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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* 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 04-01-2019 , and ending 03-31-2020

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

C Name of organization
HEALTH RESEARCH INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
150 BROADWAY NO 560

City or town, state or province, country, and ZIP or foreign postal code
MENANDS, NY 12204

D Employer identification number
14-1402155

E Telephone number
(518) 431-1200

G Gross receipts $ 1,869,739,539

F Name and address of principal officer
CHERYL A MATTOX
150 BROADWAY NO 560
MENANDS, NY 12204

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 HEALTHRESEARCH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1953

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶ ☐ 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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,505
6	Total number of volunteers (estimate if necessary)	6	0
7a	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

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	758,412,389	1,311,261,527
	9	Program service revenue (Part VIII, line 2g)	266,363	194,899
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,967,698	14,849,074
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,524,215	214,436
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	771,170,665	1,326,519,936
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	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)	180,000,678	189,247,002
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	578,691,419	631,097,918
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	758,692,097	820,344,920
	19	Revenue less expenses Subtract line 18 from line 12	12,478,568	506,175,016
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	789,768,002	760,960,393
	21	Total liabilities (Part X, line 26)	674,977,554	143,784,309
	22	Net assets or fund balances Subtract line 21 from line 20	114,790,448	617,176,084

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 2020-08-04

CHERYL A MATTOX EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00487639
Firm's name ▶ BONADIO & CO LLP			Firm's EIN ▶ 16-1131146	
Firm's address ▶ 6 WEMBLEY CT ALBANY, NY 12205			Phone no (518) 464-4080	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y Form **990** (2019)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 527,307,708 including grants of $) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 130,931,745 including grants of $) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 43,622,916 including grants of $) (Revenue $)

See Additional Data

(Code) (Expenses $ 80,606,155 including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ 80,606,155 including grants of $) (Revenue $)

4e **Total program service expenses ▶** 782,468,524

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	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*	22		No
23	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*	23	Yes	
24a	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*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
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	25b		No
26	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*	26		No
27	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	27		No
28	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)			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	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*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	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*	33		No
34	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*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	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*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	481		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

2a	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 **2a** 2,505			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		
4a	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)? . .	**4a**		No
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	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? . . .	**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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?	**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**		
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 **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**		
15	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 instructions and file Form 4720, Schedule N	**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O	**16**		No

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶TERESA MAKAROWSKY 150 BROADWAY SUITE 560 MENANDS, NY 12204 (518) 431-1200

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, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) CHERYL MATTOX EXECUTIVE DIRECTOR	38 00	X		X				157,220	0	50,006
(2) HOWARD ZUCKER MD PRESIDENT	2 00	X		X				65,927	0	9,098
(3) MARYBETH HEFNER SECRETARY / TREASURER	2 00	X		X				0	0	0
(4) BRADLEY HUTTON VICE PRESIDENT	2 00	X		X				0	0	0
(5) DAVID HERNANDEZ DIRECTOR	0 20	X						0	0	0
(6) CANDACE JOHNSON DIRECTOR	0 20	X						0	0	0
(7) KUNLE ODUNSI DIRECTOR	0 20	X						0	0	0
(8) TIM REYNOLDS DIRECTOR	0 20	X						0	0	0
(9) JUSTIN RUNKE DIRECTOR	0 20	X						0	0	0
(10) MICHAEL SEXTON ESQ DIRECTOR	0 20	X						0	0	0
(11) TERESA MAKAROWSKY CORPORATE CONTROLLER	38 00			X				130,786	0	44,829
(12) MARY E REID DIRECTOR, CANCER SCREENING AND SURVIVOR	38 00					X		201,531	0	55,217
(13) CHARLES GONZALEZ MEDICAL DIRECTOR, AI	38 00					X		180,937	0	53,211
(14) VIRGINIA FILIACI CHIEF, CLINICAL TRIAL DEVE	38 00					X		174,651	0	36,534
(15) MICHAEL PRIMEAU DIRECTOR, OHEP	38 00					X		177,184	0	27,995
(16) MARK SALADA DIRECTOR	38 00					X		165,820	0	29,325

