7,134,563

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**YEAR ENDED SEPTEMBER 30, 2022**

	Program Services					Support Services	
	Strengthening Public Health Systems and Services	Audacious Inquiry Project	ONC IDEAS Project	National Meeting	Total Program Services	General and Administrative	Total Expenses
Personnel Expenses:							
Salaries	\$ 2,827,161	\$ -	\$ 65,150	\$ -	\$ 2,892,311	\$ 121,525	\$ 3,013,836
Payroll taxes	230,511	-	3,166	-	233,677	11,736	245,413
Employee benefits	473,435	-	453	-	473,888	18,610	492,498
Pension expense	106,100	-	1,480	-	107,580	4,327	111,907
Total Personnel Expenses	3,637,207	-	70,249	-	3,707,456	156,198	3,863,654
Accounting	-	-	-	-	-	42,445	42,445
Bank fees	-	-	-	-	-	9,559	9,559
Conference facilities, food and beverages	58,934	-	-	29,054	87,988	18,239	106,227
Dues and subscriptions	8,320	-	-	10,826	19,146	146	19,292
Insurance	27,225	-	-	-	27,225	-	27,225
Office expenses	79,004	-	230	225	79,459	15,053	94,512
Other expenses	481	-	-	-	481	585	1,066
Postage and delivery	4,128	-	18	14	4,160	370	4,530
Printing and publications	236	-	-	46	282	-	282
Professional fees	2,388,725	8,043	20,235	2,478	2,419,481	105,410	2,524,891
Telephone and communications	121,595	-	870	816	123,281	7,322	130,603
Travel	237,299	-	3,409	3,622	244,330	14,811	259,141
Total Expenses	\$ 6,563,154	\$ 8,043	\$ 95,011	\$ 47,081	\$ 6,713,289	\$ 370,138	\$ 7,083,427

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**STATEMENTS OF CASH FLOWS**  
**YEARS ENDED SEPTEMBER 30, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 278,560	\$ 325,193
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Investment (gain) loss, net	(49,786)	71
(Increase) decrease in assets:		
Accounts receivable	(51,473)	396,646
Federal grants receivable	267,432	(225,501)
Prepaid expenses	(11,739)	(9,202)
Increase (decrease) in liabilities:		
Accounts payable	(108,831)	(168,723)
Accrued expenses	213,874	8,316
Deferred revenue	135,852	117,143
Net Cash Provided by Operating Activities	<u>673,889</u>	<u>443,943</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchases of investments	<u>-</u>	<u>(1,500,000)</u>
Net Cash Used for Investing Activities	<u>-</u>	<u>(1,500,000)</u>
<b>NET CHANGE IN CASH AND CASH EQUIVALENTS</b>	673,889	(1,056,057)
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	<u>1,074,813</u>	<u>2,130,870</u>
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<u><u>\$ 1,748,702</u></u>	<u><u>\$ 1,074,813</u></u>

The accompanying notes are an integral part of these financial statements.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2023 AND 2022**

**NOTE A – ORGANIZATION AND NATURE OF ACTIVITIES**

American Immunization Registry Association (“AIRA”) was incorporated under the laws of the State of Delaware in 2009. AIRA’s mission is to promote the use of immunization information systems (“IIS”) to ensure healthy communities. AIRA supports and promotes the development, implementation and interoperability of IIS through partnerships, peer and professional education/training, and resource development. AIRA’s primary revenue sources are federal grants, program service fees, annual meeting income, and membership dues.

Program Descriptions

To achieve its mission and purpose, AIRA operates the following programs:

*Strengthening Public Health Systems and Services* – The purposes of this program are to strengthen the nation’s public health infrastructure; ensure a competent, current, and connected public health system; and improve the delivery of essential public health services through capacity-building assistance. Under this program, AIRA receives federal grants from the United States Department of Health and Human Services Centers for Disease Control and Prevention (“CDC”) through the following cooperative agreements:

- *Capacity and Standards* – The purpose of this cooperative agreement is to provide capacity-building assistance to strengthen and improve the immunization information systems (“IIS”) and immunization program workforce that are instrumental in providing maintenance and oversight of the electronic systems that help prevent and control vaccine-preventable diseases.
- *Immunization Integration Program* – The purpose of the cooperative agreement is to increase immunization data quality and usage through collaboration, measurement, and technical support to improve IIS and electronic health record (“EHR”) systems interoperability.
- *Immunization Gateway Program* – The purpose of this cooperative agreement is to support immunization awardees with onboarding and sharing vaccination encounters through the Immunization Gateway. The Immunization Gateway supports the exchange of immunization data between IISs, provider organizations and consumer applications.
- *Vaccinate with Confidence Program* – The purpose of this cooperative agreement is to provide capacity-building assistance to strengthen and improve the workforce and infrastructure necessary to support the capacity of IIS to conduct public health monitoring and surveillance to identify communities at risk.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2023 AND 2022**  
(continued)

**NOTE A – ORGANIZATION AND NATURE OF ACTIVITIES – continued**

Program Descriptions – continued

*ASTHO (2023) and ONC IDEAS (2022) Projects* – AIRA provided program planning and implementation, technical, policy, and research support for the ONC Immunization Data Exchange, Advancement and Sharing (IDEAS) program. Specifically, AIRA supported the following activities: project planning, project initiation, management, engagement and communication, conducting a national landscape assessment and analysis of current HIE and IIS status and dynamics, developing a final comprehensive IDEAS Program state technical assistance plan, initiating and executing the IDEAS Program state technical assistance plan, and evaluating project impact, sustainability and conclusion.

*AMDA Project (2023)* - AIRA worked with the Society for Post-Acute and Long-Term Care Medicine (AMDA) to identify barriers to the use of IIS by long term care facilities (LTCFs). AIRA lead the development of a mapping document that described the interoperability standards between EHR vendors and IIS, including recommendations for bridging any gaps in standards. AIRA also provided subject matter expertise to support a virtual stakeholder roundtable with facilities, consultant pharmacies, EHR vendors, and IIS leaders to summarize barriers and identify recommendations to improve IIS access and connectivity for LTCFs.

*Audacious Inquiry Project (2022)* – AIRA has contracted with Audacious Inquiry, an unrelated third party, for a project to support the rapid onboarding of IIS, as well as traditional and non-traditional provider organizations to the Immunization Gateway to support the COVID-19 vaccine response and increase the availability and volume of complete and accurate immunization data stored within IIS. This project also supports the ability of IIS and IIS vendors in generating and submitting the CDC prioritized data extract to the Data Clearing House.

*National Meeting* – AIRA’s National Meeting provides an annual opportunity to bring AIRA’s peers and partners together. Through both formal presentations and informal discussions, attendees have an opportunity to strengthen long-term partnerships, develop new relationships, gain professional education and training, and learn from one another. During the year ended September 30, 2023, it was attended by 545 in-person attendees. During the year ended September 30, 2022, it was attended by 660 virtual attendees.

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

These financial statements were prepared using the accrual basis of accounting. Therefore, revenue and related assets are recognized when earned and expenses and related liabilities are recognized as the obligations are incurred.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2023 AND 2022**  
(continued)

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

Financial Statement Presentation

Financial statement presentation follows Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 958, *Not-for-Profit Entities*. In accordance with Topic 958, net assets, revenue, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Net Assets without Donor Restrictions* - Net assets not subject to donor-imposed stipulations.

*Net Assets with Donor Restrictions* - Net assets subject to donor-imposed restrictions that will be met by either actions of AIRA and/or the passage of time, or that must be maintained in perpetuity by AIRA. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and are reported in the statements of activities as net assets released from restrictions.

Cash and Cash Equivalents

For purposes of the statements of cash flows, AIRA considers all highly liquid funds including money market funds and funds in interest bearing savings accounts to be cash equivalents. Cash and cash equivalents in certain accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At times, the accounts may exceed this limit; however, AIRA believes it is not exposed to any significant credit risk on cash and cash equivalents.

Accounts and Federal Grants Receivable

Accounts and federal grants receivable are stated at the amount management expects to collect from balances outstanding at year end. Annually, management determines if an allowance for doubtful accounts is necessary based upon review of outstanding receivables, historical collection information, and existing economic conditions. Accounts deemed uncollectible are charged off based on specific circumstances of the parties involved. Management believes that all accounts and federal grants receivable are collectible and will be received within one year. Therefore, no allowance for doubtful accounts has been established. As of the beginning of the year ended September 30, 2022, accounts receivable totaled \$453,209. As of the beginning of the year ended September 30, 2022, federal grants receivable totaled \$194,279.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2023 AND 2022**  
(continued)

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

Investments

Investments are reported at fair value on a recurring basis based on observable quoted market prices. Interest is recorded when earned. Purchases and sales of investments are reflected on a trade-date basis. Net appreciation (depreciation) in the fair value of investments include realized and unrealized gains and losses and are reported as gains or losses on the statements of activities.

Revenue Recognition

*Federal Grants*

Federal grants are received primarily from the CDC. These revenues are considered conditional grants with a measurable performance or other barrier and a right of return, and are not recognized until the conditions on which they depend have been substantially met. These grants are also subject to audit by the grantor agencies, which could result in a request for reimbursement by the agency for expenditures disallowed under the terms and conditions of the appropriate grantor. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue in the statements of financial position. As of the beginning of the year ended September 30, 2022, deferred federal grant revenue totaled \$5,984.

*Program Service Fees*

Program service fees are revenues primarily derived from non-federal contracts for support and development services, which are recognized, at a point, in time when the services are provided.

*Annual Meeting Income*

Annual meeting income is received from registrations and sponsorships and is recognized at a point in time, when the event is held. As of the beginning of the year ended September 30, 2022, deferred annual meeting income totaled \$0.

*Membership Dues*

Membership dues are recognized over time by allocating the membership price to the related performance obligations and recognizing the related revenue as these obligations are accomplished. Contract liabilities are membership dues collected in advance of performance of the related membership obligations and are included in deferred revenue on the accompanying statements of financial position. As of the beginning of the year ended September 30, 2022, deferred membership dues totaled \$83,650.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2023 AND 2022**  
(continued)

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

Revenue Recognition – continued

*Contributions*

AIRA recognizes contributions when cash, securities or other assets, or an unconditional promise to give is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Contributions received with donor stipulations are recorded as contributions with donor restrictions based on the donor's intent. Unless otherwise stated by the donor, individual donations are recorded as contributions without donor restrictions. Contributions with donor restrictions that are met in the same reporting period as the contribution is received are reported as contributions without donor restrictions support.

Functional Allocation of Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or support function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses are allocated on the basis of salaries and related costs determined by the estimated time expended.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**NOTE C - INCOME TAXES**

AIRA is a 501(c)(3) tax exempt organization under Section 501(a) of the Internal Revenue Code. AIRA is, however, subject to tax on business income unrelated to its exempt purpose.

AIRA believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements or that would have an effect on its tax-exempt status. There are no unrecognized tax benefits or liabilities that need to be recorded.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2023 AND 2022**  
(continued)

**NOTE C - INCOME TAXES – continued**

AIRA's information tax returns are subject to examination by the Internal Revenue Service for a period of three years from the date they were filed, except under certain circumstances. AIRA's information return for the years ended September 30, 2020 to 2022, are open for a tax examination by the Internal Revenue Service, although no request has been made as of the date of these financial statements.

**NOTE D – AVAILABLE RESOURCES AND LIQUIDITY**

AIRA's management regularly monitors liquidity requirements to ensure that ongoing operating needs and other contractual commitments are met. Timing of revenue receipts, with most occurring early in the year, also enhances the availability of necessary operational funds. Sources of liquidity available to AIRA include financial assets consisting of cash and cash equivalents, investments, accounts receivable, and federal grants receivable.

In determining the adequacy of liquidity sources to cover general operating expenditures over a 12-month period, AIRA considers all expenditures related to its Strengthening Public Health Systems and Services, special projects, and national meeting programs, as well as services undertaken to support those programs, to be general operating expenditures.

As of September 30, 2023 and 2022, total financial assets held by AIRA and the amounts of those financial assets that could readily be made available within one year of the statements of financial position date to meet general operating expenditures were:

	2023	2022
Cash and cash equivalents	\$ 1,748,702	\$ 1,074,813
Investments	1,549,715	1,499,929
Accounts receivable	108,036	56,563
Federal grants receivable	152,348	419,780
Total Financial Assets Available to Meet Cash Needs for General Expenditures within One Year	<u>\$ 3,558,801</u>	<u>\$ 3,051,085</u>

**NOTE E – INVESTMENTS AND FAIR VALUE MEASUREMENT**

FASB ASC Topic 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2023 AND 2022**  
(continued)

**NOTE E – INVESTMENTS AND FAIR VALUE MEASUREMENT – continued**

The three levels of the fair value hierarchy are described as follows:

- Level 1    Inputs are based on unadjusted quoted prices for identical assets traded in active markets that AIRA has the ability to access.
- Level 2    Inputs are based upon quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, or model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.
- Level 3    Inputs are unobservable and significant to the fair value measurement.

The fair values of AIRA's investments in mutual funds are based on observable market quotations.

The preceding valuation methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Marketable securities are exposed to various risks such as interest rates, market, and credit risks. Due to the level of risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect the amounts reported in the statements of financial position.

The following table presents AIRA's fair value hierarchy for investment securities measured at fair value on a recurring basis as of September 30, 2023:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equities	\$ 302,247	\$ -	\$ -	\$ 302,247
Fixed income	1,247,468	-	-	1,247,468
Total Investments	<u>\$ 1,549,715</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,549,715</u>

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2023 AND 2022**  
(continued)

**NOTE E – INVESTMENTS AND FAIR VALUE MEASUREMENT** – continued

The following table presents AIRA’s fair value hierarchy for investment securities measured at fair value on a recurring basis as of September 30, 2022:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equities	\$ 249,936	\$ -	\$ -	\$ 249,936
Fixed income	1,249,993	-	-	1,249,993
Total Investments	<u>\$ 1,499,929</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,499,929</u>

**NOTE F - CONCENTRATIONS**

For the years ended September 30, 2023 and 2022, AIRA received 83% and 90% of its revenue from a single source, the CDC. A significant reduction in the level of funding from this source in the future could impact AIRA's ability to carry out its current program activities. However, management of AIRA does not consider this a significant risk in the near term.

**NOTE G - RETIREMENT PLAN**

Effective May 1, 2016, AIRA adopted the TriNet 401(k) Plan (the “Plan”). The Plan is open to all employees who have completed six months of service. AIRA contributes to the Plan by matching 100% of employee contributions, up to 5% of employees’ compensation. For the years ended September 30, 2023 and 2022, employer contributions to the Plan totaled \$123,822 and \$111,907, respectively.

**NOTE H - SUBSEQUENT EVENTS**

In preparing these financial statements, AIRA’s management has evaluated events and transactions for potential recognition or disclosure through April 22, 2024, the date the financial statements were available to be issued. There were no additional events or transactions that were discovered during the evaluation that required further recognition and disclosure.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

**INDEPENDENT AUDITOR'S REPORTS  
UNIFORM GUIDANCE**

**SEPTEMBER 30, 2023**

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CERTIFIED PUBLIC ACCOUNTANTS

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**Independent Auditor's Report on Internal Control over Financial Reporting  
and on Compliance and Other Matters Based on an  
Audit of Financial Statements Performed In Accordance  
with *Government Auditing Standards***

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of American Immunization Registry Association (a nonprofit organization), which comprise the statement of financial position as of September 30, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated April 22, 2024.

**Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered American Immunization Registry Association's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose for expressing an opinion on the effectiveness of American Immunization Registry Association's internal control. Accordingly, we do not express an opinion on the effectiveness of American Immunization Registry Association's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

To the Board of Directors  
American Immunization Registry Association

## **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether American Immunization Registry Association's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance and other matters that are required to be reported under *Government Auditing Standards*.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of American Immunization Registry Association's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering American Immunization Registry Association's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Washington, DC  
April 22, 2024



CERTIFIED PUBLIC ACCOUNTANTS

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**Independent Auditor's Report on Compliance for Each Major  
Program and on Internal Control over Compliance  
Required by the Uniform Guidance**

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

**Report on Compliance for Each Major Federal Program**

***Opinion on Each Major Federal Program***

We have audited American Immunization Registry Association's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of American Immunization Registry Association's major federal programs for the year ended September 30, 2023. American Immunization Registry Association's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, American Immunization Registry Association complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2023.

***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of American Immunization Registry Association and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of American Immunization Registry Association's compliance with the compliance requirements referred to above.

To the Board of Directors  
American Immunization Registry Association

### ***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to American Immunization Registry Association's federal programs.

### ***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on American Immunization Registry Association's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about American Immunization Registry Association's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding American Immunization Registry Association's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of American Immunization Registry Association's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of American Immunization Registry Association's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

To the Board of Directors  
American Immunization Registry Association

## **Report on Internal Control over Compliance**

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Washington, DC  
April 22, 2024



CERTIFIED PUBLIC ACCOUNTANTS

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## **Independent Auditor's Report on the Schedule of Expenditures of Federal Awards**

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

### **Report on the Schedule of Expenditures of Federal Awards**

#### ***Opinion***

We have audited the accompanying schedule of expenditures of federal awards (the "Schedule") of American Immunization Registry Association for the year ended September 30, 2023, and the related notes to the Schedule.

In our opinion, the accompanying schedule of expenditures of federal awards presents fairly, in all material respects, the expenditures of federal awards of American Immunization Registry Association for the year ended September 30, 2023, in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report.

We are required to be independent of American Immunization Registry Association and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Responsibilities of Management for the Schedule***

Management is responsible for the preparation and fair presentation of the Schedule in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the Schedule that is free from material misstatement, whether due to fraud or error.

To the Board of Directors  
American Immunization Registry Association

***Auditor's Responsibilities for the Audit of the Schedule***

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the Schedule.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the Schedule, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the Schedule.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of American Immunization Registry Association's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the Schedule.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



Washington, DC  
April 22, 2024

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED SEPTEMBER 30, 2023**

<b>Federal Grantor / Program or Cluster Title</b>	<b>Assistance Listing Number</b>	<b>Grant Identification Number</b>	<b>Total Federal Expenditures</b>
<b><i>Other Programs</i></b>			
<i>Department of Health and Human Services</i>			
Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421	18NU38OT000291	\$ 4,532,027
COVID-19 Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421	18NU38OT000291C5	<u>1,606,524</u>
Total Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421		<u>6,138,551</u>
<i>Total Department of Health and Human Services</i>			<u>6,138,551</u>
<b><i>Total Other Programs</i></b>			<u>6,138,551</u>
<b>TOTAL EXPENDITURES OF FEDERAL AWARDS</b>			<u><u>\$ 6,138,551</u></u>

The accompanying notes are an integral part of the Schedule of Expenditures of Federal Awards.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED SEPTEMBER 30, 2023**

**NOTE A – BASIS OF PRESENTATION**

The accompanying Schedule of Expenditures of Federal Awards (the “Schedule”) includes the federal grant activity of American Immunization Registry Association (“AIRA”) under programs of the federal government for the year ended September 30, 2023. The information in this Schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of AIRA, it is not intended to and does not present the financial position, changes in net assets, or cash flows of AIRA.

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Expenditures reported in the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein, certain types of expenses are not allowable or are limited as to reimbursement.

**NOTE C – INDIRECT COST RATE**

AIRA has elected not to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED SEPTEMBER 30, 2023**

**SECTION I - SUMMARY OF AUDITOR'S RESULTS**

***Financial Statements***

Type of auditor's report issued on the financial statements	Unmodified
Internal control over financial reporting:	
Material weaknesses identified?	No
Significant deficiencies identified that are not considered to be material weaknesses?	None Reported
Noncompliance material to financial statements noted?	No

***Federal Awards***

Type of auditor's report issued on compliance for major programs:	Unmodified
Internal control over major programs:	
Material weaknesses identified?	No
Significant deficiencies identified that are not considered to be material weaknesses?	None Reported
Any audit findings disclosed that are required to be reported in accordance with 2 CFR Section 200.516(a)?	No

***Major programs***

Name of Federal Program or Cluster:	Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health
Assistance Listing Number:	93.421
Dollar threshold used to distinguish between Type A and Type B programs:	\$750,000
Auditee qualified as low-risk auditee?	Yes

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED SEPTEMBER 30, 2023  
(continued)**

**SECTION II – FINDINGS RELATED TO FINANCIAL STATEMENTS REPORTED IN  
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

None

**SECTION III – FINDINGS AND QUESTIONED COSTS RELATED TO FEDERAL  
AWARDS**

None

**SECTION IV – SCHEDULE OF PRIOR YEAR FINDINGS**

None



# **AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

September 30, 2024 and 2023

# AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

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September 30, 2024 and 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
American Immunization Registry Association  
Washington, DC

### Opinion

We have audited the accompanying financial statements of American Immunization Registry Association (AIRA), which comprise the statement of financial position as of September 30, 2024, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of AIRA as of September 30, 2024, and the changes in its net assets and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of AIRA and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Prior Period Financial Statements

The financial statements of AIRA as of and for the year ended September 30, 2023 were audited by other auditors, who expressed an unqualified opinion on those financial statements in their report dated April 22, 2024.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about AIRA's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of AIRA's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about AIRA's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.



**Other Reporting Required by *Government Auditing Standards***

In accordance with Government Auditing Standards, we have also issued our report dated May 12, 2025, on our consideration of AIRA's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of AIRA's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering AIRA's internal control over financial reporting and compliance.

*HAN GROUP LLC*

**HAN GROUP LLC**

Washington, DC

May 12, 2025

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

## Statements of Financial Position

September 30, 2024 and 2023

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	2024	2023
<b>Assets</b>		
Cash and cash equivalents	\$ 1,490,001	\$ 1,748,702
Accounts receivable	624	108,036
Grants receivable	846,219	152,348
Prepaid expenses	-	26,925
Investments	2,101,041	1,549,715
Total assets	<u>\$ 4,437,885</u>	<u>\$ 3,585,726</u>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable	\$ 155,820	\$ 120,355
Accrued expenses	391,702	404,598
Deferred revenue	209,954	181,271
Refundable advances	-	161,358
Total liabilities	<u>757,476</u>	<u>867,582</u>
<b>Net Assets</b>		
Without donor restrictions	3,267,912	2,718,144
With donor restrictions	412,497	-
Total net assets	<u>3,680,409</u>	<u>2,718,144</u>
Total liabilities and net assets	<u>\$ 4,437,885</u>	<u>\$ 3,585,726</u>

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

## Statements of Activities

Years Ended September 30, 2024 and 2023

	2024			2023
	Without Donor Restrictions	With Donor Restrictions	Total	Total (Without Donor Restrictions)
<b>Revenue and Support</b>				
Federal grants	\$ 6,562,082	\$ -	\$ 6,562,082	\$ 6,138,551
Program service fees	339,889	-	339,889	483,635
Annual meeting income	693,975	-	693,975	546,765
Membership dues	234,459	-	234,459	192,940
Grants and contributions	-	450,000	450,000	20
Investment gains, net	269,326	-	269,326	49,786
Interest income	19,096	-	19,096	1,426
Net assets released from restrictions	37,503	(37,503)	-	-
Total revenue and support	8,156,330	412,497	8,568,827	7,413,123
<b>Expenses</b>				
Program services:				
Strengthening public health systems and services	6,444,226	-	6,444,226	6,017,759
National meeting	345,464	-	345,464	339,947
Other programs and projects	287,006	-	287,006	51,513
Total program services	7,076,696	-	7,076,696	6,409,219
Supporting services:				
General and administrative	529,866	-	529,866	725,344
Total expenses	7,606,562	-	7,606,562	7,134,563
<b>Change in Net Assets</b>	549,768	412,497	962,265	278,560
<b>Net Assets, beginning of year</b>	2,718,144	-	2,718,144	2,439,584
<b>Net Assets, end of year</b>	<u>\$ 3,267,912</u>	<u>\$ 412,497</u>	<u>\$ 3,680,409</u>	<u>\$ 2,718,144</u>

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

## Statement of Functional Expenses

Year Ended September 30, 2024

	Program Services				Supporting Services	
	Strengthening Public Health Systems and Services	National Meeting	Other Programs and Projects	Total Program Services	General and Administrative	Total Expenses
Personnel expenses:						
Salaries	\$ 3,210,680	\$ -	\$ 93,289	\$ 3,303,969	\$ 187,765	\$ 3,491,734
Payroll taxes	257,429	-	7,462	264,891	15,393	280,284
Employee benefits	628,620	-	3,939	632,559	41,313	673,872
Pension expense	126,418	-	4,541	130,959	509	131,468
Total personnel expenses	4,223,147	-	109,231	4,332,378	244,980	4,577,358
Accounting	-	-	-	-	45,323	45,323
Bank fees	-	-	-	-	18,572	18,572
Conference facilities, food, and beverages	62,073	294,891	-	356,964	24,360	381,324
Dues and subscriptions	20,280	-	-	20,280	2,579	22,859
Insurance	69,286	-	-	69,286	-	69,286
Office expenses	94,684	17,714	1,972	114,370	15,155	129,525
Other expenses	524	360	-	884	3,472	4,356
Postage and delivery	3,032	4,165	-	7,197	763	7,960
Printing and publications	544	3,593	-	4,137	-	4,137
Professional fees	1,564,722	21,803	171,243	1,757,768	144,652	1,902,420
Telephone and communications	137,860	-	2,230	140,090	1,239	141,329
Travel	268,074	2,938	2,330	273,342	28,771	302,113
<b>Total Expenses</b>	<b>\$ 6,444,226</b>	<b>\$ 345,464</b>	<b>\$ 287,006</b>	<b>\$ 7,076,696</b>	<b>\$ 529,866</b>	<b>\$ 7,606,562</b>

See accompanying notes.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

## Statement of Functional Expenses

Year Ended September 30, 2023

	Program Services				Supporting Services	
	Strengthening Public Health Systems and Services	National Meeting	Other Programs and Projects	Total Program Services	General and Administrative	Total Expenses
Personnel expenses:						
Salaries	\$ 3,038,087	\$ -	\$ -	\$ 3,038,087	\$ 266,535	\$ 3,304,622
Payroll taxes	244,563	-	-	244,563	22,109	266,672
Employee benefits	594,001	-	-	594,001	30,886	624,887
Pension expense	114,511	-	-	114,511	9,311	123,822
Total personnel expenses	3,991,162	-	-	3,991,162	328,841	4,320,003
Accounting	-	-	-	-	45,398	45,398
Bank fees	-	-	-	-	14,204	14,204
Conference facilities, food, and beverages	56,509	271,409	-	327,918	47,406	375,324
Dues and subscriptions	10,688	9,148	-	19,836	1,250	21,086
Insurance	43,759	-	-	43,759	-	43,759
Office expenses	95,564	15,415	-	110,979	17,458	128,437
Other expenses	531	-	-	531	1,989	2,520
Postage and delivery	3,404	1,721	-	5,125	1,061	6,186
Printing and publications	1,427	3,399	-	4,826	-	4,826
Professional fees	1,366,879	34,609	42,301	1,443,789	193,634	1,637,423
Telephone and communications	132,108	-	-	132,108	10,031	142,139
Travel	315,728	4,246	9,212	329,186	64,072	393,258
<b>Total Expenses</b>	<b>\$ 6,017,759</b>	<b>\$ 339,947</b>	<b>\$ 51,513</b>	<b>\$ 6,409,219</b>	<b>\$ 725,344</b>	<b>\$ 7,134,563</b>

See accompanying notes.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

## Statements of Cash Flows

Years Ended September 30, 2024 and 2023

	2024	2023
<b>Cash Flows from Operating Activities</b>		
Change in net assets	\$ 962,265	\$ 278,560
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Unrealized gains	(194,603)	(49,786)
Decrease (increase) in assets:		
Accounts receivable	107,412	(51,473)
Grants receivable	(678,871)	267,432
Prepaid expenses	26,925	(11,739)
Increase (decrease) in liabilities:		
Accounts payable	20,465	(108,831)
Accrued expenses	(12,896)	(213,874)
Deferred revenue	28,683	(6,944)
Refundable advances	(161,358)	142,796
Net cash provided by operating activities	98,022	673,889
<b>Cash Flows from Investing Activities</b>		
Purchases of investments and reinvested income	(356,723)	-
Net cash used by investing activities	(356,723)	-
<b>Net (Decrease) Increase in Cash and Cash Equivalents</b>	(258,701)	673,889
<b>Cash and Cash Equivalents, beginning of year</b>	1,748,702	1,074,813
<b>Cash and Cash Equivalents, end of year</b>	\$ 1,490,001	\$ 1,748,702

See accompanying notes.

**1. Organization and Nature of Activities**

American Immunization Registry Association (AIRA) was incorporated under the laws of the State of Delaware in 2009. AIRA's mission is to promote the use of immunization information systems (IIS) to ensure healthy communities. AIRA supports and promotes the development, implementation and interoperability of IIS through partnerships, peer and professional education/training, and resource development. AIRA's primary revenue sources are federal grants, program service fees, annual meeting income, and membership dues.

Program Descriptions

To achieve its mission and purpose, AIRA operates the following programs:

*Strengthening Public Health Systems and Services* - The purpose of this program is to strengthen the nation's public health infrastructure; ensure a competent, current, and connected public health system; and improve the delivery of essential public health services through capacity-building assistance. Under this program, AIRA receives federal grants from the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC) to provide capacity-building assistance to strengthen and improve the immunization information systems (IIS) and immunization program workforce that are instrumental in providing maintenance and oversight of the electronic systems that help prevent and control vaccine-preventable diseases.

*National Meeting* – AIRA's National Meeting provides an annual opportunity to bring AIRA's peers and partners together. Through both formal presentations and informal discussions, attendees have an opportunity to strengthen long-term partnerships, develop new relationships, gain professional education and training, and learn from one another. During the years ended September 30, 2024 and 2023, it was attended by 585 and 545 in-person attendees, respectively.

*Other Programs/Projects* – AIRA offers support and services for a number of smaller projects that include the following:

- *AMDA* - AIRA worked with the Society for Post-Acute and Long-Term Care Medicine (AMDA) to identify barriers to the use of IIS by long term care facilities (LTCFs). AIRA lead the development of a mapping document that described the interoperability standards between EHR vendors and IIS, including recommendations for bridging any gaps in standards. AIRA also provided subject matter expertise to support a virtual stakeholder roundtable with facilities, consultant pharmacies, EHR vendors, and IIS leaders to summarize barriers and identify recommendations to improve IIS access and connectivity for LTCFs.
- *ASTHO* - AIRA provided program planning and implementation, technical, policy, and research support to the Association of State and Territorial Health Officials (ASTHO) for the Office of the National Coordinator (ONC) Immunization Data Exchange, Advancement and Sharing (IDEAS) program. Specifically, AIRA supported the following activities: project planning, project initiation, management, engagement and communication, conducting a national landscape assessment and analysis of current HIE and IIS status and dynamics, developing a final comprehensive IDEAS Program state technical assistance plan, initiating and executing the IDEAS Program state technical assistance plan, and evaluating project impact, sustainability and conclusion.

## AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

Notes to Financial Statements

Years Ended September 30, 2024 and 2023

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### 1. Organization and Nature of Activities

#### Program Descriptions (continued)

- *HMIS* – AIRA worked with Homeless Management Information Systems (HMIS) to improve the exchange of data between homeless systems and IIS. The purpose of this project was to improve interoperability of these jurisdictional data systems by identifying ways to integrate these systems to provide better immunization data on people experiencing homelessness. AIRA developed a landscape analysis that documented opportunities, challenges and solutions to integrate HMIS and IIS systems. AIRA also develop criteria to assess the suitability of jurisdictions as future pilot sites for the integration of HMIS and IIS systems. Additionally, AIRA identified key roles, participant recommendations and implementation guidelines for the development of a Community of Practice platform to bring together key stakeholders.
- *Pfizer* – AIRA received an independent medical education grant from Pfizer to better understand the unique implementation challenges and success factors involved in onboarding pharmacy systems to IIS while also raising awareness of the value that IIS integration brings to pharmacies. This project involves working closely with select IIS programs and pharmacies to understand their onboarding practices and data exchange processes. Insights gathered will inform a pharmacy onboarding to IIS needs assessment. AIRA is also developing on-demand training for pharmacy staff to help raise awareness of IIS functionality and the value that IIS integration brings to pharmacies.

### 2. Summary of Significant Accounting Policies

#### Basis of Accounting

These financial statements were prepared using the accrual basis of accounting. Therefore, revenue are recognized when earned and expenses are recognized as the obligations are incurred.

#### Financial Statement Presentation

Financial statement presentation follows Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities* (ASC Topic 958). In accordance with ASC Topic 958, net assets, revenue, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Net Assets without Donor Restrictions* - Net assets not subject to donor-imposed stipulations.

*Net Assets with Donor Restrictions* - Net assets subject to donor-imposed restrictions that will be met by either action of AIRA and/or the passage of time, or that must be maintained in perpetuity by AIRA. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and are reported in the statements of activities as net assets released from restrictions. There were no net assets required to be maintained in perpetuity.

## AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

### Notes to Financial Statements

Years Ended September 30, 2024 and 2023

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## 2. Summary of Significant Accounting Policies (continued)

### Cash and Cash Equivalents

For purposes of the statements of cash flows, AIRA considers all highly liquid funds including money market funds and funds in interest bearing savings accounts to be cash equivalents.

### Accounts Receivable

Accounts receivable consists of amounts due to AIRA from exchange transactions. Accounts receivables are carried at original invoice amounts less an estimated allowance for credit losses.

### Allowance for Credit Losses

Management individually reviews all accounts receivables balances by customer and by job. Management determines whether an allowance for credit losses is necessary using historical loss information by aging category adjusted for current economic conditions and economic conditions and reasonable and supportable forecasts. Balances are charged off against the allowance when management believes there is no possibility of recovery. AIRA did not record an allowance for credit losses as of September 30, 2024.

### Grants Receivable

Grants receivable represent amounts committed by grantors that have not been received by the AIRA as of the statement of financial position date. Grants receivable are stated at their estimated net realizable value. Grants receivable to be received after one year are discounted at a rate commensurate with the risk involved. Accretion of the discount is recorded as additional grant revenue and used in accordance with donor-imposed restrictions, if any, on the r grants. The allowance for uncollectible accounts is determined based upon annual review of account balances, including the age of the balance and historical experience with the donor. As of September 30, 2024 and 2023, grants receivable are considered by management to be fully collectable; therefore, no allowance for uncollectable accounts is considered necessary. As of September 30, 2024 and 2023, no discount on grants receivable has been recorded because all grants receivable are expected to be collected within one year.

### Investments

Investments in marketable securities or mutual funds are reported at fair value on a recurring basis based on observable quoted market prices. Certificates of deposit are reported at fair value based on upon quoted prices for similar assets in active markets. Interest is recorded when earned. Purchases and sales of investments are reflected on a trade-date basis. Net appreciation (depreciation) in the fair value of investments include realized and unrealized gains and losses and are reported as investment gains or losses on the statements of activities.

## AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

Notes to Financial Statements

Years Ended September 30, 2024 and 2023

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### 2. Summary of Significant Accounting Policies (continued)

#### Revenue Recognition

##### *Federal Grants*

Federal grants are received primarily from the CDC. These revenues are considered conditional grants with a measurable performance or other barrier and a right of return and are not recognized until the conditions on which they depend have been substantially met. These grants are also subject to audit by the grantor agencies, which could result in a request for reimbursement by the agency for expenditures disallowed under the terms and conditions of the appropriate grantor. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the statements of financial position. There are \$6,086,719 in unrecognized conditional federal awards at September 30, 2024 which are expected to be recognized in the upcoming year.

##### *Program Service Fees*

Program service fees are revenues primarily derived from non-federal contracts for support and development services, which are recognized at a point in time, when the services are provided.

##### *Annual Meeting Income*

Annual meeting income is received from registrations and sponsorships and is recognized at a point in time, when the event is held. As of September 30, 2024 and 2023, deferred revenue related to annual meeting income totaled \$90,675 and \$57,125, respectively. As of October 1, 2022, deferred annual meeting income totaled \$98,300.

##### *Membership Dues*

Membership dues are recognized over time by allocating the membership price to the related performance obligations and recognizing the related revenue as these obligations are accomplished. Contract liabilities are membership dues collected in advance of performance of the related membership obligations and are included in deferred revenue on the accompanying statements of financial position. As of September 30, 2024 and 2023, deferred revenue related to membership dues totaled \$119,279 and \$124,146, respectively. As of October 1, 2022, deferred membership dues totaled \$89,915.

##### *Deferred revenue*

Deferred revenue from exchange transactions consisted of the following at September 30:

	2024	2023
Annual Meeting	\$ 90,675	\$ 57,125
Membership Dues	119,279	124,146
Total Deferred Revenue	<u>\$ 209,954</u>	<u>\$ 181,271</u>

## AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

### Notes to Financial Statements

Years Ended September 30, 2024 and 2023

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## 2. Summary of Significant Accounting Policies (continued)

### Revenue Recognition (continued)

#### *Grants and Contributions*

AIRA recognizes contributions when cash, securities or other assets, or an unconditional promise to give is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Contributions received with donor stipulations are recorded as contributions with donor restrictions based on the donor's intent. Unless otherwise stated by the donor, individual donations are recorded as contributions without donor restrictions. Contributions with donor restrictions that are met in the same reporting period as the contribution is received are reported as contributions without donor restrictions support.

### Functional Allocation of Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or support function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include personnel expenses determined by the estimated time and effort expended.

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

### Adoption of New Accounting Standards

#### *Measurement of Credit Losses on Financial Instruments*

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, which significantly changed how entities will measure credit losses for most financial assets and certain other instruments that aren't measured at fair value. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing an entity's exposure to credit risk and the measurement of credit losses. AIRA's accounts receivables are subject to the guidance in FASB Accounting Standards Codification (ASC) Topic 326. The Association adopted the standard effective October 1, 2023.

## AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

### Notes to Financial Statements

Years Ended September 30, 2024 and 2023

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## 2. Summary of Significant Accounting Policies (continued)

### Reclassifications

Certain items in the September 30, 2023, financial statements have been reclassified to conform to the September 30, 2024 financial statement presentation. In 2023, refundable advances in the amount of \$161,358 were included with deferred revenue but is now presented on a separate line item on the statement of financial position in 2024. In 2023, program services for the ASTHO Project and AMDA Project in the amounts of \$18,095 and \$33,418 were reported as separate functional categories but are now combined into the Other Program and Projects category on the statements of activities and functional expenses in 2024. In 2023, federal grants – COVID-19 revenue in the amount of \$1,606,524 was reported on a separate line item on the statement of activities but is now combined with federal grants revenue in 2024. The reclassifications had no impact on previously reported net assets.

## 3. Income Taxes

AIRA is a 501(c)(3) tax exempt organization under Section 501 (a) of the Internal Revenue Code. AIRA is, however, subject to tax on business income unrelated to its exempt purpose. No provision for income taxes is required for the years ended September 30, 2024 and 2023, as AIRA had no taxable net unrelated business income.

AIRA follows the authoritative guidance relating to accounting for uncertainty in income taxes included in ASC Topic 740-10, Income Taxes. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. It is the AIRA's policy to recognize interest and/or penalties related to uncertain tax positions, if any, in income tax expenses.

AIRA performed an evaluation of uncertain tax positions for the years ended September 30, 2024, and determined that there were no matters that would require recognition on the financial statements or that may have any effect on its tax-exempt status.

## 4. Availability and Liquidity

AIRA's management regularly monitors liquidity requirements to ensure that ongoing operating needs and other contractual commitments are met. Timing of revenue receipts, with most occurring early in the year, also enhances the availability of necessary operational funds. Sources of liquidity available to AIRA include financial assets consisting of cash and cash equivalents, investments, accounts receivable, and grants receivable.

In determining the adequacy of liquidity sources to cover general operating expenditures over a 12-month period, AIRA considers all expenditures related to its Strengthening Public Health Systems and Services, special projects, and national meeting programs, as well as services undertaken to support those programs, to be general operating expenditures.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

## Notes to Financial Statements

Years Ended September 30, 2024 and 2023

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**4. Availability and Liquidity (continued)**

As of September 30, 2024 and 2023, total financial assets held by AIRA and the amounts of those financial assets that could readily be made available within one year of the statements of financial position date to meet general operating expenditures were:

	2024	2023
Cash and cash equivalents	\$ 1,490,001	\$ 1,748,702
Investments	2,101,041	1,549,715
Accounts receivable	624	108,036
Grants receivable	846,219	152,348
Total financial assets	4,437,885	3,558,801
Less amounts not available to be used within one year:		
Net assets with donor restrictions	(412,497)	-
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 4,025,388</u>	<u>\$ 3,558,801</u>

**5. Investments and Fair Value Measurement**

FASB ASC Topic 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

- Level 1* Inputs are based on unadjusted quoted prices for identical assets traded in active markets that AIRA has the ability to access.
- Level 2* Inputs are based upon quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, or model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.
- Level 3* Inputs are unobservable and significant to the fair value measurement.

The fair values of AIRA's investments in mutual funds are based on observable market quotations. The fair values of AIRA's investments in certificates of deposit are based on quoted prices for similar assets.

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

## Notes to Financial Statements

Years Ended September 30, 2024 and 2023

**5. Investments and Fair Value Measurement (continued)**

The preceding valuation methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Marketable securities are exposed to various risks such as interest rates, market, and credit risks. Due to the level of risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect the amounts reported in the statements of financial position.

The following table presents AIRA's fair value hierarchy for investment securities measured at fair value on a recurring basis as of September 30, 2024:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equities	\$ 457,855	\$ -	\$ -	\$ 457,855
Fixed income	1,611,186	-	-	1,611,186
Certificates of deposit	-	32,000	-	32,000
Total investments	<u>\$ 2,069,041</u>	<u>\$ 32,000</u>	<u>\$ -</u>	<u>\$ 2,101,041</u>

The following table presents AIRA's fair value hierarchy for investment securities measured at fair value on a recurring basis as of September 30, 2023:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equities	\$ 302,247	\$ -	\$ -	\$ 302,247
Fixed income	1,247,468	-	-	1,247,468
Total investments	<u>\$ 1,549,715</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,549,715</u>

**6. Concentrations**

For the year ended September 30, 2024, AIRA received 77% of its revenue from a single source, the CDC. A significant reduction in the level of funding from this source in the future could impact AIRA's ability to carry out its current program activities. However, management of AIRA does not consider this a significant risk in the near term. Additionally, receivables due from two sources comprise approximately 100% of total receivables at September 30, 2024.

Cash and cash equivalents in certain accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At times, the accounts may exceed this limit; however, AIRA believes it is not exposed to any significant credit risk on cash and cash equivalents.

## **AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

### **Notes to Financial Statements**

Years Ended September 30, 2024 and 2023

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#### **7. Retirement Plan**

Effective May 1, 2016, AIRA adopted the TriNet 401(k) Plan (the Plan). The Plan is open to all employees who have completed six months of service. AIRA contributes to the Plan by matching 100% of employee contributions, up to 5% of employees' compensation. For the years ended September 30, 2024 and 2023, employer contributions to the Plan totaled \$131,468 and \$123,822, respectively.

#### **8. Net Assets With Donor Restrictions**

As of September 30, 2024, net assets with donor restrictions of \$412,497 were restricted for other programs and projects. During the year ended September 30, 2024, the releases from net assets with donor restrictions totaling \$37,503 were for other programs and projects. There were no net assets with donor restrictions or releases as of and during the year ended September 30, 2023.

#### **8. Federal Funding Uncertainty**

Management is continually monitoring the potential impact of the United States Government's executive, administrative, and congressional actions that impact nonprofit organizations as well as uncertainties regarding the freeze of federal grants. There is significant uncertainty around the breadth and duration of business disruptions related to recent Executive Orders affecting charitable nonprofits. As such, AIRA is unable to determine the impact to its future operations. Management will review and adjust planned operations should it be determined that the actions will significantly impact the financial position and activities of the AIRA.

#### **9. Subsequent Events**

In preparing these financial statements, AIRA's management has evaluated events and transactions for potential recognition or disclosure through May 12, 2025, the date the financial statements were available to be issued. There were no additional events or transactions that were discovered during the evaluation that required further recognition and disclosure.

## **SUPPLEMENTARY INFORMATION**

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**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL  
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON  
AN AUDIT OF FINANCIAL STATEMENTS PERFORMED  
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of American Immunization Registry Association (AIRA), which comprise the statement of financial position as of September 30, 2024, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 12, 2025.

**Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered AIRA's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose for expressing an opinion on the effectiveness of AIRA's internal control. Accordingly, we do not express an opinion on the effectiveness of AIRA's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether AIRA's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance and other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of AIRA's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering AIRA's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "HAN GROUP LLC". The letters are slightly slanted and connected, giving it a casual but professional appearance.

**HAN GROUP LLC**  
Washington, DC  
May 12, 2025

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR  
PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE  
REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

**Opinion on Each Major Federal Program**

We have audited American Immunization Registry Association's (AIRA) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on AIRA's major federal program for the year ended September 30, 2024. AIRA's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, AIRA complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended September 30, 2024.

**Basis for Opinion on Each Major Federal Program**

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of AIRA and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of AIRA's compliance with the compliance requirements referred to above.

## **Responsibilities of Management for Compliance**

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to AIRA's federal programs.

## **Auditor's Responsibilities for the Audit of Compliance**

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on AIRA's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about AIRA's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding AIRA's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of AIRA's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of AIRA's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

## Report on Internal Control over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, as discussed below, we did identify a certain deficiency in internal control over compliance that we consider to be a significant deficiency.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2024-001 to be a significant deficiency.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on AIRA's response to the internal control over compliance findings identified in our compliance audit described in the accompanying schedule of findings and questioned costs. AIRA's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



**HAN GROUP LLC**  
Washington, DC  
May 12, 2025

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2024

<i><b>Federal Grantor / Program or Cluster Title</b></i>	<b>Grant Identification Numbers</b>	<b>Assistance Listing Number</b>	<b>Total Federal Expenditures</b>	<b>Subrecipient Expenditures</b>
<b>Department of Health and Human Services</b>				
<b>Centers for Disease Control and Prevention</b>				
Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	*			
	NU38OT000291	93.421	\$ 5,703,365	\$ -
COVID-19 - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	*			
	NU38OT000291C5	93.421	7,317	-
Immunization Research, Demonstration, Public Information and Education Training and Clinical Skills Improvements Projects	*			
	NH23IP922665	93.185	851,400	-
Total Department of Health and Human Services Centers for Disease Control and Prevention			6,562,082	-
<b>Total Expenditures of Federal Awards</b>			<b>\$ 6,562,082</b>	<b>\$ -</b>

\* Major Program

## **AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

Notes to the Schedule of Expenditures of Federal Awards

Year Ended September 30, 2024

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### **1. Basis of Presentation**

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal grant activity of American Immunization Registry Association (AIRA) under programs of the federal government for the year ended September 30, 2024. The information in this Schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of AIRA, it is not intended to and does not present the financial position, changes in net assets, or cash flows of AIRA.

### **2. Summary of Significant Accounting Policies**

Expenditures reported in the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein, certain types of expenses are not allowable or are limited as to reimbursement.

### **3. Indirect Cost Rate**

AIRA has not elected to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance because no grant agreements allow for the charging of indirect costs.

# AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

Schedule of Findings and Questioned Costs

Year Ended September 30, 2024

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## I. Summary of Auditor's Results

### Financial Statements

- Type of auditor's report issued on the financial statements: **Unmodified**
- Internal control over financial reporting:
  - Material weaknesses identified? **No**
  - Significant deficiencies identified? **None reported**
- Noncompliance material to financial statements noted? **No**

### Federal Awards

- Type of auditor's report issued on compliance for major programs: **Unmodified**
- Internal control over major programs:
  - Material weaknesses identified? **No**
  - Significant deficiencies identified? **Yes**
- Any audit findings disclosed that are required to be reported in accordance with 2 CFR Section 200.516(a)? **Yes**

### Major Programs

Name of Federal Program or Cluster:	<b>Department of Health and Human Services Centers for Disease Control and Prevention</b> Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health
Assistance Listing Number:	93.421
Name of Federal Program or Cluster:	<b>Department of Health and Human Services Centers for Disease Control and Prevention</b> Immunization Research, Demonstration, Public Information and Education Training and Clinical Skills Improvements Projects
Assistance Listing Number:	93.185
Dollar threshold used to distinguish between Type A and Type B programs:	\$ 750,000
Auditee qualified as low-risk auditee?	Yes

## AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

Schedule of Findings and Questioned Costs

Year Ended September 30, 2024

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### II. Financial Statement Findings

No matters were reported.

### III. Federal Award Findings and Questioned Costs

#### 2024-001 Procurement, Suspension and Debarment

**Criteria or Specific Requirement:** Per 2 CFR §200.318 - §200.326, non-federal entities must follow procurement procedures that ensure full and open competition and maintain proper documentation of procurement transactions. Additionally, under 2 CFR §200.213, entities must verify that vendors and subrecipients are not suspended or debarred before entering into contracts funded by federal awards.

**Condition:** AIRA did not retain sufficient/updated documentation to support compliance with Uniform Guidance procurement standards. Specifically:

- Procurement files lacked evidence of cost/price analysis and vendor selection criteria for purchases exceeding the micro-purchase threshold of \$10,000.
- The entity did not retain verification records confirming that selected vendors were not suspended or debarred in SAM.gov before contract execution.

**Cause:** The deficiency appear to result from inadequate internal controls over procurement documentation and a lack of formalized procedures ensuring compliance with federal procurement and debarment requirements.

**Effect or Potential Effect:** Failure to maintain proper procurement documentation and verify vendor eligibility increases the risk of noncompliance with federal requirements. This may lead to questioned costs and potential disallowance of federal expenditures.

**Questioned Costs:** Not applicable as there were no questioned costs related to noncompliance.

**Recommendation:** We recommend AIRA strengthen its internal controls over procurement documentation by considering the following:

1. Implementing a standardized procurement checklist to ensure all required documentation is maintained. A procurement checklist includes key compliance steps such as:
  - a. Documentation of competitive procurement such as bids, proposals, or price comparisons.
  - b. Justification for vendor selection, including cost/price analysis.
  - c. Approval signatures from designated officials.
  - d. Verification of vendor eligibility through SAM.gov before contract execution.
2. Establishing a formal review process to verify and document vendor eligibility through SAM.gov before awarding federally funded contracts. The entity should implement a procurement control process where a designated staff member completes the following steps:

## AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

Schedule of Findings and Questioned Costs

Year Ended September 30, 2024

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- a. Searches SAM.gov for each vendor before contract execution.
  - b. Prints and retains a copy of the vendor's eligibility verification.
  - c. Signs and dates a verification form certifying the check was performed.
  - d. Includes this form in the procurement file.
3. Conducting regular training for staff involved in procurement to reinforce federal compliance requirements. The training should cover:
  - a. Procurement methods (small purchase, micro-purchase, simplified acquisitions, competitive proposals, sealed bids, sole source) competitive proposals, sealed bids)
  - b. Documentation requirements under 2 CFR Part 200.
  - c. Vendor debarment checks and maintaining verification records.
  - d. Retention requirements for procurement documents.

**Repeat finding from prior year: No**

**Views of Responsible Officials:** Management agrees with the finding. See attached corrective action plan.

### IV. Schedule of Prior Year Findings

No matters were reported.



## *Corrective Action Plan*

*Year Ended September 30, 2024*

April 4, 2025

The American Immunization Registry Association (AIRA) respectfully submits the following corrective action plan for the year ending September 30, 2024.

*Independent public accounting firm:* HAN GROUP, LLC, Washington, DC

*Audit period:* Year ending September 30, 2024

The finding from the year ending September 30, 2024, Schedule of Findings and Questioned Costs are discussed below. The findings are numbered consistently with the numbers assigned in the schedule.

### **2024-001 – Procurement, Suspension and Debarment.**

*Audit Recommendation* – Strengthen internal controls over procurement documentation by:

1. Implementing a standardized procurement checklist to ensure all required documentation is maintained.
2. Establishing a formal review process to verify and document vendor eligibility through SAM.gov before awarding federally funded contracts.
3. Conducting regular training for staff involved in procurement to reinforce federal compliance requirements.

*Management Response* – AIRA acknowledges the finding and will implement the following:

1. **Procurement Checklist:** A standardized procurement checklist will be developed and required for all federally funded procurements. This checklist will help ensure consistent documentation practices and that all necessary procurement steps and compliance elements are completed and retained. Documentation of the completed checklist will be retained in the procurement file.
2. **Vendor Eligibility Verification:** A formal review process will be established to verify and document vendor eligibility through SAM.gov before awarding any contracts funded with federal funds. Documentation of the eligibility check will be retained in the procurement file.
3. **Staff Training:** Targeted training sessions will be conducted on a recurring basis for all staff involved in the procurement process. These trainings will reinforce federal compliance requirements, including proper documentation practices and suspension/debarment verification. Training completion will be tracked and documented.





**AIRA**  
AMERICAN IMMUNIZATION  
REGISTRY ASSOCIATION

*Implementation Timeline* – As of March 18, 2025, AIRA has implemented a verification of vendor eligibility process using SAM.gov. The procurement checklist will be developed and implemented by April 30, 2025, and regular trainings will commence by May 31, 2025.

We are committed to ensuring full compliance with federal procurement requirements. Please contact the Business and Operations Director at 202-552-0208 with any questions.

Sincerely,

Rebecca Coyle  
Executive Director



1717 Pennsylvania Ave NW, Suite 1025 Washington, DC 20006



202.552.0208



[immregistries.org](https://immregistries.org)



## *RFP: Audit & Tax Services*

### *Management letters – past four years*

1. 2021
2. 2022
3. 2023
4. 2024



CERTIFIED PUBLIC ACCOUNTANTS

1730 Rhode Island Avenue, NW  
Suite 800  
Washington, DC 20036  
(202) 296-3306  
Fax: (202) 296-0059

May 20, 2022

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

We have audited the financial statements of American Immunization Registry Association (“AIRA”) for the year ended September 30, 2021, and we will issue our report thereon dated May 20, 2022. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated October 11, 2021. Professional standards also require that we communicate to you the following information related to our audit.

### Significant Audit Matters

#### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by AIRA are described in Note B to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during fiscal year 2021. We noted no transactions entered into by AIRA during the fiscal year for which there is a lack of authoritative accounting guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management’s knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was the allocation of expenses on a functional basis. We evaluated the key factors and assumptions used to develop the estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

#### *Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

*Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. There were no such misstatements identified.

*Disagreements with Management*

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

*Management Representations*

We have requested certain representations from management that are included in the management representation letter dated May 20, 2022.

*Management Consultations with Other Independent Accountants*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to AIRA's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

*Other Audit Findings or Issues*

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as AIRA's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors and management of American Immunization Registry Association and is not intended to be, and should not be, used by anyone other than these specified parties.

We appreciated the cooperation and courtesy extended to us by the AIRA staff. We will be pleased to meet with you to furnish any additional information you desire.

Very truly yours,

A handwritten signature in cursive script, appearing to read "JM & M".



CERTIFIED PUBLIC ACCOUNTANTS

1730 Rhode Island Avenue, NW  
Suite 800  
Washington, DC 20036  
(202) 296-3306  
Fax: (202) 296-0059

June 13, 2023

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

We have audited the financial statements of American Immunization Registry Association (“AIRA”) for the year ended September 30, 2022, and we will issue our report thereon dated June 13, 2023. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated October 11, 2021. Professional standards also require that we communicate to you the following information related to our audit.

### Significant Audit Matters

#### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by AIRA are described in Note B to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during fiscal year 2022. We noted no transactions entered into by AIRA during the fiscal year for which there is a lack of authoritative accounting guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management’s knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was the allocation of expenses on a functional basis. We evaluated the key factors and assumptions used to develop the estimates in determining that it is reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

#### *Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

*Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. There were no misstatements identified as a result of audit procedures performed.

*Disagreements with Management*

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

*Management Representations*

We have requested certain representations from management that are included in the management representation letter dated June 13, 2023.

*Management Consultations with Other Independent Accountants*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to AIRA's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

*Other Audit Findings or Issues*

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as AIRA's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors and management of American Immunization Registry Association and is not intended to be, and should not be, used by anyone other than these specified parties.

We appreciated the cooperation and courtesy extended to us by the AIRA staff. We will be pleased to meet with you to furnish any additional information you desire.

Very truly yours,

A handwritten signature in cursive script, appearing to read "JM & M".



CERTIFIED PUBLIC ACCOUNTANTS

1730 Rhode Island Avenue, NW  
Suite 800  
Washington, DC 20036  
(202) 296-3306  
Fax: (202) 296-0059

April 22, 2024

To the Board of Directors  
American Immunization Registry Association  
Washington, DC

We have audited the financial statements of American Immunization Registry Association (“AIRA”) for the year ended September 30, 2023, and we will issue our report thereon dated April 22, 2024. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated October 11, 2021. Professional standards also require that we communicate to you the following information related to our audit.

### Significant Audit Matters

#### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by AIRA are described in Note B to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during fiscal year 2023. We noted no transactions entered into by AIRA during the fiscal year for which there is a lack of authoritative accounting guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management’s knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was the allocation of expenses on a functional basis. We evaluated the key factors and assumptions used to develop the estimates in determining that it is reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

#### *Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

### ***Corrected and Uncorrected Misstatements***

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

### ***Disagreements with Management***

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

### ***Management Representations***

We have requested certain representations from management that are included in the management representation letter dated April 22, 2024.

### ***Management Consultations with Other Independent Accountants***

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to AIRA's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

### ***Other Audit Findings or Issues***

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as AIRA's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

### ***Other Matters***

With respect to the Independent Auditor's Reports on Uniform Guidance, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

American Immunization Registry Association  
Communication to the Board of Directors  
Page Three

This information is intended solely for the use of the Board of Directors and management of American Immunization Registry Association and is not intended to be, and should not be, used by anyone other than these specified parties.

We appreciated the cooperation and courtesy extended to us by the AIRA staff. We will be pleased to meet with you to furnish any additional information you desire.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Jm & M".

May 12, 2025

To the Board of Directors and Management of  
American Immunization Registry Association

We have audited the financial statements of as of and for the year ended September 30, 2024, and have issued our report thereon dated May 12, 2025. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated August 29, 2024. Professional standards also require that we communicate to you the following information related to our audit:

**SIGNIFICANT AUDIT MATTERS**Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Association are described in Note 2 to the financial statements. As described in Note 2 to the financial statements, the Association adopted the following accounting standard during the year ended September 30, 2024:

- Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*

We did not identify any significant or unusual transactions or significant accounting policies for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

- The allocation of functional expenses which is based primarily on salary allocations.

We evaluated the methods, assumptions, and data used to develop the above estimates in determining that it is reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users.

The most sensitive disclosures affecting the financial statements were:

- The disclosure of revenue recognition and similar policies in Note 2 to the financial statements
- The disclosure of liquidity and availability of resources in Note 4 to the financial statements

The financial statement disclosures are neutral, consistent, and clear.

#### Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

#### Disagreements with Management

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

#### Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit. Management was very cooperative and responsive to our requests throughout the audit process.

#### Difficulties or Contentious Matters That Required Consultation

There were no difficult or contentious matters encountered that required consultation outside the engagement team.

#### Management Representations

We have requested certain representations from management that are included in the management representation letter dated May 12, 2025.

#### Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Association's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.



#### Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Association's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

#### Independent and Non-Audit Services Provided by Audit Firm

In accordance with professional standards, during the year and currently, all members of our firm were independent with respect to the Association. During the year under audit, we provided tax preparation services (Form 990) and additional tax advice and assisted with the preparation and filing of the data collection form. All other time and expenses incurred by us were in connection with our annual audit.

#### Additional Communication Regarding Internal Control Over Compliance

In connection with our audit of the financial statements of the Association, we also conducted an audit of compliance in accordance with the Uniform Guidance (2 CFR 200, Subpart F). As part of that audit, we considered the Association's internal control over compliance with requirements that have a direct and material effect on each of its major federal programs. We identified a significant deficiency that is reported in the Schedule of Findings and Questioned Costs.

#### Other Matters

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

\*\*\*\*\*

This information is intended solely for the information and use of the Board of Directors and management of American Immunization Registry Association and is not intended to be, and should not be, used by anyone other than these specified parties.

*HAN GROUP LLC*

HAN GROUP LLC  
Washington, DC



## *RFP: Audit & Tax Services*

### *990s – past four years*

1. 2020
2. 2021
3. 2022
4. 2023

**Form 990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**A** For the **2019** calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1717 PENNSYLVANIA AVE. NW 1025</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20006</b> <b>F</b> Name and address of principal officer: <b>REBECCA COYLE</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>27-1130269</b> <b>E</b> Telephone number <b>202-552-0208</b> <b>G</b> Gross receipts \$ <b>3,487,126.</b> <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? ..... Yes No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		
<b>J</b> Website: ▶ <b>WWW.IMMREGISTRIES.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>2009</b>
		<b>M</b> State of legal domicile: <b>DE</b>

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE THE DEVELOPMENT AND IMPLEMENTATION OF IMMUNIZATION INFORMATION SYSTEMS ("IIS") AS AN</b>		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) .....	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b) .....	4	13
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	5	18
	6	Total number of volunteers (estimate if necessary) .....	6	400
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 39 .....	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h) .....	Prior Year 3,033,416.	Current Year 2,994,863.
	9	Program service revenue (Part VIII, line 2g) .....	559,304.	489,507.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	231.	172.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	2,584.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	3,592,951.	3,487,126.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.
14		Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	1,541,054.	1,940,629.
16a		Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> .....	0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,821,211.	1,237,636.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	3,362,265.	3,178,265.
19		Revenue less expenses. Subtract line 18 from line 12 .....	230,686.	308,861.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) .....	Beginning of Current Year 1,078,856.	End of Year 1,439,384.
	21	Total liabilities (Part X, line 26) .....	291,664.	343,331.
	22	Net assets or fund balances. Subtract line 21 from line 20 .....	787,192.	1,096,053.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>REBECCA COYLE, EXECUTIVE DIRECTOR</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MEENA BISHNOI</b>	Preparer's signature 
	Firm's name ▶ <b>JONES, MARESCA &amp; MCQUADE, P.A.</b>	Date <b>6/2/2021</b>
	Firm's address ▶ <b>10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01480769</b>
		Firm's EIN ▶ <b>52-1853933</b> Phone no. <b>410-884-0220</b>

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

**AMERICAN IMMUNIZATION REGISTRY  
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**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**TO PROMOTE AND SUPPORT THE USE OF IMMUNIZATION INFORMATION TO ENSURE  
HEALTHY COMMUNITIES.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **X** 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? ☒ **X** 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 \$ **2,971,658.** including grants of \$ ) (Revenue \$ )  
**STRENGTHENING PUBLIC HEALTH SYSTEMS AND SERVICES - THE PURPOSE OF THIS  
GRANT IS TO PROVIDE CAPACITY-BUILDING ASSISTANCE TO STRENGTHEN AND  
IMPROVE THE IIS AND IMMUNIZATION PROGRAM WORKFORCE THAT ARE  
INSTRUMENTAL IN PROVIDING MAINTENANCE AND OVERSIGHT OF THE ELECTRONIC  
SYSTEMS THAT HELP PREVENT AND CONTROL VACCINE-PREVENTABLE DISEASES.**

**4b** (Code: ) (Expenses \$ **120,812.** including grants of \$ ) (Revenue \$ **340,327.** )  
**IMMUNIZATION GATEWAY PROGRAM - THE PURPOSE OF THIS PROGRAM IS TO  
SUPPORT THE IMMUNIZATION INFORMATION SYSTEMS Awardees with onboarding,  
connecting, and sharing encounters and use the gateway database as a  
way to collect COVID-19 information.**

**4c** (Code: ) (Expenses \$ **8,116.** including grants of \$ ) (Revenue \$ **149,180.** )  
**NATIONAL MEETING - AIRA builds upon the success of previous national  
meetings by continuing to work toward AIRA's common goal of supporting  
and promoting the development, implementation and interoperability of  
IIS. The meeting provides an annual opportunity to bring AIRA's peers  
and partners together. Through both formal presentations and informal  
discussions, attendees have an opportunity to strengthen longterm  
partnerships, develop new relationships, gain professional education  
and training, and learn from one another. On March 11, 2020, the World  
Health Organization declared coronavirus disease 2019 ("COVID-19") to  
be a global pandemic. The spread of COVID-19 has had a disruptive  
impact on the daily life and operations of individuals and businesses  
around the world. During the year ended September 30, 2020, the**

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

**4e** Total program service expenses **3,100,586.**

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**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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>	<b>X</b>	
<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>	<b>X</b>	
<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>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>26</b>
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b> 18		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	13	
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 on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	13	
<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?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<b>X</b>	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>	
<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?	<b>7a</b>	<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<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 on Schedule O	<b>9</b>		<b>X</b>

**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?	<b>10a</b>		<b>X</b>
<b>b</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>10b</b>		
<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?	<b>11a</b>	<b>X</b>	
<b>b</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	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>	
<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>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>
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?	<b>16a</b>		<b>X</b>
<b>b</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?	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **► DE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**REBECCA COYLE - 202-552-0208**  
**1717 PENNSYLVANIA AVE. NW, NO. 1025, WASHINGTON, DC 20006**

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2019)

27-1130269 Page **7**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AARON BIERINGER PRESIDENT	1.50	X		X				0.	0.	0.
(2) AMANDA HARRIS PAST PRESIDENT	1.25	X		X				0.	0.	0.
(3) DAVID MCCORMICK PRESIDENT ELECT	1.25	X		X				0.	0.	0.
(4) DANNETTE DRONENBURG SECRETARY	1.25	X		X				0.	0.	0.
(5) HEATHER ROTH TREASURER	1.25	X		X				0.	0.	0.
(6) CHRISTY GRAY DIRECTOR	0.75	X						0.	0.	0.
(7) JEFFREY MCINTYRE DIRECTOR	0.75	X						0.	0.	0.
(8) JUDE ALDEN DIRECTOR UNTIL AUG. 2020	0.75	X						0.	0.	0.
(9) MARY WOINAROWICZ DIRECTOR	0.75	X						0.	0.	0.
(10) MELISSA MICKLE-HOPE DIRECTOR	0.75	X						0.	0.	0.
(11) NATHALIE HARTERT DIRECTOR	0.75	X						0.	0.	0.
(12) JOHN ROBINSON DIRECTOR AS OF AUG. 2020	0.75	X						0.	0.	0.
(13) STEVE MURCHIE DIRECTOR AS OF MARCH 2020	0.75	X						0.	0.	0.
(14) TIFFANY DENT DIRECTOR AS OF MARCH 2020	0.75	X						0.	0.	0.
(15) REBECCA COYLE EXECUTIVE DIRECTOR	40.00			X				126,935.	0.	33,609.
(16) NATHAN BUNKER, SENIOR TECHNICAL PROJECT MANAGER	40.00					X		130,026.	0.	34,746.
(17) MARY BETH KURILO POLICY & PLANNING DIRECTOR	40.00					X		113,409.	0.	7,706.

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2019)

27-1130269 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALISON E. CHI PROGRAM DIRECTOR	40.00					X		105,685.	0.	23,120.
<b>1b Subtotal</b> .....								476,055.	0.	99,181.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								476,055.	0.	99,181.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SMARTYSTREETS 3214 N UNIVERSITY AVE #409, PROVO, UT 84604	ADDRESS VALIDATION SERVICES	185,000.
SQUARE56, LLC 4008 OAK PARK RD., DEERFIELD, WI 53531	CONSULTING	165,240.
TRACY LITTLE 1731 NE HIGHLAND ST., PORTLAND, OR 97211	TECHNICAL ANALYST	112,910.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

Form **990** (2019)

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2019)

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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</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>	2,976,313.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	18,550.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f .....							
<b>Program Service Revenue</b>	<b>2 a</b> <b>FEE FOR SERVICE INCOME</b> .....	<b>Business Code</b>	900099	330,327.	330,327.			
	<b>b</b> <b>MEMBERSHIP DUES</b> .....		900099	149,180.	149,180.			
	<b>c</b> <b>OTHER PROGRAM INCOME</b> .....		900099	10,000.	10,000.			
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			489,507.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			172.			172.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real      (ii) Personal					
	<b>b</b> Less: rental expenses .....	<b>6b</b>						
	<b>c</b> Rental income or (loss) .....	<b>6c</b>						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities      (ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>						
	<b>c</b> Gain or (loss) .....	<b>7c</b>						
	<b>d</b> Net gain or (loss) .....							
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
	<b>b</b> Less: direct expenses .....	<b>8b</b>						
	<b>c</b> Net income or (loss) from fundraising events .....							
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> <b>TRAVEL REBATE</b> .....	<b>Business Code</b>	900099	2,584.			2,584.	
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....			2,584.				
<b>12 Total revenue.</b> See instructions .....					3,487,126.	489,507.	0.	2,756.

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

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**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 ☒ X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	174,063.	170,212.	3,851.	
<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	1,359,754.	1,328,582.	31,172.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,665.	49,733.	932.	
<b>9</b> Other employee benefits	233,964.	229,503.	4,461.	
<b>10</b> Payroll taxes	122,183.	120,841.	1,342.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	30,908.	15,252.	15,656.	
<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 Sch O.)	808,015.	799,355.	8,660.	
<b>12</b> Advertising and promotion	155,526.	147,538.	7,988.	
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	177,910.	177,740.	170.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	39,846.	37,804.	2,042.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	8,417.	8,417.		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a MEMBERSHIP DUES</b>	15,173.	14,675.	498.	
<b>b OTHER EXPENSES</b>	1,841.	934.	907.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,178,265.	3,100,586.	77,679.	0.
<b>26 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 ☐ if following SOP 98-2 (ASC 958-720)

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2019)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	338,378.	<b>1</b>	138,601.
	<b>2</b> Savings and temporary cash investments .....	561,723.	<b>2</b>	741,251.
	<b>3</b> Pledges and grants receivable, net .....	136,129.	<b>3</b>	278,865.
	<b>4</b> Accounts receivable, net .....	39,865.	<b>4</b>	269,520.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,761.	<b>9</b>	11,147.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<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 33) .....	1,078,856.	<b>16</b>	1,439,384.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	178,782.	<b>17</b>	225,209.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	112,882.	<b>19</b>	118,122.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	291,664.	<b>26</b>	343,331.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>X</b> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	787,192.	<b>27</b>	1,096,053.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32 Total net assets or fund balances</b> .....	787,192.	<b>32</b>	1,096,053.
<b>33 Total liabilities and net assets/fund balances</b> .....	1,078,856.	<b>33</b>	1,439,384.	

Form **990** (2019)

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2019)

27-1130269 Page **12**

**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>	3,487,126.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,178,265.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	308,861.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	787,192.
<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 on 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 32, column (B))	<b>10</b>	1,096,053.