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,254,056	0	306,215

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 ▶ 156

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OPAD MEDIA SOLUTIONS LLC 275 MADISON AVENUE 22ND FLOOR NEW YORK, NY 10016	CONSULTANT	3,486,637
ILUM HEALTH SOLUTIONS LLC DEPT CH 10735 PALATINE, IL 600550735	CONSULTANT	1,200,000
WINDSONG RADIOLOGY GROUP 55 SPINDRIFT DRIVE WILLIAMSVILLE, NY 14221	CONSULTANT	901,339
FINGER LAKES HEALTH SYSTEM 1150 UNIVERSITY AVENUE ROCHESTER, NY 14607	CONSULTANT	871,395
HODGSON RUSS LLP 1 MT PLAZA SUITE 2000 BUFFALO, NY 14203	CONSULTANT	482,235

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 ▶ 18

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
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	396,468,589				
f All other contributions, gifts, grants, and similar amounts not included above	1f	914,792,938				
g Noncash contributions included in lines 1a - 1f $	1g					
h **Total.** Add lines 1a-1f ▶			1,311,261,527			
Program Service Revenue	Business Code					
2a CONTRACT FEES	541900		194,899			194,899
b						
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a–2f ▶	194,899					
3 Investment income (including dividends, interest, and other similar amounts) ▶			15,026,419			15,026,419
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶			214,436			214,436
	(i) Real	(ii) Personal				
6a Gross rents	6a					
b Less rental expenses	6b					
c Rental income or (loss)	6c					
d Net rental income or (loss) ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	543,042,258				
b Less cost or other basis and sales expenses	7b	543,219,603				
c Gain or (loss)	7c	-177,345				
d Net gain or (loss) ▶			-177,345			-177,345
Other Revenue						
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	8a					
b Less direct expenses	8b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19	9a					
b Less direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶						
12 **Total revenue.** See instructions ▶			1,326,519,936	0	0	15,258,409

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	437,489		437,489	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	138,634,895	119,037,463	19,597,432	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,351,947	14,035,252	2,316,695	
9 Other employee benefits	24,553,782	20,905,997	3,647,785	
10 Payroll taxes	9,268,889	7,932,132	1,336,757	
11 Fees for services (non-employees)				
a Management				
b Legal	407,926	97,133	310,793	
c Accounting	152,488		152,488	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	60,519		60,519	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,755,901	3,124,450	631,451	
12 Advertising and promotion				
13 Office expenses	26,012,673	24,911,216	1,101,457	
14 Information technology	2,355,728	1,228,773	1,126,955	
15 Royalties	79,979	79,979		
16 Occupancy	3,351,893	29,461	3,322,432	
17 Travel	3,769,445	3,722,101	47,344	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	932,424	931,904	520	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	194,341		194,341	
23 Insurance	665,996		665,996	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM COSTS	441,746,067	441,746,067		
b SUBCONTRACTS	139,549,197	137,471,396	2,077,801	
c PRINTING AND PUBLICATIO	1,210,678	610,131	600,547	
d TUITION, TRAINING, AND	961,429	878,914	82,515	
e All other expenses	5,891,234	5,726,155	165,079	
25 **Total functional expenses.** Add lines 1 through 24e	820,344,920	782,468,524	37,876,396	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		145,996,210	1	154,538,031
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		73,878,771	3	64,205,209
	4	Accounts receivable, net		1,986,147	4	1,845,249
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		412,911	9	478,682
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,404,720			
	b	Less accumulated depreciation	10b 3,520,158	733,832	10c	884,562
	11	Investments—publicly traded securities		528,765,512	11	510,057,272
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		37,994,619	15	28,951,388
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		789,768,002	16	760,960,393
Liabilities	17	Accounts payable and accrued expenses		72,312,289	17	76,878,575
	18	Grants payable			18	
	19	Deferred revenue		564,670,646	19	37,954,346
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		37,994,619	25	28,951,388
	26	**Total liabilities.** Add lines 17 through 25		674,977,554	26	143,784,309
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		114,790,448	27	123,021,844
	28	Net assets with donor restrictions			28	494,154,240
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		114,790,448	32	617,176,084
	33	Total liabilities and net assets/fund balances		789,768,002	33	760,960,393

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,326,519,936
2	Total expenses (must equal Part IX, column (A), line 25)	2	820,344,920
3	Revenue less expenses Subtract line 2 from line 1	3	506,175,016
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,790,448
5	Net unrealized gains (losses) on investments	5	-3,789,380
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	617,176,084

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 14-1402155
Name: HEALTH RESEARCH INC

Form 990 (2019)

Form 990, Part III, Line 4a:

HIV UNINSURED PROGRAMS SEE SCHEDULE O

Form 990, Part III, Line 4b:

CANCER RESEARCHSEE SCHEDULE O

Form 990, Part III, Line 4c:

PUBLIC HEALTH EMERGENCY PREPAREDNESS (BT) AND HOSPITAL PREPAREDNESS SEE SCHEDULE O

SCHEDULE A
(Form 990 or 990EZ)

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* for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
HEALTH RESEARCH INC

Employer identification number
14-1402155

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	668,635,452	683,250,315	704,248,802	758,412,389	1,311,261,527	4,125,808,485
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	668,635,452	683,250,315	704,248,802	758,412,389	1,311,261,527	4,125,808,485
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						4,125,808,485

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	668,635,452	683,250,315	704,248,802	758,412,389	1,311,261,527	4,125,808,485
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,171,556	5,462,317	7,291,691	12,546,508	15,355,775	44,827,847
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						4,170,636,332

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	**14**	98 930 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	**15**	99 020 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support.** (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI***	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	**3b**		

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 14-1402155

Name: HEALTH RESEARCH INC

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

Facts And Circumstances Test

SCHEDULE 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* for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
HEALTH RESEARCH INC

Employer identification number
14-1402155

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		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	624,319	612,804	607,286	605,120	602,981
b Contributions . . .					
c Net investment earnings, gains, and losses	8,684	11,515	5,518	2,166	1,380
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	-601,331				-759
f Administrative expenses					
g End of year balance	31,672	624,319	612,804	607,286	605,120

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

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		21,697	21,697	0
c Leasehold improvements		671,514	411,860	259,654
d Equipment		3,711,509	3,086,601	624,908
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				884,562

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)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(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)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	28,951,388

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,322,650,577
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-3,789,380		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-3,789,380
3	Subtract line **2e** from line **1**			3	1,326,439,957
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	79,979		
c	Add lines **4a** and **4b**			4c	79,979
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,326,519,936

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.

1	Total expenses and losses per audited financial statements			1	820,264,941
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	820,264,941
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	79,979		
c	Add lines **4a** and **4b**			4c	79,979
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	820,344,920

Part XIII **Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 14-1402155
Name: HEALTH RESEARCH INC

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ROYALTIES PAID TO INVENTORS 79,979

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ROYALTIES PAID TO INVENTORS 79,979

Supplemental Information

Return Reference	Explanation
PART V	QUASI ENDOWMENTS WERE ESTABLISHED TO FURTHER RESEARCH AT HELEN HAYS HOSPITAL, PROVIDE AWAR DS TO RISING SCIENTISTS FOR OUTSTANDING CREATIVITY AND QUALITY OF CONTRIBUTION OF BASIC RE SEARCH AND FOR LITERATURE AND ARTS OF SCIENCES FOR THE WADSWORTH CENTER LIBRARY IN JUNE 2 019 THE BOARD OF DIRECTORS APPROVED THE RECLASSIFICATION OF THREE OF THE QUASI ENDOWMENTS THE RECLASSIFICATION ALLOWED THESE FUNDS TO BE MADE AVAILABLE TO THE INTENDED PROGRAMS T HE RECLASSIFICATION IS SHOWN ON LINE 1E

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	AGENCY FUNDS THE CORPORATION IS ADMINISTERING ON BEHALF OF THE OFFICE OF THE ATTORNEY GENERAL, NEW YORK STATE DEPARTMENT OF LAW (OAG), PURSUANT TO A FUNDING ADMINISTRATION AGREEMENT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
HEALTH RESEARCH INC