**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 _____ 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<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? _____	<b>3a</b>	<b>X</b>
<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 on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form **990** (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

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

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

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

f Enter the number of supported organizations

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1996159.	2356339.	2617451.	3033416.	2994863.	12998228.
<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 .....	1996159.	2356339.	2617451.	3033416.	2994863.	12998228.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						12998228.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	1996159.	2356339.	2617451.	3033416.	2994863.	12998228.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	26.	123.	134.	231.	172.	686.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					2,584.	2,584.
<b>11 Total support.</b> Add lines 7 through 10 .....						13001498.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,904,119.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.97 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	99.94 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 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 (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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>		

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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

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**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

TRAVEL REBATE

2019 AMOUNT: \$ 2,584.

## Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number

**27-1130269**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

### General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b>	Employer identification number <b>27-1130269</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,976,313.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b>	Employer identification number <b>27-1130269</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b>	Employer identification number <b>27-1130269</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) **\$** \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** **AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

**Employer identification number**  
**27-1130269**

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule D (Form 990) 2019

27-1130269 Page **2**

**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 make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |
- 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 on Part XIII ☐

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Term endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  **0.**

Schedule D (Form 990) 2019

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule D (Form 990) 2019

27-1130269 Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

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

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

**Schedule D (Form 990) 2019**

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule D (Form 990) 2019

27-1130269 Page **4**

**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>	3,487,126.
<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>	3,487,126.
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	3,487,126.

**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>	3,178,265.
<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>	3,178,265.
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	3,178,265.

**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.

**PART X, LINE 2:**

AIRA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT NEED TO BE RECORDED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number

**27-1130269**

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <input 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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |  |   |
|--|---|
| <input checked="" 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 |

**4** 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:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** 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:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

1

**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.

Schedule J (Form 990) 2019

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[illegible]

**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.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION

Employer identification number  
27-1130269

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPORTANT TOOL IN PREVENTING AND CONTROLLING VACCINE PREVENTABLE  
DISEASES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION UNDERTOOK THE IMMUNIZATION GATEWAY PROGRAM, WHICH WAS  
NOT PREVIOUSLY LISTED ON FORM 990.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE CAPACITY AND OPERATIONS SUPPORT FOR IIS PROGRAM ENDED AT THE END OF  
SEPTEMBER 30, 2019. THE PURPOSE OF THAT PROGRAM WAS TO SUPPORT  
ACTIVITIES TO ENHANCE OR SUSTAIN THE CAPACITY AND OPERATIONS OF IIS.  
THE STANDARDS SUPPORT AND DEVELOPMENT FOR THE IMMUNIZATION INFORMATION  
SYSTEMS (IIS) COMMUNITY PROGRAM ENDED AT SEPTEMBER 30, 2019. THE  
PURPOSE OF THAT PROGRAM WAS TO PROVIDE FACILITATION, CONSULATIVE, AND  
TECHNICAL SUPPORT FOR THE DEVELOPMENT AND/OR ENHANCEMENT OF IIS  
STANDARDS, PRACTICES, AND OPERATIONS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NATIONAL MEETING DID NOT TAKE PLACE DUE TO IMPACTS FROM THE COVID-19  
PANDEMIC.

FORM 990, PART VI, SECTION A, LINE 4:

AIRA UPDATED ITS BYLAWS IN AUGUST OF 2020. THE NEW BYLAWS WERE MODIFIED TO  
ADJUST THE COMPOSITION OF THE EXECUTIVE COMMITTEE AND TO EXTEND VOTING  
RIGHTS TO ALL OF THE COMMITTEE'S MEMBERS, SOME OF WHOM WERE NOT VOTING

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

MEMBERS BEFORE. THIS AMENDMENT WAS PROPOSED AND PASSED IN LIGHT OF THE  
ESTABLISHMENT OF THE GOVERNANCE COMMITTEE CHAIR AS AN OFFICER ROLE.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP CATEGORIES: THE TYPES OF MEMBERSHIP CATEGORIES FOR PARTICIPATION  
IN THE AIRA SHALL BE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF  
DIRECTORS. MEMBERSHIP DUES AS WELL AS THE NUMBER OF VOTING MEMBERS IN EACH  
CATEGORY WILL ALSO BE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD  
WITH APPROVAL OF THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF MEMBERS AND THEIR RIGHTS: THE VOTING MEMBERS OF AIRA ELECT  
BOARD OFFICERS AND DIRECTORS. A BALLOT OF ELIGIBLE BOARD OF DIRECTOR  
CANDIDATES IS SENT IN WRITING 15 DAYS PRIOR TO THE ELECTION, TO ALL VOTING  
MEMBERS FOR A VOTE. OFFICERS AND OTHER MEMBERS OF THE BOARD OF DIRECTORS  
MUST BE ELECTED BY A SIMPLE MAJORITY OF THE VOTING MEMBERS VOTING IN THE  
ELECTION, WHICH MAY OCCUR BY MAIL, BY ELECTRONIC MEANS OR BY BALLOTING  
DURING THE ANNUAL MEETING OF THE MEMBERSHIP, AS DETERMINED BY THE BOARD. A  
NEUTRAL PARTY SHALL TALLY THE BALLOTS.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL OF MEMBERS - REVISIONS TO BYLAWS MUST BE  
APPROVED BY MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE EXECUTIVE  
COMMITTEE OF THE BOARD OF DIRECTORS, AND THEN A COPY IS PROVIDED TO THE  
FULL BOARD TO REVIEW PRIOR TO FILING.

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COMPLIANCE IS ENFORCED BY REQUIRING EACH MEMBER OF THE BOARD OF DIRECTORS, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS TO SIGN AND SUBMIT A CONFLICT OF INTEREST ANNUAL STATEMENT UPON ELECTION AND ANNUAL THEREAFTER. THESE FORMS WERE LAST SIGNED IN OCTOBER OF 2019.

FORM 990, PART VI, SECTION B, LINE 15A:

THE AIRA BOARD COMPLETED A PERFORMANCE REVIEW AND COMPENSATION COMPARISON OF SIMILAR NON-PROFIT ORGANIZATIONS, AND AUTHORIZED A PAY INCREASE FOR AIRA'S EXECUTIVE DIRECTOR IN NOVEMBER 2019. THE PERFORMANCE REVIEW WAS COMPLETED IN ACCORDANCE WITH AIRA'S DOCUMENTED PROCESS FOR THE ANNUAL PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

AIRA MAKES IT GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEE:

PROGRAM SERVICE EXPENSES	762,407.
MANAGEMENT AND GENERAL EXPENSES	8,660.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	771,067.

PAYROLL SERVICE:

PROGRAM SERVICE EXPENSES	36,948.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**Employer identification number  
**27-1130269****FUNDRAISING EXPENSES** 0.**TOTAL EXPENSES** 36,948.**TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A** 808,015.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR  
SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.

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)

OMB No. 1545-0047

**2020**

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1717 PENNSYLVANIA AVE. NW 1025</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20006</b>	<b>D</b> Employer identification number <b>27-1130269</b> <b>E</b> Telephone number <b>202-552-0208</b>
Address change Name change Initial return Final return/terminated Amended return Application pending	<b>F</b> Name and address of principal officer: <b>REBECCA COYLE</b> <b>SAME AS C ABOVE</b>	<b>G</b> Gross receipts \$ <b>7,572,074.</b> <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? ..... Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		
<b>J</b> Website: ▶ <b>WWW.IMMREGISTRIES.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>2009</b>
		<b>M</b> State of legal domicile: <b>DE</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE THE DEVELOPMENT AND IMPLEMENTATION OF IMMUNIZATION INFORMATION SYSTEMS ("IIS") AS AN</b> <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> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>29</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>700</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>	<b>3</b>	<b>11</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>2,994,863.</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>489,507.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>172.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>2,584.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>3,487,126.</b>	<b>Prior Year</b>	<b>Current Year</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,940,629.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,237,636.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>3,178,265.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>308,861.</b>	<b>0.</b>	<b>0.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>1,439,384.</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>343,331.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>1,096,053.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
		<b>1,439,384.</b>	<b>2,784,342.</b>
		<b>343,331.</b>	<b>669,951.</b>
		<b>1,096,053.</b>	<b>2,114,391.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>REBECCA COYLE, EXECUTIVE DIRECTOR</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MEENA BISHNOI</b>	Preparer's signature 
	Firm's name ▶ <b>JM&amp;M</b> Firm's address ▶ <b>10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044</b>	Date <b>7/18/22</b> Check if self-employed <input type="checkbox"/> PTIN <b>P01480769</b> Firm's EIN ▶ <b>52-1853933</b> Phone no. <b>410-884-0220</b>

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

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2020)

27-1130269 Page **2**

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**TO PROMOTE AND SUPPORT THE USE OF IMMUNIZATION INFORMATION TO ENSURE  
HEALTHY COMMUNITIES.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **X** 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 ☒ **X** 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 \$ **5,487,009.** including grants of \$ ) (Revenue \$ **19,093.**)  
**STRENGTHENING PUBLIC HEALTH SYSTEMS AND SERVICES - THE PURPOSES OF THIS  
PROGRAM ARE TO STRENGTHEN THE NATION'S PUBLIC HEALTH INFRASTRUCTURE;  
ENSURE A COMPETENT, CURRENT, AND CONNECTED PUBLIC HEALTH SYSTEM; AND  
IMPROVE THE DELIVERY OF ESSENTIAL PUBLIC HEALTH SERVICES THROUGH  
CAPACITY-BUILDING ASSISTANCE. UNDER THIS PROGRAM, AIRA RECEIVES FEDERAL  
GRANTS FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION ("CDC") THROUGH THE  
FOLLOWING COOPERATIVE AGREEMENTS:**

**- CAPACITY AND STANDARDS - THE PURPOSE OF THIS COOPERATIVE AGREEMENT IS  
TO PROVIDE CAPACITY-BUILDING ASSISTANCE TO STRENGTHEN AND IMPROVE THE  
IMMUNIZATION INFORMATION SYSTEMS ("IIS") AND IMMUNIZATION PROGRAM  
WORKFORCE THAT ARE INSTRUMENTAL IN PROVIDING MAINTENANCE AND OVERSIGHT**

**4b** (Code: ) (Expenses \$ **645,991.** including grants of \$ ) (Revenue \$ **1,381,546.**)  
**AUDACIOUS INQUIRY PROJECT - AIRA HAS CONTRACTED WITH AUDACIOUS INQUIRY,  
AN UNRELATED THIRD PARTY, FOR A PROJECT TO SUPPORT THE RAPID ONBOARDING  
OF IIS, AS WELL AS TRADITIONAL AND NON-TRADITIONAL PROVIDER  
ORGANIZATIONS TO THE IMMUNIZATION GATEWAY TO SUPPORT THE COVID-19  
VACCINE RESPONSE AND INCREASE THE AVAILABILITY AND VOLUME OF COMPLETE  
AND ACCURATE IMMUNIZATION DATA STORED WITHIN IIS. THIS PROJECT ALSO  
SUPPORTS THE ABILITY OF IIS AND IIS VENDORS IN GENERATING AND  
SUBMITTING THE CDC PRIORITIZED DATA EXTRACT TO THE DATA CLEARING HOUSE.**

**4c** (Code: ) (Expenses \$ **130,808.** including grants of \$ ) (Revenue \$ **440,270.**)  
**NATIONAL MEETING - AIRA'S NATIONAL MEETING PROVIDES AN ANNUAL  
OPPORTUNITY TO BRING AIRA'S PEERS AND PARTNERS TOGETHER. THROUGH BOTH  
FORMAL PRESENTATIONS AND INFORMAL DISCUSSIONS, ATTENDEES HAVE AN  
OPPORTUNITY TO STRENGTHEN LONG-TERM PARTNERSHIPS, DEVELOP NEW  
RELATIONSHIPS, GAIN PROFESSIONAL EDUCATION AND TRAINING, AND LEARN FROM  
ONE ANOTHER. DURING THE YEAR ENDED SEPTEMBER 30, 2021, IT WAS ATTENDED  
BY 468 ATTENDEES (187 IN-PERSON AND 281 VIRTUAL).**

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ **24,958.** including grants of \$ ) (Revenue \$ **187,498.**)

**4e** Total program service expenses **6,288,766.**

Form **990** (2020)

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2020)

27-1130269 Page **3**

**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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>	<b>X</b>	
<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>	<b>X</b>	
<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>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2020)

27-1130269 Page **4**

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>30</b>
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b> 29		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	<b>11</b>	
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 on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	<b>11</b>	
<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?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>	
<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?	<b>7a</b>	<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<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 on Schedule O	<b>9</b>		<b>X</b>

**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?	<b>10a</b>		<b>X</b>
<b>b</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>10b</b>		
<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?	<b>11a</b>	<b>X</b>	
<b>b</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	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>	
<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>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>
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?	<b>16a</b>		<b>X</b>
<b>b</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?	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **► DE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**REBECCA COYLE - 202-552-0208**  
**1717 PENNSYLVANIA AVE. NW, NO. 1025, WASHINGTON, DC 20006**

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NATHAN BUNKER SR. TECHNICAL PROJECT MANAGER	40.00					X		150,861.	0.	36,456.
(2) REBECCA COYLE EXECUTIVE DIRECTOR	40.00			X				131,474.	0.	35,167.
(3) MARY BETH KURILO SR. DIR. OF HEALTH INFORMATICS	40.00					X		133,769.	0.	18,682.
(4) ALISON E. CHI DIR. OF EDUCATION & OUTREACH	40.00					X		117,207.	0.	26,255.
(5) KRISTI SIAHAYA DIR. OF STANDARDS & ANALYTICS	40.00					X		107,656.	0.	27,417.
(6) AMANDA DAYTON DIR. OF BUSINESS & OPERATIONS	40.00					X		104,060.	0.	15,798.
(7) AARON BIERINGER PAST PRESIDENT AS OF NOV. 2020	1.25	X		X				0.	0.	0.
(8) DAVID MCCORMICK PRESIDENT AS OF NOV. 2020	1.50	X		X				0.	0.	0.
(9) CHRISTY GRAY PRESIDENT-ELECT AS OF NOV. 2020	1.25	X		X				0.	0.	0.
(10) AMANDA HARRIS PAST PRES. UNTIL NOV. 2020	0.75	X		X				0.	0.	0.
(11) DANNETTE DRONENBURG SECRETARY	1.25	X		X				0.	0.	0.
(12) HEATHER ROTH TREASURER	1.25	X		X				0.	0.	0.
(13) MELISSA MICKLE-HOPE DIRECTOR	1.25	X						0.	0.	0.
(14) MARY WOINAROWICZ DIRECTOR	0.75	X						0.	0.	0.
(15) JEFFREY MCINTYRE DIRECTOR	0.75	X						0.	0.	0.
(16) MIRIAM MUSCOPLAT DIRECTOR	0.75	X						0.	0.	0.
(17) KATHYRN CRUZ DIRECTOR	0.75	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN ROBISON DIRECTOR	0.75	X						0.	0.	0.
(19) NATHALIE HARTERT DIRECTOR UNTIL NOV. 2020	0.75	X						0.	0.	0.
<b>1b Subtotal</b>								745,027.	0.	159,775.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								745,027.	0.	159,775.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SQUARE56, LLC 4008 OAK PARK RD., DEERFIELD, WI 53531	CONSULTING	167,570.

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

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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</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>	5,537,342.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,138.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....		5,538,480.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>FEE FOR SERVICE INCOME</u> .....	<b>Business Code</b>	900099	1,588,137.	1,588,137.	
<b>b</b> <u>CONFERENCE REGISTRATIO</u> .....			900099	274,105.	274,105.		
<b>c</b> <u>MEMBERSHIP DUES</u> .....			900099	166,165.	166,165.		
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			2,028,407.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			119.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses .....	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
	<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> <u>HONORARIUMS</u> .....	<b>Business Code</b>	900099	3,940.			3,940.
	<b>b</b> <u>MISCELLANEOUS INCOME</u> .....		900099	1,128.			1,128.
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			5,068.			
	<b>12 Total revenue.</b> See instructions .....			7,572,074.	2,028,407.	0.	5,187.

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**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 ☒ **X**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	201,452.	193,035.	8,417.	
<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	2,651,029.	2,530,680.	120,349.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,195.	81,092.	3,103.	
<b>9</b> Other employee benefits	357,971.	350,234.	7,737.	
<b>10</b> Payroll taxes	223,375.	219,824.	3,551.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	39,500.		39,500.	
<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 Sch O.)	2,493,971.	2,459,009.	34,962.	
<b>12</b> Advertising and promotion	275,393.	246,185.	29,208.	
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	88,914.	84,757.	4,157.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	120,537.	108,008.	12,529.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	6,659.	6,659.		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a DUES AND SUBSCRIPTIONS</b>	9,625.	8,675.	950.	
<b>b OTHER EXPENSES</b>	1,115.	608.	507.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	6,553,736.	6,288,766.	264,970.	0.
<b>26 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 ☐ if following SOP 98-2 (ASC 958-720)

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2020)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	138,601.	<b>1</b>	236,267.
	<b>2</b> Savings and temporary cash investments .....	741,251.	<b>2</b>	1,894,603.
	<b>3</b> Pledges and grants receivable, net .....	278,865.	<b>3</b>	194,279.
	<b>4</b> Accounts receivable, net .....	269,520.	<b>4</b>	453,209.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	11,147.	<b>9</b>	5,984.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<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 33) .....	1,439,384.	<b>16</b>	2,784,342.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	225,209.	<b>17</b>	580,317.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	118,122.	<b>19</b>	89,634.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	343,331.	<b>26</b>	669,951.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>X</b> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,096,053.	<b>27</b>	2,114,391.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,096,053.	<b>32</b>	2,114,391.
	<b>33</b> Total liabilities and net assets/fund balances .....	1,439,384.	<b>33</b>	2,784,342.

Form **990** (2020)

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2020)

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**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>	7,572,074.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,553,736.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,018,338.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,096,053.
<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 on 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 32, column (B))	<b>10</b>	2,114,391.

**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 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<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?	<b>X</b>	
<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 on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

Form **990** (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

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

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

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

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

## AMERICAN IMMUNIZATION REGISTRY

Schedule A (Form 990 or 990-EZ) 2020 ASSOCIATION

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2356339.	2617451.	3033416.	2994863.	5538480.	16540549.
<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 .....	2356339.	2617451.	3033416.	2994863.	5538480.	16540549.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						16540549.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	2356339.	2617451.	3033416.	2994863.	5538480.	16540549.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	123.	134.	231.	172.	119.	779.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				2,584.	5,068.	7,652.
<b>11 Total support.</b> Add lines 7 through 10						16548980.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,680,611.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.95 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.97 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>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>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**AMERICAN IMMUNIZATION REGISTRY**

Schedule A (Form 990 or 990-EZ) 2020 **ASSOCIATION**

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

**Schedule A (Form 990 or 990-EZ) 2020**

**AMERICAN IMMUNIZATION REGISTRY**

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**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>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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**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.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**TRAVEL REBATE**

2019 AMOUNT: \$ 2,584.

**MISCELLANEOUS INCOME**

2020 AMOUNT: \$ 1,128.

**HONORARIUMS**

2020 AMOUNT: \$ 3,940.

## Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number

**27-1130269**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

### General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b>	Employer identification number <b>27-1130269</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>5,537,342.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b>	Employer identification number <b>27-1130269</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b>	Employer identification number <b>27-1130269</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** **AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

**Employer identification number**  
**27-1130269**

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

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**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule D (Form 990) 2020

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**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 make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |
- 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 on Part XIII ☐

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Term endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

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

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

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  **0.**

Schedule D (Form 990) 2020

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule D (Form 990) 2020

27-1130269 Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

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

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

**Schedule D (Form 990) 2020**

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule D (Form 990) 2020

27-1130269 Page **4**

**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>	7,572,074.
<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>	7,572,074.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	7,572,074.

**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>	6,553,736.
<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>	6,553,736.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,553,736.

**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.

**PART X, LINE 2:**

AIRA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT NEED TO BE RECORDED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number

**27-1130269**

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <input 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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |  |   |
|--|---|
| <input checked="" 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 |

**4** 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:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** 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:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

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row (ii).

[illegible]

AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION

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.

PART I, LINE 7:

BONUS AMOUNTS ARE AWARDED BASED ON PERFORMANCE.

**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.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION

Employer identification number  
27-1130269

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPORTANT TOOL IN PREVENTING AND CONTROLLING VACCINE PREVENTABLE  
DISEASES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ASSOCIATION HAS UNDERTAKEN THE FOLLOWING PROGRAM SERVICES THAT WERE  
NOT PREVIOUSLY LISTED ON FORM 990:

AUDACIOUS INQUIRY PROJECT - AIRA HAS CONTRACTED WITH AUDACIOUS INQUIRY,  
AN UNRELATED THIRD PARTY, FOR A PROJECT TO SUPPORT THE RAPID ONBOARDING  
OF IIS, AS WELL AS TRADITIONAL AND NON-TRADITIONAL PROVIDER

ORGANIZATIONS TO THE IMMUNIZATION GATEWAY TO SUPPORT THE COVID-19

VACCINE RESPONSE AND INCREASE THE AVAILABILITY AND VOLUME OF COMPLETE  
AND ACCURATE IMMUNIZATION DATA STORED WITHIN IIS. THIS PROJECT ALSO  
SUPPORTS THE ABILITY OF IIS AND IIS VENDORS IN GENERATING AND

SUBMITTING THE CDC PRIORITIZED DATA EXTRACT TO THE DATA CLEARING HOUSE.

ONC IDEAS PROJECT - AIRA HAS CONTRACTED WITH THE ASSOCIATION FOR STATE  
AND TERRITORIAL HEALTH ORGANIZATIONS ("ASTHO"), AN UNRELATED THIRD

PARTY, FOR A PROJECT TO PROVIDE PROGRAM PLANNING AND IMPLEMENTATION,  
TECHNICAL, POLICY, AND RESEARCH SUPPORT OF THE OFFICE OF THE NATIONAL  
COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY ("ONC") IMMUNIZATION DATA  
EXCHANGE, ADVANCEMENT AND SHARING ("IDEAS") PROGRAM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF THE ELECTRONIC SYSTEMS THAT HELP PREVENT AND CONTROL  
VACCINE-PREVENTABLE DISEASES.

- IMMUNIZATION INTEGRATION PROGRAM - THE PURPOSE OF THE COOPERATIVE

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

AGREEMENT IS TO INCREASE IMMUNIZATION DATA QUALITY AND USAGE THROUGH COLLABORATION, MEASUREMENT, AND TECHNICAL SUPPORT TO IMPROVE IIS AND ELECTRONIC HEALTH RECORD ("EHR") SYSTEMS INTEROPERABILITY.

- IMMUNIZATION GATEWAY PROGRAM - THE PURPOSE OF THIS COOPERATIVE

AGREEMENT IS TO SUPPORT IMMUNIZATION AWARDEES WITH ONBOARDING AND SHARING VACCINATION ENCOUNTERS THROUGH THE IMMUNIZATION GATEWAY.

- VACCINATE WITH CONFIDENCE PROGRAM - THE PURPOSE OF THIS COOPERATIVE

AGREEMENT IS TO PROVIDE CAPACITY-BUILDING ASSISTANCE TO STRENGTHEN AND IMPROVE THE WORKFORCE AND INFRASTRUCTURE NECESSARY TO SUPPORT THE CAPACITY OF IIS TO CONDUCT PUBLIC HEALTH MONITORING AND SURVEILLANCE TO IDENTIFY COMMUNITIES AT RISK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ONC IDEAS PROJECT - AIRA HAS CONTRACTED WITH THE ASSOCIATION FOR STATE AND TERRITORIAL HEALTH ORGANIZATIONS ("ASTHO"), AN UNRELATED THIRD PARTY, FOR A PROJECT TO PROVIDE PROGRAM PLANNING AND IMPLEMENTATION, TECHNICAL, POLICY, AND RESEARCH SUPPORT OF THE OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY ("ONC") IMMUNIZATION DATA EXCHANGE, ADVANCEMENT AND SHARING ("IDEAS") PROGRAM.

EXPENSES \$ 24,958. INCLUDING GRANTS OF \$ 0. REVENUE \$ 187,498.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP CATEGORIES: THE TYPES OF MEMBERSHIP CATEGORIES FOR PARTICIPATION IN THE AIRA SHALL BE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. MEMBERSHIP DUES AS WELL AS THE NUMBER OF VOTING MEMBERS IN EACH CATEGORY WILL ALSO BE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD WITH APPROVAL OF THE FULL BOARD OF DIRECTORS.

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF MEMBERS AND THEIR RIGHTS: THE VOTING MEMBERS OF AIRA ELECT BOARD OFFICERS AND DIRECTORS. A BALLOT OF ELIGIBLE BOARD OF DIRECTOR CANDIDATES IS SENT IN WRITING 15 DAYS PRIOR TO THE ELECTION, TO ALL VOTING MEMBERS FOR A VOTE. OFFICERS AND OTHER MEMBERS OF THE BOARD OF DIRECTORS MUST BE ELECTED BY A SIMPLE MAJORITY OF THE VOTING MEMBERS VOTING IN THE ELECTION, WHICH MAY OCCUR BY MAIL, BY ELECTRONIC MEANS OR BY BALLOTING DURING THE ANNUAL MEETING OF THE MEMBERSHIP, AS DETERMINED BY THE BOARD. A NEUTRAL PARTY SHALL TALLY THE BALLOTS.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL OF MEMBERS - REVISIONS TO BYLAWS MUST BE APPROVED BY MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, AND THEN A COPY IS PROVIDED TO THE FULL BOARD TO REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COMPLIANCE IS ENFORCED BY REQUIRING EACH MEMBER OF THE BOARD OF DIRECTORS, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS TO SIGN AND SUBMIT A CONFLICT OF INTEREST ANNUAL STATEMENT UPON ELECTION AND ANNUAL THEREAFTER. THESE FORMS WERE LAST SIGNED IN OCTOBER OF 2021.

FORM 990, PART VI, SECTION B, LINE 15A:

THE AIRA BOARD COMPLETED A PERFORMANCE REVIEW AND COMPENSATION COMPARISON

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

OF SIMILAR NON-PROFIT ORGANIZATIONS, AND AUTHORIZED A PAY INCREASE FOR  
AIRA'S EXECUTIVE DIRECTOR IN JULY 2021. THE PERFORMANCE REVIEW WAS  
COMPLETED IN ACCORDANCE WITH AIRA'S DOCUMENTED PROCESS FOR THE ANNUAL  
PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

AIRA MAKES IT GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEE:

PROGRAM SERVICE EXPENSES	2,459,009.
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MANAGEMENT AND GENERAL EXPENSES	34,962.
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FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	2,493,971.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,493,971.
--	------------

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR  
SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b>  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1717 PENNSYLVANIA AVE. NW 1025</b>  City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20006</b>  <b>F</b> Name and address of principal officer: <b>REBECCA COYLE</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>27-1130269</b>  <b>E</b> Telephone number <b>202-552-0208</b>  <b>G</b> Gross receipts \$ <b>7,408,691.</b>  <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<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>J</b> Website: ▶ <b>WWW.IMMREGISTRIES.ORG</b>		
<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: <b>2009</b> <b>M</b> State of legal domicile: <b>DE</b>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE THE DEVELOPMENT AND IMPLEMENTATION OF IMMUNIZATION INFORMATION SYSTEMS ("IIS") AS AN</b>		
<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>	<b>9</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>35</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>900</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>5,538,480.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>6,677,337.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>2,028,407.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>119.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>5,068.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>7,572,074.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>7,408,691.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>0.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	<b>16b</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	<b>3,518,022.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>3,863,654.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>0.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>3,035,714.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>3,219,773.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>6,553,736.</b>
<b>23</b>		<b>23</b>	<b>7,083,427.</b>
<b>24</b>		<b>24</b>	<b>1,018,338.</b>
<b>25</b>		<b>25</b>	<b>325,264.</b>
<b>26</b>		<b>26</b>	<b>2,784,342.</b>
<b>27</b>		<b>27</b>	<b>3,066,271.</b>
<b>28</b>		<b>28</b>	<b>669,951.</b>
<b>29</b>		<b>29</b>	<b>626,687.</b>
<b>30</b>		<b>30</b>	<b>2,114,391.</b>
<b>31</b>		<b>31</b>	<b>2,439,584.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer  <b>REBECCA COYLE, EXECUTIVE DIRECTOR</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MEENA BISHNOI</b>	Preparer's signature 	Date <b>6/19/23</b>
	Firm's name ▶ <b>JM&amp;M</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01480769</b>
	Firm's address ▶ <b>10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044</b>	Firm's EIN ▶ <b>52-1853933</b>	Phone no. <b>410-884-0220</b>

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

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2021)

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**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**TO PROMOTE AND SUPPORT THE USE OF IMMUNIZATION INFORMATION TO ENSURE  
HEALTHY COMMUNITIES.**

**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 ☒ **X** 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 ☒ **X** 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 \$ **6,563,154.** including grants of \$ ) (Revenue \$ **199,301.**)  
**STRENGTHENING PUBLIC HEALTH SYSTEMS AND SERVICES - THE PURPOSES OF THIS  
PROGRAM ARE TO STRENGTHEN THE NATION'S PUBLIC HEALTH INFRASTRUCTURE;  
ENSURE A COMPETENT, CURRENT, AND CONNECTED PUBLIC HEALTH SYSTEM; AND  
IMPROVE THE DELIVERY OF ESSENTIAL PUBLIC HEALTH SERVICES THROUGH  
CAPACITY-BUILDING ASSISTANCE. UNDER THIS PROGRAM, AIRA RECEIVES FEDERAL  
GRANTS FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION ("CDC") THROUGH THE  
FOLLOWING COOPERATIVE AGREEMENTS:**

**- CAPACITY AND STANDARDS - THE PURPOSE OF THIS COOPERATIVE AGREEMENT IS  
TO PROVIDE CAPACITY-BUILDING ASSISTANCE TO STRENGTHEN AND IMPROVE THE  
IMMUNIZATION INFORMATION SYSTEMS ("IIS") AND IMMUNIZATION PROGRAM  
WORKFORCE THAT ARE INSTRUMENTAL IN PROVIDING MAINTENANCE AND OVERSIGHT**

**4b** (Code: ) (Expenses \$ **95,011.** including grants of \$ ) (Revenue \$ **250,008.**)  
**ONC IDEAS PROJECT - AIRA HAS CONTRACTED WITH THE ASSOCIATION FOR STATE  
AND TERRITORIAL HEALTH ORGANIZATIONS ("ASTHO"), AN UNRELATED THIRD  
PARTY, FOR A PROJECT TO PROVIDE PROGRAM PLANNING AND IMPLEMENTATION,  
TECHNICAL, POLICY, AND RESEARCH SUPPORT OF THE OFFICE OF THE NATIONAL  
COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY ("ONC") IMMUNIZATION DATA  
EXCHANGE, ADVANCEMENT AND SHARING ("IDEAS") PROGRAM.**

**4c** (Code: ) (Expenses \$ **47,081.** including grants of \$ ) (Revenue \$ **264,426.**)  
**NATIONAL MEETING - AIRA'S NATIONAL MEETING PROVIDES AN ANNUAL  
OPPORTUNITY TO BRING AIRA'S PEERS AND PARTNERS TOGETHER. THROUGH BOTH  
FORMAL PRESENTATIONS AND INFORMAL DISCUSSIONS, ATTENDEES HAVE AN  
OPPORTUNITY TO STRENGTHEN LONG-TERM PARTNERSHIPS, DEVELOP NEW  
RELATIONSHIPS, GAIN PROFESSIONAL EDUCATION AND TRAINING, AND LEARN FROM  
ONE ANOTHER. DURING THE YEAR ENDED SEPTEMBER 30, 2022, IT WAS ATTENDED  
BY 660 VIRTUAL ATTENDEES.**

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ **8,043.** including grants of \$ ) (Revenue \$ **17,398.**)

**4e** Total program service expenses **6,713,289.**

Form **990** (2021)

**AMERICAN IMMUNIZATION REGISTRY  
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**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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>	<b>X</b>	
<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>	<b>X</b>	
<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>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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. See instructions</i>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>

**AMERICAN IMMUNIZATION REGISTRY  
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**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>42</b>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b> 35		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....	<b>17</b>		
If "Yes," complete Form 6069.			

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	9		
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 on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	9		
<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?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>	
<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?	<b>7a</b>		<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<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 on Schedule O	<b>9</b>			<b>X</b>

**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?	<b>10a</b>		<b>X</b>	
<b>b</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>10b</b>			
<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?	<b>11a</b>	<b>X</b>		
<b>b</b> Describe on 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	<b>12a</b>	<b>X</b>		
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>		
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>		
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>		
<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>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>		
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on 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?	<b>16a</b>		<b>X</b>	
<b>b</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?	<b>16b</b>			

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **► DE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**REBECCA COYLE - 202-552-0208**  
**1717 PENNSYLVANIA AVE. NW, 1025, WASHINGTON, DC 20006**

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2021)

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA COYLE EXECUTIVE DIRECTOR	40.00			X				160,563.	0.	34,279.
(2) NATHAN BUNKER SR. TECHNICAL PROJECT MANAGER	40.00				X			141,280.	0.	36,116.
(3) MARY BETH KURILO SR. DIR. OF HEALTH INFORMATICS	40.00				X			135,215.	0.	18,572.
(4) ALISON E. CHI SR. DIR. OF ORGANIZATIONAL DEV.	40.00				X			117,006.	0.	28,652.
(5) MAUREEN NEARY DIR. OF STRATEGIC INITIATIVES	40.00				X			118,654.	0.	6,456.
(6) AMANDA DAYTON BUSINESS & OPERATIONS MANAGER	40.00				X			114,572.	0.	16,547.
(7) CHRISTY GRAY PRESIDENT	1.50	X		X				0.	0.	0.
(8) MARY WOINAROWICZ PRESIDENT ELECT	1.25	X		X				0.	0.	0.
(9) MELISSA MICKLE-HOPE SECRETARY	1.25	X		X				0.	0.	0.
(10) HEATHER ROTH TREASURER	1.25	X		X				0.	0.	0.
(11) DAVID MCCORMICK GOVERNANCE CHAIR	1.25	X		X				0.	0.	0.
(12) KATHYRN CRUZ DIRECTOR	0.75	X						0.	0.	0.
(13) JOHN ROBISON DIRECTOR	0.75	X						0.	0.	0.
(14) MIRIAM MUSCOPLAT DIRECTOR	0.75	X						0.	0.	0.
(15) DAVID CROWELL DIRECTOR	0.75	X						0.	0.	0.
(16) JENNIFER COUTEUX DIRECTOR UNTIL 9/20/22	0.75	X						0.	0.	0.
(17) JEFFREY MCINTYRE DIRECTOR UNTIL 1/6/22	0.75	X						0.	0.	0.

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2021)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>								787,290.	0.	140,622.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								787,290.	0.	140,622.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HIMSS, 350 N. ORLEANS ST., SUITE 10000, CHICAGO, IL 60654	IIP CONSULTANT	252,000.
ELIXIR TECHNOLOGIES, LLC 9242 HANSTON PLACE, MONTGOMERY, AL 36117	IZ GATEWAY CONSULTING	189,185.
SQUARE56, LLC 4008 OAK PARK RD., DEERFIELD, WI 53531	CONSULTING	163,870.
SOLIVGANT, LLC, 3468 NW COTTAGE PLACE UNIT 1, BEND, OR 97703	IZ GATEWAY CONSULTING	161,760.
CIARRA EFFECT CONSULTING GROUP, 1250 SCENIC HIGHWAY S., STE. 1701 #303,	IZ GATEWAY CONSULTING	130,050.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

Form **990** (2021)

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

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**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</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>	6,677,332.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	5.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> <b>FEE FOR SERVICE INCOME</b> .....	<b>Business Code</b>	900099	268,012.	268,012.		
	<b>b</b> <b>CONFERENCE REGISTRATIO</b> .....		900099	263,820.	263,820.		
	<b>c</b> <b>MEMBERSHIP DUES</b> .....		900099	199,301.	199,301.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....				731,133.		
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			221.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</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>7 a</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>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
<b>b</b> Less: cost of goods sold .....							
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....				7,408,691.	731,133.	0.

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

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**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 ☒ **X**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<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	207,015.	198,753.	8,262.	
<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	2,842,496.	2,727,880.	114,616.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	106,600.	102,478.	4,122.	
<b>9</b> Other employee benefits	462,130.	444,668.	17,462.	
<b>10</b> Payroll taxes	245,413.	233,677.	11,736.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	42,445.		42,445.	
<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 Sch O.)	2,524,891.	2,419,481.	105,410.	
<b>12</b> Advertising and promotion	239,486.	207,182.	32,304.	
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	259,141.	244,330.	14,811.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	106,227.	87,988.	18,239.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	27,225.	27,225.		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a DUES AND SUBSCRIPTIONS</b>	19,292.	19,146.	146.	
<b>b OTHER EXPENSES</b>	1,066.	481.	585.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	7,083,427.	6,713,289.	370,138.	0.
<b>26 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 ☐ if following SOP 98-2 (ASC 958-720)

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	236,267.	<b>1</b>	234,501.
	<b>2</b> Savings and temporary cash investments .....	1,894,603.	<b>2</b>	840,312.
	<b>3</b> Pledges and grants receivable, net .....	194,279.	<b>3</b>	419,780.
	<b>4</b> Accounts receivable, net .....	453,209.	<b>4</b>	56,563.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	5,984.	<b>9</b>	15,186.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	1,499,929.
	<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</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,784,342.	<b>16</b>	3,066,271.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	580,317.	<b>17</b>	419,910.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	89,634.	<b>19</b>	206,777.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	669,951.	<b>26</b>	626,687.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>X</b> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,114,391.	<b>27</b>	2,439,584.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	2,114,391.	<b>32</b>	2,439,584.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	2,784,342.	<b>33</b>	3,066,271.

Form **990** (2021)

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2021)

27-1130269 Page **12**

**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>	7,408,691.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,083,427.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	325,264.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,114,391.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-71.
<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 on 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 32, column (B))	<b>10</b>	2,439,584.

**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 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<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?	<b>X</b>	
<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 on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2617451.	3033416.	2994863.	5538480.	6677337.	20861547.
<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 .....	2617451.	3033416.	2994863.	5538480.	6677337.	20861547.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						20861547.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	2617451.	3033416.	2994863.	5538480.	6677337.	20861547.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	134.	231.	172.	119.	221.	877.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			2,584.	5,068.		7,652.
<b>11 Total support.</b> Add lines 7 through 10						20870076.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,206,453.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						▶ <input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.96 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.95 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶	<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶	<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶	<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶	<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶	<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 ..... ☐

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**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>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>		

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**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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**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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

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**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

TRAVEL REBATE

2019 AMOUNT: \$ 2,584.

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 1,128.

HONORARIUMS

2020 AMOUNT: \$ 3,940.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number

**27-1130269**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b>	Employer identification number <b>27-1130269</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>6,677,332.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

27-1130269

## Part II

[illegible]

Name of organization

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number

**27-1130269****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) **\$** \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection****Name of the organization** **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION****Employer identification number**  
**27-1130269****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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

132051 10-28-21

## AMERICAN IMMUNIZATION REGISTRY

## ASSOCIATION

Schedule D (Form 990) 2021

27-1130269 Page 2

**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 make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment  %

**b** Permanent endowment  %

**c** Term endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
<b>3a(i)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

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

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  0.

Schedule D (Form 990) 2021

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule D (Form 990) 2021

27-1130269 Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

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

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

**Schedule D (Form 990) 2021**

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule D (Form 990) 2021

27-1130269 Page **4**

**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>	7,408,620.
<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>	-71.
<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>	-71.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,408,691.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	7,408,691.

**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>	7,083,427.
<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>	7,083,427.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,083,427.

**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.

**PART X, LINE 2:**

AIRA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT NEED TO BE RECORDED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number

**27-1130269**

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <input 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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |  |   |
|--|---|
| <input checked="" 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 |

**4** 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:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** 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:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule J (Form 990) 2021

27-1130269

Page **2**

**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 aren't 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 and/or 1099-NEC 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) REBECCA COYLE EXECUTIVE DIRECTOR	(i)	160,563.	0.	0.	5,900.	28,379.	194,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NATHAN BUNKER SR. TECHNICAL PROJECT MANAGER	(i)	135,280.	6,000.	0.	7,482.	28,634.	177,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY BETH KURILO SR. DIR. OF HEALTH INFORMATICS	(i)	135,215.	0.	0.	6,877.	11,695.	153,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

**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.

PART I, LINE 7:

BONUS AMOUNTS ARE AWARDED BASED ON PERFORMANCE.

**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION

Employer identification number  
27-1130269

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPORTANT TOOL IN PREVENTING AND CONTROLLING VACCINE PREVENTABLE  
DISEASES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF THE ELECTRONIC SYSTEMS THAT HELP PREVENT AND CONTROL  
VACCINE-PREVENTABLE DISEASES.

- IMMUNIZATION INTEGRATION PROGRAM - THE PURPOSE OF THE COOPERATIVE  
AGREEMENT IS TO INCREASE IMMUNIZATION DATA QUALITY AND USAGE THROUGH  
COLLABORATION, MEASUREMENT, AND TECHNICAL SUPPORT TO IMPROVE IIS AND  
ELECTRONIC HEALTH RECORD ("EHR") SYSTEMS INTEROPERABILITY.

- IMMUNIZATION GATEWAY PROGRAM - THE PURPOSE OF THIS COOPERATIVE  
AGREEMENT IS TO SUPPORT IMMUNIZATION AWARDEES WITH ONBOARDING AND  
SHARING VACCINATION ENCOUNTERS THROUGH THE IMMUNIZATION GATEWAY.

- VACCINATE WITH CONFIDENCE PROGRAM - THE PURPOSE OF THIS COOPERATIVE  
AGREEMENT IS TO PROVIDE CAPACITY-BUILDING ASSISTANCE TO STRENGTHEN AND  
IMPROVE THE WORKFORCE AND INFRASTRUCTURE NECESSARY TO SUPPORT THE  
CAPACITY OF IIS TO CONDUCT PUBLIC HEALTH MONITORING AND SURVEILLANCE TO  
IDENTIFY COMMUNITIES AT RISK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AUDACIOUS INQUIRY PROJECT - AIRA HAS CONTRACTED WITH AUDACIOUS INQUIRY,  
AN UNRELATED THIRD PARTY, FOR A PROJECT TO SUPPORT THE RAPID ONBOARDING  
OF IIS, AS WELL AS TRADITIONAL AND NON-TRADITIONAL PROVIDER  
ORGANIZATIONS TO THE IMMUNIZATION GATEWAY TO SUPPORT THE COVID-19

VACCINE RESPONSE AND INCREASE THE AVAILABILITY AND VOLUME OF COMPLETE

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

Schedule O (Form 990) 2021

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

AND ACCURATE IMMUNIZATION DATA STORED WITHIN IIS. THIS PROJECT ALSO  
SUPPORTS THE ABILITY OF IIS AND IIS VENDORS IN GENERATING AND  
SUBMITTING THE CDC PRIORITIZED DATA EXTRACT TO THE DATA CLEARING HOUSE.  
THIS PROGRAM ENDED AS OF SEPTEMBER 30, 2021.  
EXPENSES \$ 8,043. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,398.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS IN JULY 2022. THE ONLY SIGNIFICANT  
CHANGE WAS:

CURRENT BYLAW: SECRETARY WHO HAS THE DUTY TO OVERSEE THE RECORDINGS OF THE  
PROCEEDINGS OF THE MEETINGS OF THE MEMBERS, BOARD, AND EXECUTIVE COMMITTEE.  
AMENDMENT: SECRETARY WHO HAS THE DUTY TO OVERSEE THE RECORDINGS OF THE  
PROCEEDINGS OF THE MEETINGS OF THE MEMBERS, BOARD, AND BOARD COMMITTEES.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP CATEGORIES: THE TYPES OF MEMBERSHIP CATEGORIES FOR PARTICIPATION  
IN THE AIRA SHALL BE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF  
DIRECTORS. MEMBERSHIP DUES AS WELL AS THE NUMBER OF VOTING MEMBERS IN EACH  
CATEGORY WILL ALSO BE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD  
WITH APPROVAL OF THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF MEMBERS AND THEIR RIGHTS: THE VOTING MEMBERS OF AIRA ELECT  
BOARD OFFICERS AND DIRECTORS. A BALLOT OF ELIGIBLE BOARD OF DIRECTOR  
CANDIDATES IS SENT IN WRITING 15 DAYS PRIOR TO THE ELECTION, TO ALL VOTING  
MEMBERS FOR A VOTE. OFFICERS AND OTHER MEMBERS OF THE BOARD OF DIRECTORS  
MUST BE ELECTED BY A SIMPLE MAJORITY OF THE VOTING MEMBERS VOTING IN THE  
ELECTION, WHICH MAY OCCUR BY MAIL, BY ELECTRONIC MEANS OR BY BALLOTING

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

**DURING THE ANNUAL MEETING OF THE MEMBERSHIP, AS DETERMINED BY THE BOARD. A  
NEUTRAL PARTY SHALL TALLY THE BALLOTS.**

**FORM 990, PART VI, SECTION A, LINE 7B:**

**DECISIONS SUBJECT TO APPROVAL OF MEMBERS - REVISIONS TO BYLAWS MUST BE  
APPROVED BY MEMBERS.**

**FORM 990, PART VI, SECTION B, LINE 11B:**

**THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE EXECUTIVE  
COMMITTEE OF THE BOARD OF DIRECTORS, AND THEN A COPY IS PROVIDED TO THE  
FULL BOARD TO REVIEW PRIOR TO FILING.**

**FORM 990, PART VI, SECTION B, LINE 12C:**

**THE CONFLICT OF INTEREST POLICY COMPLIANCE IS ENFORCED BY REQUIRING EACH  
MEMBER OF THE BOARD OF DIRECTORS, PRINCIPAL OFFICER, OR MEMBER OF A  
COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS TO SIGN AND SUBMIT A  
CONFLICT OF INTEREST ANNUAL STATEMENT UPON ELECTION AND ANNUAL THEREAFTER.  
THESE FORMS WERE LAST SIGNED IN OCTOBER OF 2021.**

**FORM 990, PART VI, SECTION B, LINE 15A:**

**THE AIRA BOARD COMPLETED A PERFORMANCE REVIEW AND COMPENSATION COMPARISON  
OF SIMILAR NON-PROFIT ORGANIZATIONS, AND AUTHORIZED A PAY INCREASE FOR  
AIRA'S EXECUTIVE DIRECTOR IN SEPTEMBER 2022. THE PERFORMANCE REVIEW WAS  
COMPLETED IN ACCORDANCE WITH AIRA'S DOCUMENTED PROCESS FOR THE ANNUAL  
PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR.**

**FORM 990, PART VI, SECTION C, LINE 19:**

**AIRA MAKES IT GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.**

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**Employer identification number  
**27-1130269**

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEE:

PROGRAM SERVICE EXPENSES 2,419,481.

MANAGEMENT AND GENERAL EXPENSES 105,410.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,524,891.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,524,891.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR  
SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning OCT 1, 2023, and ending SEP 30, 2024**2023**Department of the Treasury  
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**Name of filer **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**EIN or SSN  
**27-1130269**Name and title of officer or person subject to tax **REBECCA COYLE  
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here .....	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>8,374,224.</u>
<b>2a</b> Form 990-EZ check here .....	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here .....	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here .....	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here .....	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here .....	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here .....	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize HAN GROUP LLC to enter my PIN 00001  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54701100001

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JENNIFER S. HAN Date 05/29/25

**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

LHA 302521 01-05-24

12040529 140308 AIRA

2023.05080 AMERICAN IMMUNIZATION REGIS AIRA\_\_1

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

**A** For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**AMERICAN IMMUNIZATION REGISTRY ASSOCIATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1717 PENNSYLVANIA AVENUE, NW 1025**

City or town, state or province, country, and ZIP or foreign postal code  
**WASHINGTON, DC 20006**

**F** Name and address of principal officer: **REBECCA COYLE**  
**SAME AS C ABOVE**

**D** Employer identification number

**27-1130269**

**E** Telephone number

**(202) 552-0208**

**G** Gross receipts \$

**8,374,224.**

**H(a)** Is this a group return

for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: **WWW.IMMREGISTRIES.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: **2009**

**M** State of legal domicile: **DE**

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE AND SUPPORT THE USE OF IMMUNIZATION INFORMATION TO ENSURE HEALTHY COMMUNITIES.</b>
	<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>10</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>10</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>41</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>700</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>6,138,571.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>1,223,340.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>1,426.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>7,363,337.</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>4,320,003.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>2,814,560.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>7,134,563.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>228,774.</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) <b>3,585,726.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>867,582.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>2,718,144.</b>

## Part II Signature Block

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

Sign Here	Signature of officer		Date		
	<b>REBECCA COYLE, EXECUTIVE DIRECTOR</b>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>JENNIFER S. HAN</b>	<b>JENNIFER S. HAN</b>	<b>05/29/25</b>		<b>P00633304</b>
Firm's name	Firm's address		Firm's EIN		
	<b>HAN GROUP LLC</b> <b>1020 19TH STREET, NW, SUITE 800</b> <b>WASHINGTON, DC 20036</b>		<b>Phone no. (202) 293-7000</b>		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION

Form 990 (2023)

27-1130269 Page 2

**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:  
**TO PROMOTE AND SUPPORT THE USE OF IMMUNIZATION INFORMATION TO ENSURE HEALTHY COMMUNITIES.**

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 \$ **6,444,226.** including grants of \$ ) (Revenue \$ )  
**STRENGTHENING PUBLIC HEALTH SYSTEMS AND SERVICES - THE PURPOSE OF THIS PROGRAM IS TO STRENGTHEN THE NATION'S PUBLIC HEALTH INFRASTRUCTURE; ENSURE A COMPETENT, CURRENT, AND CONNECTED PUBLIC HEALTH SYSTEM; AND IMPROVE THE DELIVERY OF ESSENTIAL PUBLIC HEALTH SERVICES THROUGH CAPACITY-BUILDING ASSISTANCE. UNDER THIS PROGRAM, AIRA RECEIVES FEDERAL GRANTS FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) TO PROVIDE CAPACITYBUILDING ASSISTANCE TO STRENGTHEN AND IMPROVE THE IMMUNIZATION INFORMATION SYSTEMS (IIS) AND IMMUNIZATION PROGRAM WORKFORCE THAT ARE INSTRUMENTAL IN PROVIDING MAINTENANCE AND OVERSIGHT OF THE ELECTRONIC SYSTEMS THAT HELP PREVENT AND CONTROL VACCINE-PREVENTABLE DISEASES.**

4b (Code: ) (Expenses \$ **345,464.** including grants of \$ ) (Revenue \$ **693,975.**)  
**NATIONAL MEETING - AIRA'S NATIONAL MEETING PROVIDES AN ANNUAL OPPORTUNITY TO BRING AIRA'S PEERS AND PARTNERS TOGETHER. THROUGH BOTH FORMAL PRESENTATIONS AND INFORMAL DISCUSSIONS, ATTENDEES HAVE AN OPPORTUNITY TO STRENGTHEN LONG-TERM PARTNERSHIPS, DEVELOP NEW RELATIONSHIPS, GAIN PROFESSIONAL EDUCATION AND TRAINING, AND LEARN FROM ONE ANOTHER. DURING THE YEAR ENDED SEPTEMBER 30, 2024, IT WAS ATTENDED BY 585 IN-PERSON ATTENDEES. DURING THE YEAR ENDED SEPTEMBER 30, 2023, IT WAS ATTENDED BY 545 IN-PERSON ATTENDEES.**

4c (Code: ) (Expenses \$ **287,006.** including grants of \$ ) (Revenue \$ **574,348.**)  
**OTHER PROGRAMS/PROJECTS - AIRA OFFERS SUPPORT AND SERVICES FOR A NUMBER OF SMALLER PROJECTS THAT INCLUDE THE FOLLOWING:**

**AMDA - AIRA WORKED WITH THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE (AMDA) TO IDENTIFY BARRIERS TO THE USE OF IIS BY LONG TERM CARE FACILITIES (LTCFS). AIRA LEAD THE DEVELOPMENT OF A MAPPING DOCUMENT THAT DESCRIBED THE INTEROPERABILITY STANDARDS BETWEEN EHR VENDORS AND IIS, INCLUDING RECOMMENDATIONS FOR BRIDGING ANY GAPS IN STANDARDS. AIRA ALSO PROVIDED SUBJECT MATTER EXPERTISE TO SUPPORT A VIRTUAL STAKEHOLDER ROUNDTABLE WITH FACILITIES, CONSULTANT PHARMACIES, EHR VENDORS, AND IIS LEADERS TO SUMMARIZE BARRIERS AND IDENTIFY RECOMMENDATIONS TO IMPROVE IIS ACCESS AND CONNECTIVITY FOR LTCFS.**

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

4e Total program service expenses **7,076,696.**

Form 990 (2023)

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Form 990 (2023)

27-1130269 Page **3**

**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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>	<b>X</b>	
<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>	<b>X</b>	
<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>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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. See instructions</i>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>24</b>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 41		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	10	
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 on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	10	
<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?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>	
<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?	<b>7a</b>	<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<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 on Schedule O	<b>9</b>		<b>X</b>

**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?	<b>10a</b>		<b>X</b>
<b>b</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>10b</b>		
<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?	<b>11a</b>	<b>X</b>	
<b>b</b> Describe on 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	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>	
<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>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on 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?	<b>16a</b>		<b>X</b>
<b>b</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?	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**REBECCA COYLE - (202) 552-0208**  
**1717 PENNSYLVANIA AVENUE, NW, 1025, WASHINGTON, DC 20006**

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA COYLE EXECUTIVE DIRECTOR	40.00			X				170,339.	0.	40,308.
(2) NATHAN BUNKER SENIOR TECHNICAL PROJECT MANAGER	40.00				X			153,667.	0.	43,447.
(3) CHRISTOPHER SORENSON DIR. OF STANDARDS & ANALYTICS	40.00				X			153,979.	0.	21,252.
(4) ALISON CHI SENIOR DIR. OF ORGANIZATIONAL DEVL.	40.00				X			127,888.	0.	41,247.
(5) MARYBETH KURILO SENIOR DIR. OF HEALTH INFORMATICS	40.00				X			146,775.	0.	21,317.
(6) MELISSA MCCLUNG IMMUNIZATION INTEGRATION PRGRAM DIR.	40.00				X			124,334.	0.	32,646.
(7) HEATHER ROTH PRESIDENT	1.50	X		X				0.	0.	0.
(8) MELISSA MICKLE-HOPE PRESIDENT ELECT	1.25	X		X				0.	0.	0.
(9) DAVID CROWELL SECRETARY	1.25	X		X				0.	0.	0.
(10) STEVE MURCHIE TREASURER	1.25	X		X				0.	0.	0.
(11) MIRIAM MUSCOPLAT GOVERNANCE CHAIR	1.25	X		X				0.	0.	0.
(12) MIKE BERRY DIRECTOR	0.75	X						0.	0.	0.
(13) JEFF CHORATH DIRECTOR	0.75	X						0.	0.	0.
(14) MARIE HARTEL DIRECTOR	0.75	X						0.	0.	0.
(15) DAVID MATTIKO DIRECTOR	0.75	X						0.	0.	0.
(16) JOHN ROBISON DIRECTOR (UNTIL 08/2024)	0.75	X						0.	0.	0.
(17) NANCY SHAROVA DIRECTOR	0.75	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....								876,982.	0.	200,217.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								876,982.	0.	200,217.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HIMSS, 350 N. ORLEANS STREET, SUITE 10000, CHICAGO, IL 60654	HEALTH IT CONSULTANT	213,000.
SQUARE 56, LLC	SUBJECT MATTER	
4008 OAK PARK ROAD, DEERFIELD, WI 53531	EXPERT (SME)	171,825.
ELIXIR TECHNOLOGIES, LLC	TECHNICAL PROJECT	
9242 HANSTON PLACE, MONTGOMERY, AL 36117	MANAGER	150,920.
PT GRAJEK CORP. TOTAL		
718 RIDGE ROAD, LEMONT, IL 60439	PROJECT MANAGEMENT	126,728.
GREGORY NOE		
450 W HARRISON STREET, COLUMBUS, WI 53925	TECHNICAL DEVELOPER	126,500.

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

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**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</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>	6,562,082.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	450,000.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f						
<b>Program Service Revenue</b>	<b>2 a</b> ANNUAL MEETING INCOME	Business Code 900099		693,975.	693,975.		
	<b>b</b> PROGRAM SERVICE FEES	900099		339,889.	339,889.		
	<b>c</b> MEMBERSHIP DUES	900099		234,459.	234,459.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			1,268,323.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			93,819.		
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6 a</b> Gross rents		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses		<b>6b</b>					
<b>c</b> Rental income or (loss)		<b>6c</b>					
<b>d</b> Net rental income or (loss)							
<b>7 a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses		<b>7b</b>					
<b>c</b> Gain or (loss)		<b>7c</b>					
<b>d</b> Net gain or (loss)							
<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>8a</b>					
<b>b</b> Less: direct expenses		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		<b>9a</b>					
<b>b</b> Less: direct expenses		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>					
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
	<b>12 Total revenue.</b> See instructions			8,374,224.	1,268,323.	0.	93,819.

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**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 ☒ **X**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	221,696.	206,177.	15,519.	
<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	3,313,654.	3,138,355.	175,299.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,267.	126,122.	145.	
<b>9</b> Other employee benefits	635,457.	596,833.	38,624.	
<b>10</b> Payroll taxes	280,284.	264,891.	15,393.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	118,294.	67,425.	50,869.	
<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 Sch O.)	1,829,449.	1,690,343.	139,106.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	242,018.	213,251.	28,767.	
<b>14</b> Information technology	59,505.	52,543.	6,962.	
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	302,113.	273,342.	28,771.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	381,324.	356,964.	24,360.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	69,286.	69,286.		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a DUES AND SUBSCRIPTIONS</b>	22,859.	20,280.	2,579.	
<b>b OTHER EXPENSES</b>	4,356.	884.	3,472.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	7,606,562.	7,076,696.	529,866.	0.
<b>26 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 type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	742,003.	<b>1</b>	324,815.
	<b>2</b> Savings and temporary cash investments .....	1,006,699.	<b>2</b>	1,197,186.
	<b>3</b> Pledges and grants receivable, net .....	152,348.	<b>3</b>	846,219.
	<b>4</b> Accounts receivable, net .....	108,036.	<b>4</b>	624.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	26,925.	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	1,549,715.	<b>11</b>	2,069,041.
	<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</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,585,726.	<b>16</b>	4,437,885.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	524,953.	<b>17</b>	547,522.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	342,629.	<b>19</b>	209,954.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	867,582.	<b>26</b>	757,476.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,718,144.	<b>27</b>	3,267,912.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	412,497.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	2,718,144.	<b>32</b>	3,680,409.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	3,585,726.	<b>33</b>	4,437,885.

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**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

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**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>	8,374,224.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,606,562.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	767,662.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,718,144.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	194,603.
<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 on 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 32, column (B))	<b>10</b>	3,680,409.

**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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<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 on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

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

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

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

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

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2994863.	5538480.	6677337.	6138571.	7012082.	28361333.
<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 .....	2994863.	5538480.	6677337.	6138571.	7012082.	28361333.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						28361333.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	2994863.	5538480.	6677337.	6138571.	7012082.	28361333.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	172.	119.	221.	1,426.	93,819.	95,757.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,584.	5,068.				7,652.
<b>11 Total support.</b> Add lines 7 through 10						28464742.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,740,710.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.64 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	99.96 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 ☐

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**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>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>		

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**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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**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>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

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**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

TRAVEL REBATE

2019 AMOUNT: \$ 2,584.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 0.

2023 AMOUNT: \$ 0.

MISCELLANEOUS INCOME

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 1,128.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 0.

2023 AMOUNT: \$ 0.

HONORARIUMS

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 3,940.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 0.

2023 AMOUNT: \$ 0.

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number

**27-1130269**

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b>	Employer identification number <b>27-1130269</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>6,562,082.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

27-1130269

## Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>

Name of organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b>	Employer identification number <b>27-1130269</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

332051 09-28-23

## AMERICAN IMMUNIZATION REGISTRY

Schedule D (Form 990) 2023

ASSOCIATION

27-1130269 Page 2

**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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? \_\_\_\_\_

(ii) Related organizations? \_\_\_\_\_

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

Schedule D (Form 990) 2023

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule D (Form 990) 2023

27-1130269 Page **3**

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities**

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

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

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

**Schedule D (Form 990) 2023**

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule D (Form 990) 2023

27-1130269 Page **4**

**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>	8,568,827.
<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>	194,603.
<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>	194,603.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,374,224.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	8,374,224.

**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>	7,606,562.
<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>	7,606,562.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,606,562.

**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.

**PART X, LINE 2:**

AIRA FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR  
UNCERTAINTY IN INCOME TAXES INCLUDED IN ASC TOPIC 740-10, INCOME TAXES.  
THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR  
UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS  
AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND  
DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX  
RETURN. IT IS THE AIRA'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES  
RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSES.

AIRA PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS  
ENDED SEPTEMBER 30, 2024 AND 2023, AND DETERMINED THAT THERE WERE NO



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization <b>AMERICAN IMMUNIZATION REGISTRY ASSOCIATION</b>	Employer identification number <b>27-1130269</b>
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**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <input 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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |  |   |
|--|---|
| <input checked="" 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 |

**4** 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:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** 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:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Schedule J (Form 990) 2023

27-1130269

Page **2**

**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 aren't 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 and/or 1099-NEC 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) REBECCA COYLE EXECUTIVE DIRECTOR	(i)	170,339.	0.	0.	5,116.	35,192.	210,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NATHAN BUNKER SENIOR TECHNICAL PROJECT MANAGER	(i)	153,667.	0.	0.	8,093.	35,354.	197,114.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTOPHER SORENSON DIR. OF STANDARDS & ANALYTICS	(i)	153,979.	0.	0.	7,821.	13,431.	175,231.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALISON CHI SENIOR DIR. OF ORGANIZATIONAL DEVL.	(i)	127,888.	0.	0.	1,371.	39,876.	169,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARYBETH KURILO SENIOR DIR. OF HEALTH INFORMATICS	(i)	146,775.	0.	0.	7,441.	13,876.	168,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MELISSA MCCLUNG IMMUNIZATION INTEGRATION PRGRAM DIR.	(i)	124,334.	0.	0.	0.	32,646.	156,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

[illegible]

**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION

Employer identification number  
27-1130269

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ASTHO - AIRA PROVIDED PROGRAM PLANNING AND IMPLEMENTATION, TECHNICAL, POLICY, AND RESEARCH SUPPORT TO THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO) FOR THE ONC IMMUNIZATION DATA EXCHANGE, ADVANCEMENT AND SHARING (IDEAS) PROGRAM. SPECIFICALLY, AIRA SUPPORTED THE FOLLOWING ACTIVITIES: PROJECT PLANNING, PROJECT INITIATION, MANAGEMENT, ENGAGEMENT AND COMMUNICATION, CONDUCTING A NATIONAL LANDSCAPE ASSESSMENT AND ANALYSIS OF CURRENT HIE AND IIS STATUS AND DYNAMICS, DEVELOPING A FINAL COMPREHENSIVE IDEAS PROGRAM STATE TECHNICAL ASSISTANCE PLAN, INITIATING AND EXECUTING THE IDEAS PROGRAM STATE TECHNICAL ASSISTANCE PLAN, AND EVALUATING PROJECT IMPACT, SUSTAINABILITY AND CONCLUSION.

HMIS - AIRA WORKED WITH HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) TO IMPROVE THE EXCHANGE OF DATA BETWEEN HOMELESS SYSTEMS AND IIS. THE PURPOSE OF THIS PROJECT WAS TO IMPROVE INTEROPERABILITY OF THESE JURISDICTIONAL DATA SYSTEMS BY IDENTIFYING WAYS TO INTEGRATE THESE SYSTEMS TO PROVIDE BETTER IMMUNIZATION DATA ON PEOPLE EXPERIENCING HOMELESSNESS. AIRA DEVELOPED A LANDSCAPE ANALYSIS THAT DOCUMENTED OPPORTUNITIES, CHALLENGES AND SOLUTIONS TO INTEGRATE HMIS AND IIS SYSTEMS. AIRA ALSO DEVELOP CRITERIA TO ASSESS THE SUITABILITY OF JURISDICTIONS AS FUTURE PILOT SITES FOR THE INTEGRATION OF HMIS AND IIS SYSTEMS. ADDITIONALLY, AIRA IDENTIFIED KEY ROLES, PARTICIPANT RECOMMENDATIONS AND IMPLEMENTATION GUIDELINES FOR THE DEVELOPMENT OF A COMMUNITY OF PRACTICE PLATFORM TO BRING TOGETHER KEY STAKEHOLDERS.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

PFIZER - AIRA RECEIVED AN INDEPENDENT MEDICAL EDUCATION GRANT FROM  
PFIZER TO BETTER UNDERSTAND THE UNIQUE IMPLEMENTATION CHALLENGES AND  
SUCCESS FACTORS INVOLVED IN ONBOARDING PHARMACY SYSTEMS TO IIS WHILE  
ALSO RAISING AWARENESS OF THE VALUE THAT IIS INTEGRATION BRINGS TO  
PHARMACIES. THIS PROJECT INVOLVES WORKING CLOSELY WITH SELECT IIS  
PROGRAMS AND PHARMACIES TO UNDERSTAND THEIR ONBOARDING PRACTICES AND  
DATA EXCHANGE PROCESSES. INSIGHTS GATHERED WILL INFORM A PHARMACY  
ONBOARDING TO IIS NEEDS ASSESSMENT. AIRA IS ALSO DEVELOPING ON-DEMAND  
TRAINING FOR PHARMACY STAFF TO HELP RAISE AWARENESS OF IIS  
FUNCTIONALITY AND THE VALUE THAT IIS INTEGRATION BRINGS TO PHARMACIES.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP CATEGORIES: THE TYPES OF MEMBERSHIP CATEGORIES FOR PARTICIPATION  
IN THE AIRA SHALL BE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF  
DIRECTORS. MEMBERSHIP DUES AS WELL AS THE NUMBER OF VOTING MEMBERS IN EACH  
CATEGORY WILL ALSO BE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD  
WITH APPROVAL OF THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF MEMBERS AND THEIR RIGHTS: THE VOTING MEMBERS OF AIRA ELECT  
BOARD OFFICERS AND DIRECTORS. A BALLOT OF ELIGIBLE BOARD OF DIRECTOR  
CANDIDATES IS SENT IN WRITING 15 DAYS PRIOR TO THE ELECTION, TO ALL VOTING  
MEMBERS FOR A VOTE. OFFICERS AND OTHER MEMBERS OF THE BOARD OF DIRECTORS  
MUST BE ELECTED BY A SIMPLE MAJORITY OF THE VOTING MEMBERS VOTING IN THE  
ELECTION, WHICH MAY OCCUR BY MAIL, BY ELECTRONIC MEANS OR BY BALLOTING  
DURING THE ANNUAL MEETING OF THE MEMBERSHIP, AS DETERMINED BY THE BOARD OF  
DIRECTORS. A NEUTRAL PARTY SHALL TALLY THE BALLOTS.

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL OF MEMBERS - REVISIONS TO BYLAWS MUST BE  
APPROVED BY MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FEDERAL FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN A  
COPY OF THE DRAFT 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS TO REVIEW  
PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COMPLIANCE IS ENFORCED BY REQUIRING EACH  
MEMBER OF THE BOARD OF DIRECTORS, PRINCIPAL OFFICER, OR MEMBER OF A  
COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS TO SIGN AND SUBMIT A  
CONFLICT OF INTEREST ANNUAL STATEMENT UPON ELECTION AND ANNUALLY  
THEREAFTER. THESE FORMS WERE LAST SIGNED IN OCTOBER OF 2023.

FORM 990, PART VI, SECTION B, LINE 15:

THE AIRA BOARD OF DIRECTORS COMPLETED A PERFORMANCE REVIEW AND COMPENSATION  
COMPARISON OF SIMILAR NON-PROFIT ORGANIZATIONS AND AUTHORIZED A PAY  
INCREASE FOR AIRA'S EXECUTIVE DIRECTOR IN JUNE 2024. THE PERFORMANCE REVIEW  
WAS COMPLETED IN ACCORDANCE WITH AIRA'S DOCUMENTED PROCESS FOR THE ANNUAL  
PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

AIRA MAKES IT GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Name of the organization **AMERICAN IMMUNIZATION REGISTRY  
ASSOCIATION**

Employer identification number  
**27-1130269**

**CONSULTING SERVICES:**

**PROGRAM SERVICE EXPENSES** 1,690,343.

**MANAGEMENT AND GENERAL EXPENSES** 139,106.

**FUNDRAISING EXPENSES** 0.

**TOTAL EXPENSES** 1,829,449.

**TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A** 1,829,449.

**FORM 990, PART XII, LINE 2C:**

**THE PROCESS HAS NOT BEEN CHANGED FROM THE PRIOR YEAR.**

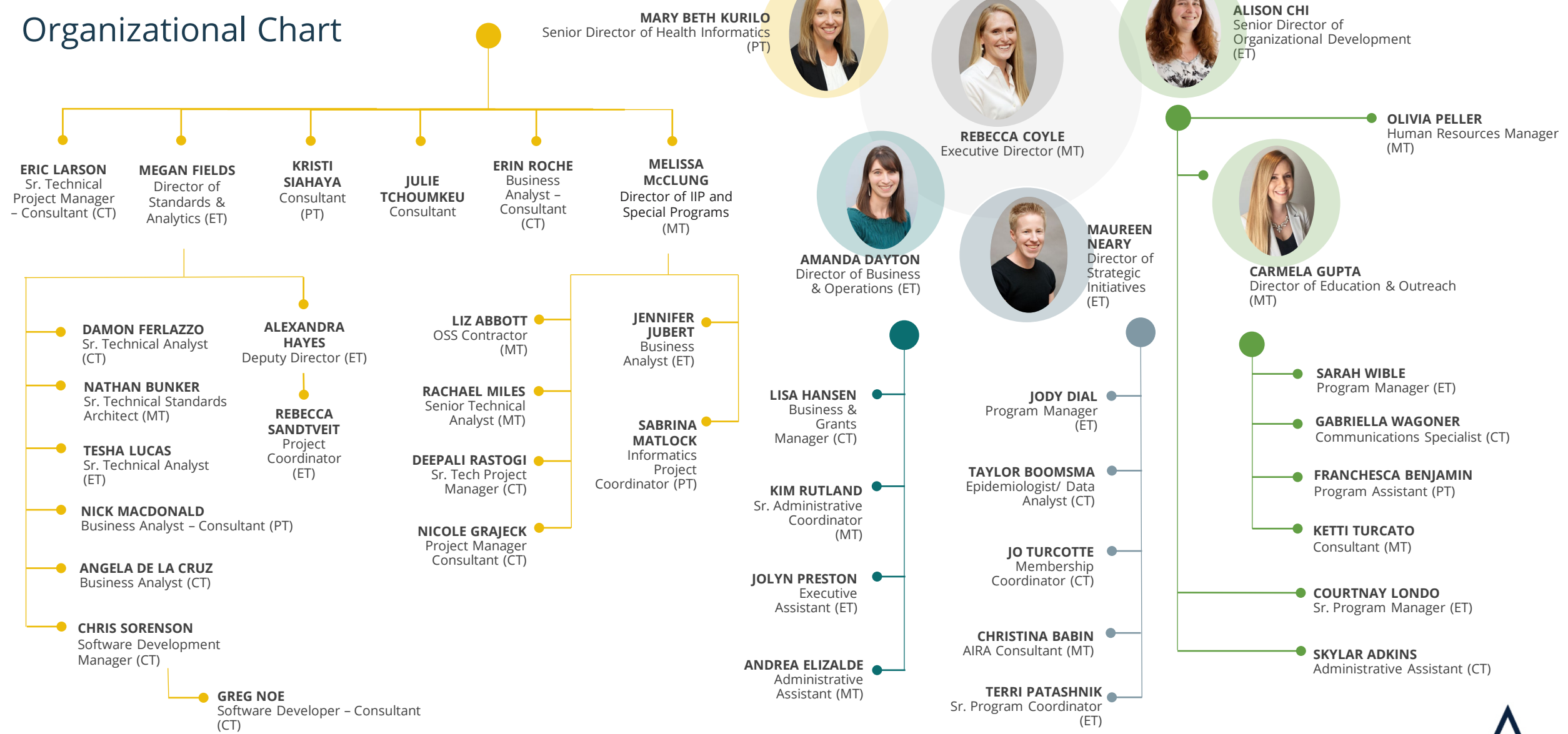


RFP: Audit & Tax Services

AIRA Organizational Chart

# AIRA

## Organizational Chart





*RFP: Audit & Tax Services*

*AIRA 2024 Annual Report*

American Immunization Registry Association

# 2024 ANNUAL REPORT

October 1, 2023 – September 30, 2024



**AIRA**  
AMERICAN IMMUNIZATION  
REGISTRY ASSOCIATION

# Letter from AIRA's Executive Director

AIRA Community,

This year has been a remarkable testament to the strength of the IIS community, showcasing our collaboration and resilience as we've reached new heights in fulfilling AIRA's mission. This past year:

- AIRA expanded its course offerings, with participants logging over 2,000 hours of learning on provider onboarding and HL7.
- The AIRA 2024 National Meeting achieved record attendance, welcoming 587 participants from 55 jurisdictions and 5 countries, marking the highest turnout in AIRA's history.
- AIRA's Measurement and Improvement (M&I) Initiative continued to support IIS in meeting or exceeding community standards for interoperability, functionality, and data quality, with engagement from 100% of IIS.
- AIRA significantly broadened its reach by actively participating in new initiatives, such as the Homeless Management Information System (HMIS) Project and partnering with pharmacies, fostering collaboration and innovation within the community and beyond.

As we conclude another impactful year, I want to thank our incredible community. To our members and corporate partners: your engagement and contributions are instrumental in propelling us forward. A special thank-you to the AIRA Board for their guidance and to our staff for their dedication and commitment to our mission. Looking ahead, I'm excited about the future and confident our collective efforts will continue to make a lasting impact on public health.

Thank you all for being an integral part of this journey.



**Rebecca Coyle, MS Ed**  
AIRA Executive Director

# About AIRA

The **American Immunization Registry Association (AIRA)** is a vibrant membership organization dedicated to supporting continuous advancement of the nation's leading public health information systems.

AIRA was founded in 1999 after a nationwide measles outbreak that prompted the development of immunization registries in communities across the country. AIRA became an effective and prominent advocate for immunization registry development. With members from all states and local and territorial jurisdictions, AIRA promotes standards, develops and shares best practices, and collaborates on policy, technical, and educational initiatives.

Today, AIRA unites the IIS community, offering invaluable education, advocacy, standards development, and measurement and improvement to drive collective success.



## VISION

To facilitate the sharing and use of immunization information by all partners and ensure that immunization information systems are fully supported and represented



## MISSION

To promote and support the use of immunization information to ensure healthy communities

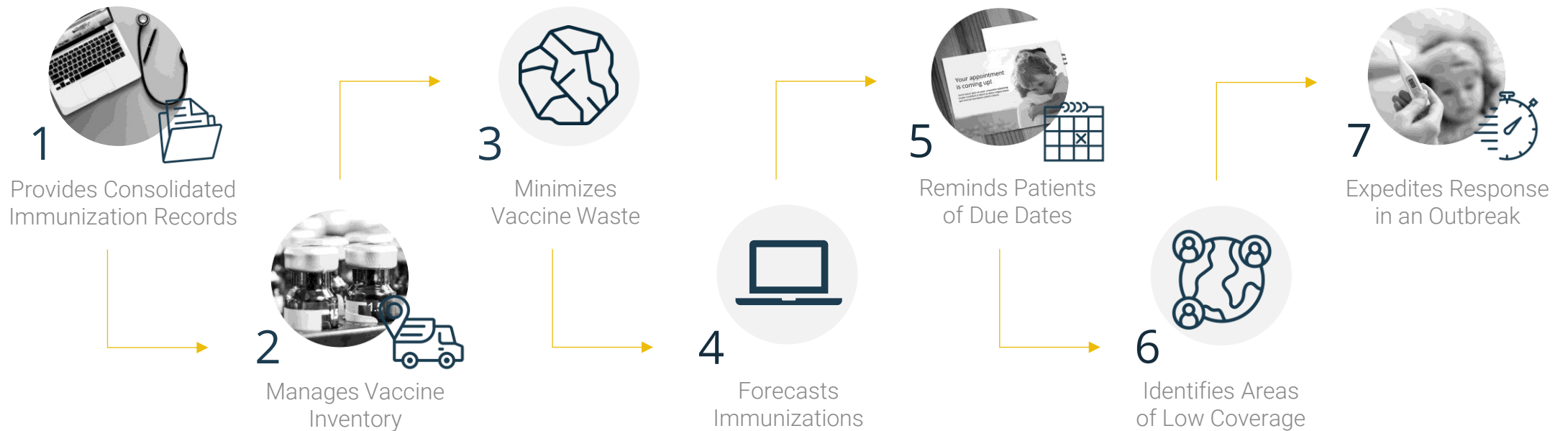


## PURPOSE

To support and promote the development, implementation, and interoperability of immunization information systems through partnerships, peer and professional education/training, and resource development

# About IIS

**Immunization information systems (IIS)** are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area. IIS are the most powerful tool for managing immunization records and supporting healthier communities.





## COMMUNITY LEADERSHIP

# Board of Directors

The AIRA Board provides leadership and guidance to the organization, overseeing AIRA's budget and strategic direction.

**Heather Roth**, Colorado

PRESIDENT

**Melissa Mickle-Hope**, New York City

PRESIDENT-ELECT

**Miriam Muscoplat**, Minnesota

GOVERNANCE CHAIR

**David Crowell**, Nevada

SECRETARY

**Steve Murchie**, Envision Technology Partners

TREASURER

**Mike Berry**, HLN Consulting

**Jeff Chorath**, Washington

**Marie Hartel**, Tennessee

**David Mattiko**, Pennsylvania

**Nancy Sharova**, Connecticut

**John Robison**, Philadelphia





## OUR VOLUNTEERS

# Subject Matter Experts

AIRA supports several types of volunteer groups:

**Communities of practice** support the creation of best practice recommendations for IIS.

**Workgroups** manage specific projects to support the needs of the organization and the IIS community.

**User groups** bring community members together to discuss specific issues that they have in common.



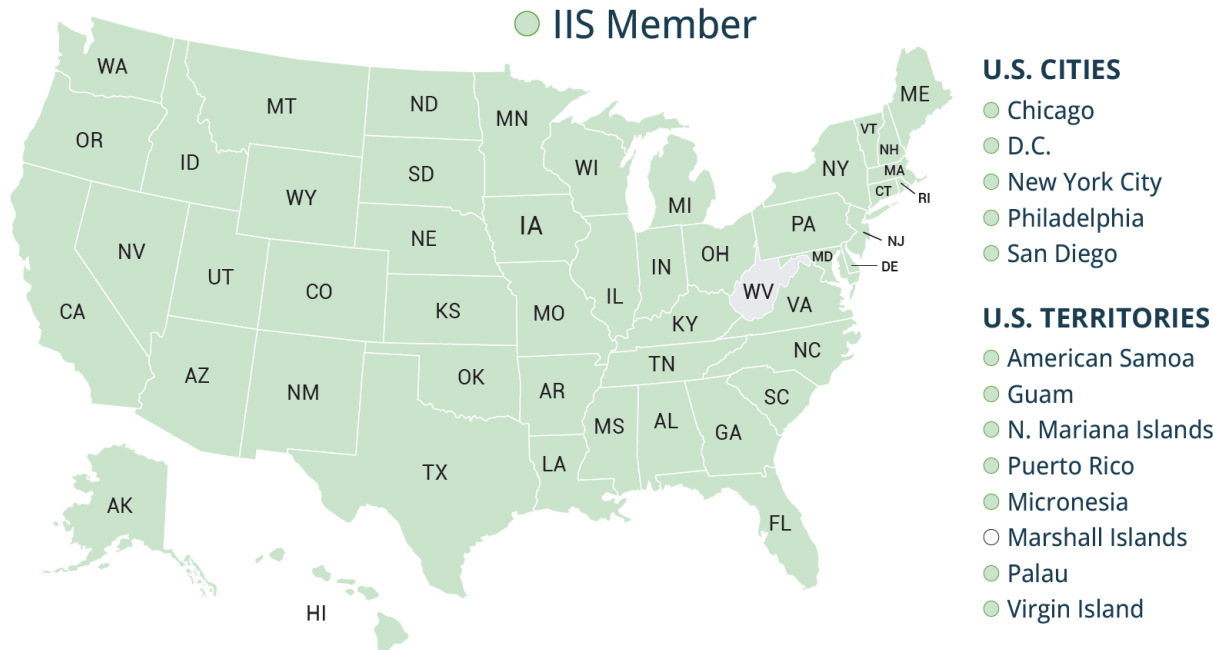
of IIS volunteered with AIRA or participated in an AIRA meeting in FY 2024.



## OUR COMMUNITY

# AIRA Members

AIRA's members include IIS and immunization program staff working in health departments, IIS implementers, nonprofits, and other organizations with an interest in IIS. In FY 2024, AIRA had **100** organization members representing over **1,270** individuals.



## MEMBERS

### Nonprofit Members

- Altarum Institute
- Immunize.org
- National Institute of Standards & Technology (NIST)
- NORC at the University of Chicago
- Pan American Health Organization (PAHO)
- Public Health Informatics Institute (PHII)
- San Antonio Metropolitan Health District (TX SAIRS)
- The Network for Public Health Law
- University of Michigan Child Health Evaluation & Research Center

### Reciprocal Members

- Association of Immunization Managers (AIM)
- Centers for Disease Control & Prevention/NCIRD
- Indian Health Services Immunization Program
- National Association of County and City Health Officials (NACCHO)
- Vaccinate Your Family
- World Health Organization (WHO)

### Individual Members

- Dr. Floyd Eisenberg
- Alean Kirnak
- Nadja Alexandra Vielot
- Susan Kressly

## OUR COMMUNITY

# AIRA Corporate Partners

In addition to IIS staff, IIS implementers, and nonprofits, AIRA's membership also includes corporate partners. Corporate partners are private sector organizations that support AIRA and its mission to enhance public health.

AIRA's corporate partnership provides an excellent opportunity for private sector organizations to get involved in the IIS community and join AIRA in advancing IIS.

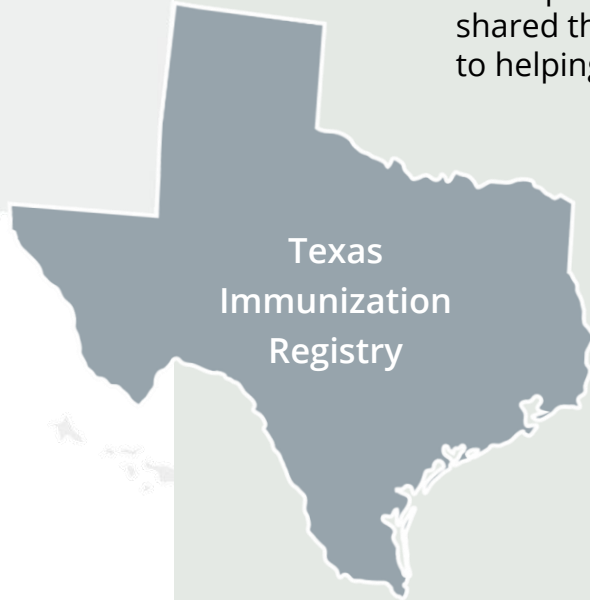
To learn more about AIRA membership, visit [www.immregistries.org/membership-info](http://www.immregistries.org/membership-info).



## MAKING A DIFFERENCE

# Member Spotlight: Texas

AIRA is dedicated to partnering with jurisdictions to improve Measurement and Improvement results and their overall interoperability. Texas has been working with AIRA to improve Clinical Decision Support (CDS) assessment results. Texas shared that it is striving for continuous improvement in the Clinical Decision Support content area, and AIRA is committed to helping members like Texas achieve their goals.



In her own words, **RENUKA ICCHAPURAPU**, epidemiologist:

**How did your jurisdiction get involved with AIRA?**  
Texas has been involved with AIRA since the 2000s.

**What work do you do with AIRA?**  
I am part of the Tableau User group, IIS data analyst group, and HL7 user group. I work with the AART (Aggregate Analysis Reporting Tool) analysis team with AIRA to work towards meeting the thresholds for the percentage of test cases needed to meet failed CDS measures.

**How has working with AIRA positively impacted your jurisdiction and the work that you do?**  
Working with AIRA created a nurturing environment that facilitated learning about AART analysis.

**What have been some positive experiences you've had when working with AIRA?**

AIRA has been instrumental in helping me understand and explore the complex nature of AART analysis results in relation to CDS assessment. They were always available to meet and discuss any questions or concerns.

**Any additional comments?**

We are a work in progress and hope that our current efforts will help us meet and exceed the measurement criteria in the next round of testing.



MAKING A DIFFERENCE

# Member Spotlight: Indiana



Indiana’s journey to improve its Measurement and Improvement (M&I) results is a testament to the power of collaboration and innovation in public health. Facing gaps in data quality and alignment with national standards, the state’s immunization program manager, **DAVE MCCORMICK**, recognized the need for a new approach. Partnering with AIRA and Indiana’s IIS vendor, STChealth, Indiana embarked on a transformative journey to elevate its IIS performance.

The collaboration kicked off at the AIRA 2024 National Meeting, where Indiana participated in an on-site AART (Aggregate Analysis Reporting Tool) clinic facilitated by AIRA technical staff. There, a comprehensive AART matrix was developed to pinpoint specific areas for improvement. This matrix became a road map, detailing action steps for both STChealth and Indiana’s IIS team. STChealth worked closely with Indiana’s IIS team to outline the specific technical adjustments required, while Indiana refined its internal processes to align with the identified improvements. AIRA staff released updated reports in AART and organized several virtual meetings to provide additional technical assistance and subject matter expertise to inform and guide this collaborative effort.

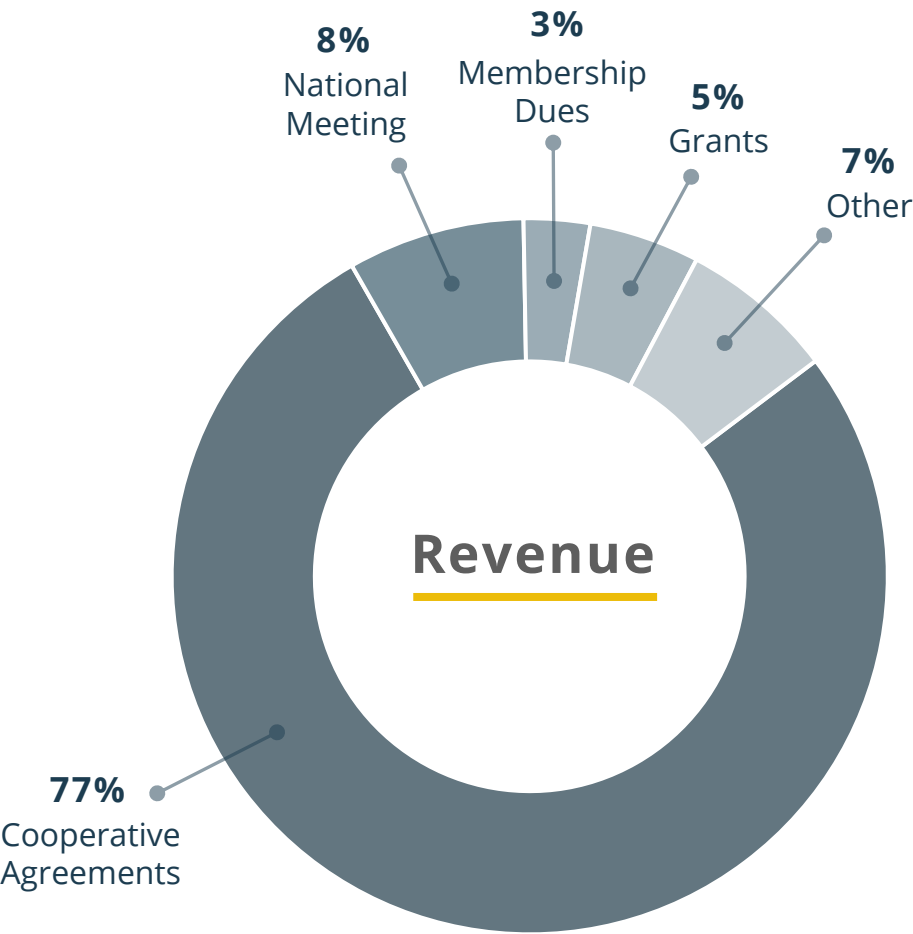
By June 2024, the results were evident. Indiana’s latest report showed a significant leap in performance, with the state now passing 25 out of 27 data quality measures, up from 23 just months earlier. This achievement highlights AIRA’s ability to foster collaboration, provide expert guidance, and drive continuous improvement through supporting its members. Indiana’s success story serves as an inspiring example of how AIRA’s resources and collaborative spirit can drive impactful results, transforming challenges into opportunities for growth.

FINANCIALS

# Revenue, Assets, and Liabilities

AIRA plays a critical role in the immunization landscape by increasing the impact of IIS.

<b>Total Revenue</b> \$8.55 million
<b>Assets</b> \$3.68 million
<b>Liabilities</b> \$742,000



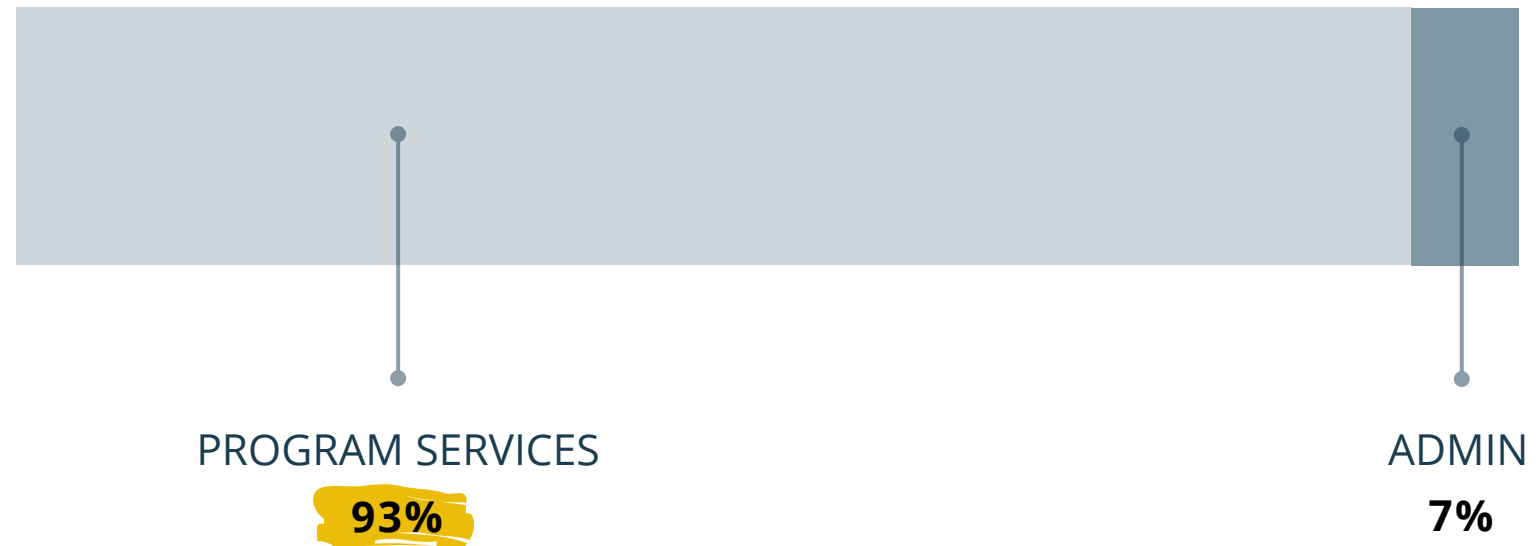


## FINANCIALS

# Expenses

The vast majority of AIRA's funding goes toward key program services to advance IIS.

## Expenses



# Our Work

AIRA provides invaluable support to advance IIS, with funding from CDC that supports many of AIRA's programs. Working collaboratively with the IIS community, AIRA brings together key partners and stakeholders to identify challenges and opportunities facing the IIS community and to develop standards and best practices for IIS.

Through education, advocacy, standards development, and the Measurement and Improvement (M&I) Initiative, AIRA helps strengthen all IIS to ensure healthy communities.

AIRA distinguishes itself through its unwavering dedication to **COLLABORATION**.  
AIRA had meeting participants from 148 different organizations in FY 2024.



## OUR WORK

## Advocacy and Partnerships

Advocacy work is one of the primary ways AIRA ensures IIS are supported and represented. With an overarching view of the IIS landscape, AIRA elevates IIS needs and concerns to a national stage, speaking as the collective voice for the IIS community.

By engaging stakeholders and partners at a national level, AIRA ensures IIS interests are championed and advanced. AIRA's strategic partnerships include various national organizations, as well as federal agencies.

AIRA's **ENGAGEMENT** is widespread. Over 250 individuals from 90 organizations attended AIRA's quarterly Members and Partners meetings in FY 2024.

### NATIONAL ORGANIZATIONS



### FEDERAL AGENCIES





## OUR WORK

# Convening the Community

AIRA convenes the IIS community to foster collaboration, explore latest IIS best practices, and address key priorities for IIS.

**Educational webinars** provide training and education on key topics impacting the IIS community.

**Newsletters**, including AIRA's Weekly Update and quarterly *SnapShots* publication, highlight the progress, activities, and accomplishments of AIRA and IIS.

**Regional workshops** and **national meetings** advance the IIS community by providing professional education and training, developing new relationships, and strengthening long-term partnerships.



AIRA's **IMPACT** is expansive. Over 450 individuals from 110 organizations attended AIRA's Discovery Sessions in FY 2024.



## OUR WORK

# AIRA National Meeting

## Orlando, FL

The AIRA 2024 National Meeting convened hundreds of participants to discuss the latest in IIS best practices. The agenda highlighted data analysis and use, onboarding, interoperability, IIS data quality, partner and provider engagement, workforce development, and more.

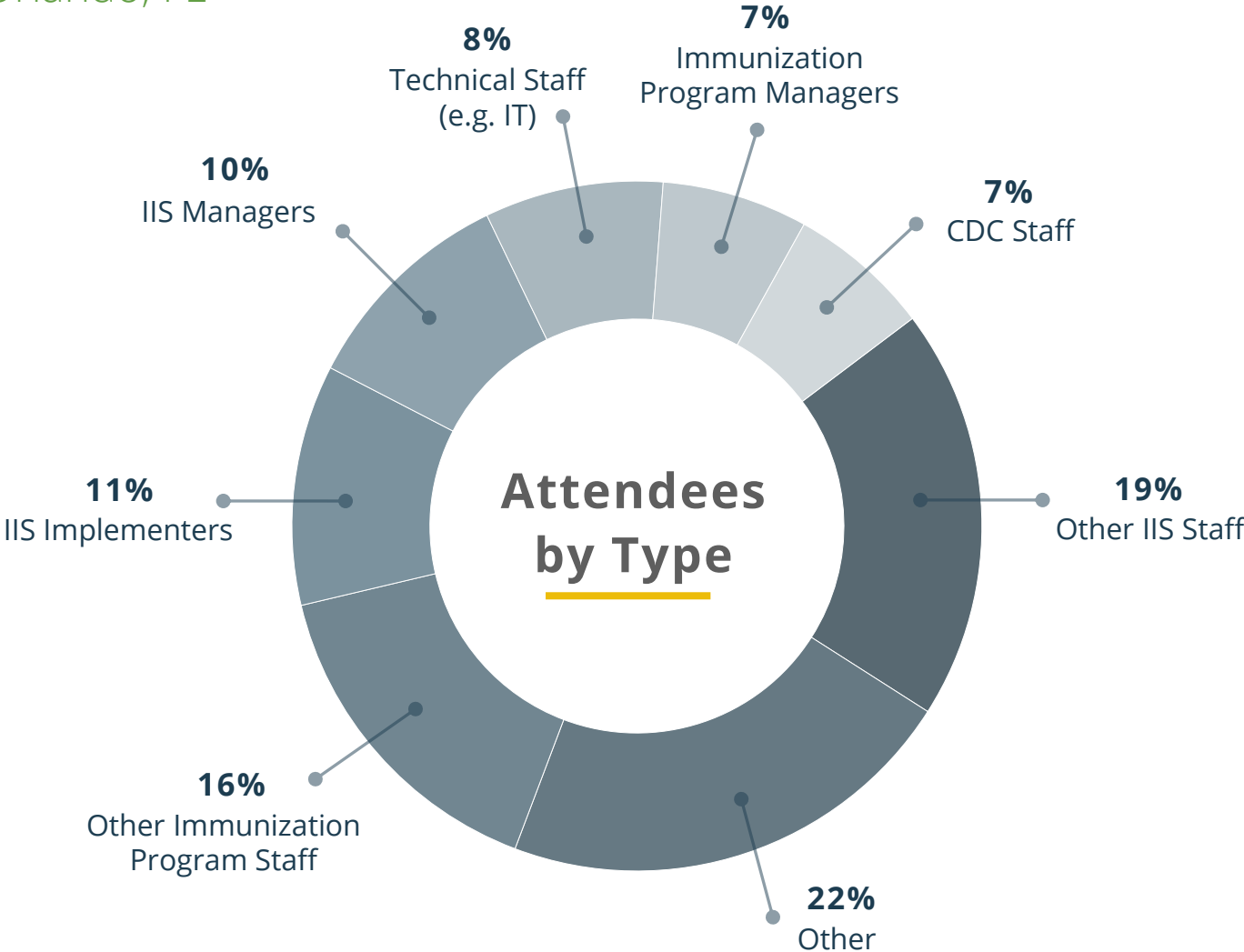
- + 587 individuals** registered, including **97% of IIS jurisdictions**.
- + 100%** of participants were likely or very likely to use the meeting's content in their work or share it with others.
- + Over 100 individuals** from **50 organizations** attended the AIRA 2024 National Meeting New Member Orientation.



OUR WORK

# AIRA National Meeting

Orlando, FL



“

Fantastic conference, AIRA! New attendees and returning attendees said they learned new ideas to bring back and were feeling motivated!

Anonymous Participant



## OUR WORK

# Measurement and Improvement

## IIS Modernization Through Standardization

AIRA's **Measurement and Improvement (M&I)** Initiative partners with IIS to identify opportunities for improvement and offers operational and technical assistance to help each IIS align with national standards to facilitate interoperability with other health care systems.

### Benefits:

- National recognition for validated IIS
- Help with making progress on community alignment
- Increase in IIS credibility
- Actionable reports for each measurement area
- Personalized technical assistance to focus on improving M&I results



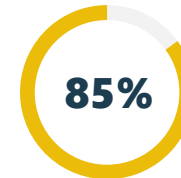
## OUR WORK

# Measurement and Improvement

The M&I Initiative's final step is **Validation**. Validation acknowledges IIS that are progressing toward or achieving alignment with community-selected measures and tests. This highlights how IIS are meeting or exceeding community standards for interoperability, functionality, and data quality.



of IIS voluntarily and **actively participate** in the M&I Initiative.



of IIS are validated in **2 or more** content areas.

## IIS can achieve Validation in the five following content areas:

- 1. Transport
- 2. Submission/Acknowledgment
- 3. Query/Response
- 4. Clinical Decision Support
- 5. Data Quality Incoming/Ongoing



Thanks to M&I, our IIS has demonstrated remarkable progress on closing the gap on standards alignment, especially with each new measurement area. It's inspiring to be a part of the collective impact of our efforts towards a common goal.

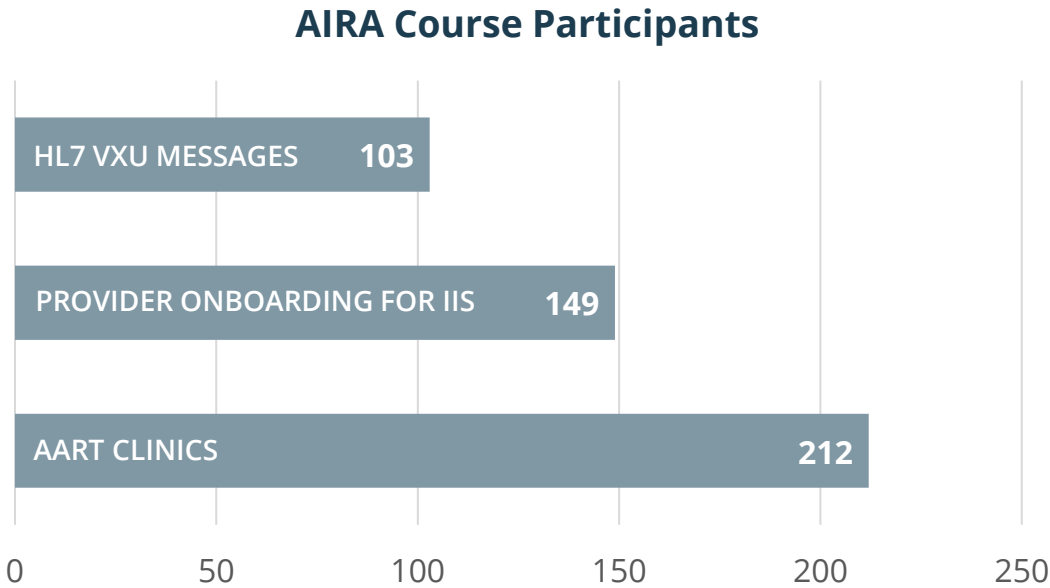
Valentin Sostaric,  
Arizona IIS Program



OUR WORK

# Empowering IIS Through Training

AIRA provides invaluable training opportunities for the IIS community, including the new HL7 v2.5.1 Immunization Update (VXU) Messages Course (launched in August 2024), the Provider Organization Onboarding for IIS Course, and Aggregate Analysis Reporting Tool (AART) clinics.



AIRA’s trainings provide immense **VALUE** to the community. In FY 2024, 64 organizations participated in an AIRA course, including 85% of IIS.

## OUR WORK

## Onboarding Shared Services Program

In collaboration with CDC, AIRA developed the Onboarding Shared Services program to support IIS in provider organization onboarding for immunization data exchange. The program uses the [Onboarding Consensus-Based Recommendations](#) for improving and standardizing onboarding and is designed to address several challenges including:

- Establishing or improving onboarding processes and/or documentation
- Training staff in provider onboarding and onboarding best practices
- Decreasing large queues of providers waiting to onboard

To address these needs, the onboarding program provides:

- Standardized documentation to support provider onboarding
- [Onboarding templates](#) that can be modified to meet jurisdictional needs
- Onboarding process consultation and development
- Live, instructor-led onboarding training



AIRA has been *the resource* for finding information that is relevant to improved processes for IIS. AIRA also makes it easy to build relationships with other IIS jurisdictions to improve methodologies.

Illinois Immunization Program

**357 hours** of onboarding technical assistance was provided to **10** jurisdictions.



The overall presentation had rapid fire information. The training kept me engaged and I did not want to miss the live sessions.

Anonymous

## OUR WORK

## Provider Organization Onboarding for IIS Course

AIRA's **Provider Organization Onboarding for IIS Course** was held for the third time in spring 2024. AIRA also developed and piloted an on-demand version of the training in summer 2024.

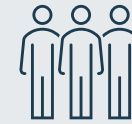
The training helps IIS implement standardized onboarding processes and procedures. The course is a live, interactive, instructor-led training that dives into each step of the onboarding process and includes best practices and implementation considerations.



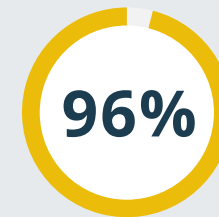
Thank you for this learning opportunity, it was incredible! As someone who is very new to this topic and process, the way the course was taught made it very easy and simple to follow.

IIS Participant

**108**  
participants



including **93** IIS staff  
representing **29**  
jurisdictions


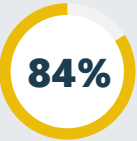

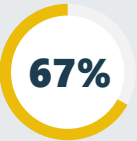





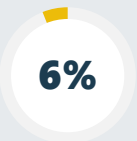


of attendees would  
recommend AIRA's  
live courses

OUR WORK

# IIS Data Analyst Offerings

In 2024, AIRA continued data visualization user groups and expanded upon its offerings for IIS data analysts. New endeavors included a bimonthly **IIS Data Analyst Collaborative**, an online **IIS Data Analyst Forum** for analysts to connect, and an **IIS Data Analyst Network** which pairs data analysts across IIS for peer-to-peer support. AIRA also provided **Epidemiological Staff Augmentation** to supplement technical assistance. These efforts bring the IIS community together in support of new hire onboarding, education, and the advancement of skills among IIS data analysts and epidemiologists.

	Participants	% of Jurisdictions
 Data Visualization User Groups	268	 <b>84%</b>
 IIS Data Analyst Collaborative	107	 <b>67%</b>
 IIS Data Analyst Forum	142	 <b>70%</b>
 IIS Data Analyst Network	67	 <b>52%</b>
 Epi Staff Augmentation	10	 <b>6%</b>

## OUR WORK

# IIS Data Analyst Offerings

In 2024, AIRA continued to support data analysis, visualization, and reporting through the **Tableau User Group** and **Power BI User Group**. These bimonthly user groups bring the IIS community together to share how Tableau and Power BI can be used to achieve data visualization goals.

**80%**

of Power BI user group participants agreed or strongly agreed that the group helps advance their data visualization knowledge and skills.

I really love the Tableau User Group sessions and enjoy the opportunity to network and discover what other jurisdictions are doing with their dashboards.

Anonymous Participant

## Tableau User Group



**154**  
individuals

across **43** state and local  
IIS jurisdictions



**26**  
individuals

representing **16** IIS  
implementers and other  
AIRA member organizations

## Power BI User Group



**145**  
individuals

across **52** state and local  
IIS jurisdictions



**32**  
individuals

representing **16** IIS  
implementers and other  
AIRA member organizations

## OUR WORK

# Technical Assistance

AIRA has a team of experts who provide **technical assistance** to help the IIS community align with national standards. An improved IIS ultimately allows health care providers to better serve their patients and the community, advancing public health nationwide.

**92%**

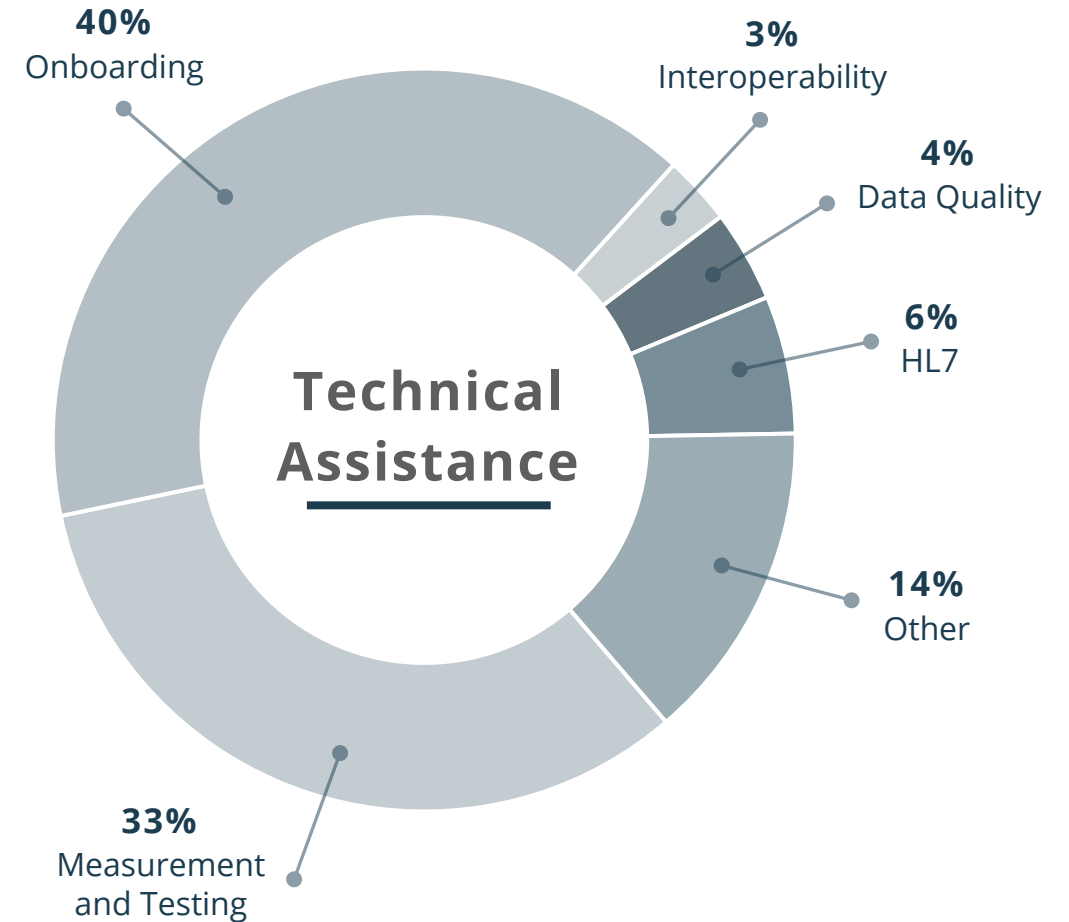
of IIS received technical assistance from AIRA in FY 2024.

**908**

hours of technical assistance was provided across all organizations.

**93**

organizations received technical assistance in FY 2024.



## OUR WORK

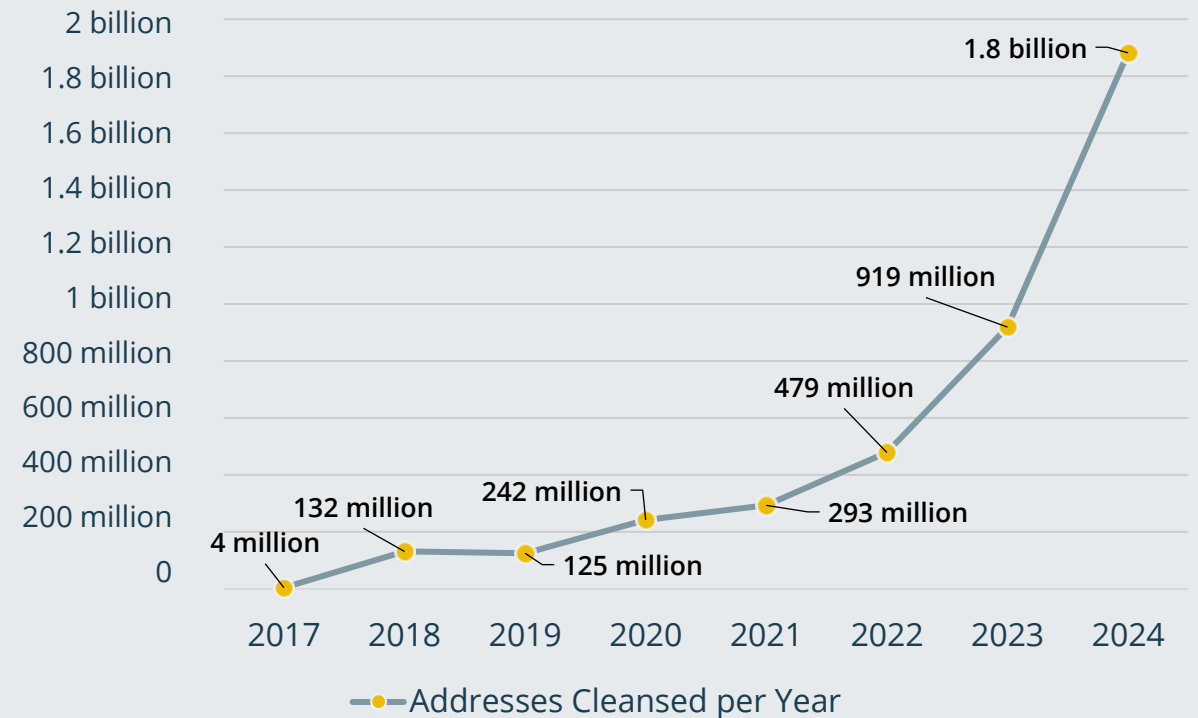
# Address Cleansing

**Smarty** is an address cleansing and geocoding service, provided with CDC's support, to help improve IIS data quality. By using Smarty, jurisdictions can validate and standardize addresses against United States Postal Service data and obtain the most accurate address, a United States Core Data for Interoperability data element.

Output from Smarty can be analyzed using software like Tableau and Power BI to quantify address validity and identify other trends that can improve data quality.

To date, over **4 billion** addresses have been cleansed.

## Addresses Cleansed



## OUR WORK

# Immunization Integration Program

The **Immunization Integration Program (IIP)** is a collaborative partnership among CDC, AIRA, the Health Information Management Systems Society (HIMSS), and expert consultants to improve immunization data interoperability, information sharing, and management. The IIP strives to increase the quality and use of immunization data through cross-sector collaboration and solution development, electronic health record (EHR) testing, and technical support.

- The IIP's Testing and Recognition initiative is a way for EHRs to be tested on immunization capabilities and to be recognized for their ability to exchange data with IIS.
- The IIP Collaborative brings together partners and creates a forum to develop recommendations and solutions to improve interoperability.

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IIP had the right set of requirements for an EHR who wants to implement excellent immunization workflows. This was important to us and seemed like a good way to get in alignment with best practices and to engage with the community who is making those best practices.

Scott Kirby,  
Physicians Computer Company (PCC)



## OUR WORK

# Immunization Integration Program

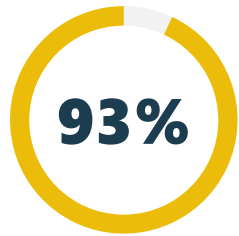
## 2024 IIP HIGHLIGHTS

- ✓ Redeveloped the IIP Testing and Recognition test plan in a modular format to streamline testing
- ✓ Expanded the IIP community to include pharmacy partners and delved into immunization data exchange with pharmacies
- ✓ Promoted the IIP Collaborative data validation work in multiple venues, including at HIMSS24, where 93% of participants found the session applicable to their work
- ✓ Provided 26 hours of technical assistance to 7 organizations, focused on data quality and interoperability

## OUR WORK

## IZ Gateway

The **IZ Gateway** provides a centralized technical infrastructure that facilitates the flow of immunization data among IIS and vaccine providers that operate in multiple cities and states, as well as from IIS to consumers. The IZ Gateway Project aims to address gaps in data exchange among IIS, providers, and patients to provide more complete and accurate immunization records.



of interjurisdictional IZ Gateway legal agreements (memoranda of understanding, or MOUs), were signed and submitted to AIRA by the end of September 2024.

### AIRA SUPPORTS THE IZ GATEWAY PROJECT BY:

- ✓ Conducting testing and documentation that assists IIS and multijurisdictional vaccine providers with connecting and exchanging data through the IZ Gateway
- ✓ Providing subject matter expertise to support IZ Gateway documentation development, review, and maintenance
- ✓ Tracking and monitoring completion of IZ Gateway legal agreements, specifically interjurisdictional MOUs

## OUR WORK

## Emerging Standards

AIRA champions the development of new and emerging standards to advance immunization interoperability and modernize IIS. Emerging Standards clarify existing guidelines and support the adoption of frameworks like FHIR, while fostering community collaboration.

To track and advance these efforts, AIRA employs a seven-stage process to evaluate readiness for the immunization field. The initiative currently monitors over 60 topics, including:

- **International Vaccine Code Initiative:** Collaborating with global partners to improve vaccine coding practices internationally
- **Immunization Decision Support for All Populations:** Developing a standard for personalized immunization recommendations across diverse health needs
- **School Interoperability:** Enhancing data exchange between public health and educational systems



## OUR WORK

## Emerging Standards

As part of the Emerging Standards initiative, AIRA develops Technical Advisory Bulletins (TABs) to clarify existing standards and collaborates with the IIS community to advance emerging standards. This year saw significant growth in developing TABs to clarify and expand on the HL7 v2.5.1 Implementation Guide, supporting better interoperability of immunization data across systems.

To learn more, visit [Emerging Standards Confluence](#). AIRA will continue to lead and unite the community in advancing immunization standards, ensuring a stronger, more connected public health ecosystem.

### NEW TECHNICAL ADVISORY BULLETIN TOPICS



- Query Response Flexibility
- Additional “Unknown” Race and Ethnicity Codes
- Scenarios for Updates and Queries
- System Entry Date/Time (RXA-22)
- Messaging Phone and Email
- Returning IIS Patient Immunization Record Information

All TABs are published on the [AIRA repository](#) for IIS and EHRs alike.



# Thank You

The following organizations contributed their time, talents, and resources to AIRA. Thank you for your efforts to coordinate and amplify the voice of immunization information systems and public health!

- |  |   |
|--|---|
| Accenture  | Gainwell Technologies   |
| Allscripts   | Health Information Management Systems Society (HIMSS)             |
| Altarum Institute  | HLN Consulting, LLC   |
| Amazon Web Services (AWS)  | Immunize.org  |
| American Academy of Pediatrics (AAP)   | The Joint Public Health Informatics Taskforce (JPHIT)             |
| Assistant Secretary for Technology Policy / Office of the National Coordinator for Health Information Technology | MITRE   |
| Association of Immunization Managers (AIM)   | National Association of County and City Health Officials (NACCHO) |
| Association of State and Territorial Health Officials (ASTHO)  | National Association of School Nurses                             |
| athenahealth   | National Institute of Standards and Technology (NIST)             |
| Atlantic Management Center   | Network for Public Health Law                                     |
| Audacious Inquiry  | NORC at the University of Chicago                                 |
| AZOVA  | NVG LLC   |
| Blue Cross & Blue Shield of North Dakota   | Office Practicum  |
| Business Rules Solutions   | Optumserve  |
| CAN Immunize   | Oracle  |
| Centers for Disease Control and Prevention (CDC)   | Pan American Health Organization (PAHO)                           |
| Civitas Networks for Health  | Physicians Computer Company (PCC)                                 |
| CureMed  | Public Health Informatics Institute (PHII)                        |
| Deloitte Consulting  | Qvera   |
| Docket   | Regenstrief Institute, Inc  |
| Drummond Group, LLC  | STChealth   |
| Dynavax  | Smarty  |
| Envision Technology Partners, Inc.   | Strategic Solutions Group   |
| Epic Systems Corporation   | University of Michigan Child Health                               |
| Ernst & Young  | US Food and Drug Administration (FDA)                             |



# AIRA

## ADVANCING IIS TOGETHER

Join AIRA as we promote the use of immunization information, collaborate, advance best practices, and drive meaningful results for public health policy.

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[immregistries.org](https://immregistries.org)