Employer identification number
14-1402155

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHERYL MATTOX EXECUTIVE DIRECTOR	(i)	132,764	0	24,456	24,841	25,165	207,226	0
	(ii)	0	0	0	0	0	0	0
2 TERESA MAKAROWSKY CORPORATE CONTROLLER	(i)	126,616	0	4,170	20,664	24,165	175,615	0
	(ii)	0	0	0	0	0	0	0
3 MARY E REID DIRECTOR, CANCER SCREENING AND SURVI	(i)	201,531	0	0	31,842	23,375	256,748	0
	(ii)	0	0	0	0	0	0	0
4 CHARLES GONZALEZ MEDICAL DIRECTOR, AI	(i)	180,937	0	0	28,588	24,623	234,148	0
	(ii)	0	0	0	0	0	0	0
5 VIRGINIA FILIACI CHIEF, CLINICAL TRIAL DEVE	(i)	170,452	0	4,199	27,595	8,939	211,185	0
	(ii)	0	0	0	0	0	0	0
6 MICHAEL PRIMEAU DIRECTOR, OHEP	(i)	177,184	0	0	27,995	0	205,179	0
	(ii)	0	0	0	0	0	0	0
7 MARK SALADA DIRECTOR	(i)	141,763	0	24,057	26,200	3,125	195,145	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART II, COLUMN B (II) - BONUS & INCENTIVE COMPENSATION	PRINCIPAL INVESTIGATORS (PI) WORKING WITH THE BUFFALO DIVISION MAY BE ELIGIBLE FOR SALARY RECOVERY DISTRIBUTIONS ANNUALLY THE PI'S PERFORMANCE IS REVIEWED AGAINST SPECIFIC GUIDELINES AND RECOMMENDATIONS ARE MADE BY THE COMMITTEE ON THE DISTRIBUTION OF SALARY RECOVERY SUPPORT
PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION	THIS AMOUNT REPRESENTS EMPLOYEE CONTRIBUTIONS OF THEIR BASE COMPENSATION TO AN INDIVIDUAL DEFERRED COMPENSATION PLAN

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* for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
HEALTH RESEARCH INC

Employer identification number
14-1402155

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1, ORGANIZATION'S MISSION	ADMINISTER GIFTS AND GRANTS IN KEEPING WITH THE HEALTH RESEARCH, PREVENTION AND TREATMENT PURPOSE OF THE NYS DEPARTMENT OF HEALTH, THE ROSWELL PARK CANCER INSTITUTE CORPORATION AND OTHER HEALTH RELATED PUBLIC AND PRIVATE ENTITIES, ALSO INCLUDING INTELLECTUAL PROPERTY MANAGEMENT AND TECHNOLOGY TRANSFER

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART III, LINE 4A FEDERALLY FUNDED HIV AIDS PREVENTION AND CARE	THE UNINSURED CARE PROGRAMS (UCP) PROVIDE MEDICATIONS AND MEDICAL CARE TO UNINSURED AND UN DERINSURED NEW YORK STATE RESIDENTS LIVING WITH OR AT RISK OF ACQUIRING HIV/AIDS THE PROG RAMS ARE MANAGED BY THE NEW YORK STATE DEPARTMENT OF HEALTH, AIDS INSTITUTE HEALTH RESEAR CH, INC (HRI) SERVES AS THE FISCAL ADMINISTRATOR FOR THE PROGRAMS THE AIDS DRUG ASSISTAN CE PROGRAM (ADAP) BEGAN IN 1987 AS PART OF A NATIONAL PROGRAM TO PROVIDE FREE HIV/AIDS DRU GS TO LOW-INCOME INDIVIDUALS NOT COVERED BY MEDICAID OR ADEQUATE THIRD-PARTY INSURANCE NE W YORK STATE EXPANDED THE PROGRAM TO INCLUDE AMBULATORY CARE AND HOME CARE SERVICES, INSUR ANCE CONTINUATION AND PRE-EXPOSURE PROPHYLAXIS THE PROGRAMS ARE FUNDED THROUGH PARTNERSHI PS BETWEEN THE STATE AND FEDERAL GOVERNMENTS AND BETWEEN THE STATE AND THE NEW YORK CITY, LONG ISLAND AND LOWER HUDSON RYAN WHITE PART A REGIONS BOTH FEDERAL AND STATE STATUTE/REG ULATION GOVERNS THE PROGRAMS THE FEDERAL RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2 009 INCLUDES STATUTORY AUTHORITY FOR AIDS DRUG ASSISTANCE PROGRAMS THROUGHOUT THE NATION, AND ASSOCIATED APPROPRIATIONS PROVIDE FEDERAL FUNDING TO SUPPORT THE PROGRAMS IN ADDITION , STATE REGULATION IN NYCRR, TITLE 10, SUB-PART 43-2 GOVERNS THE APPLICATION AND ELIGIBILI TY DETERMINATION PROCESS AND ESTABLISHES THE RIGHTS AND RESPONSIBILITIES OF APPLICANTS, PA RTICIPANTS, AND PROVIDERS NEW YORK STATE'S UNINSURED CARE PROGRAMS ARE THE MOST COMPREHEN SIVE IN THE NATION, OFFERING A FULL SCOPE OF SERVICES TO PERSONS WITH HIV/AIDS THE UCP SE RVES OVER 24,000 UNINSURED AND UNDERINSURED PERSONS LIVING WITH HIV/AIDS ANNUALLY THE MAJ ORITY OF ADAP PARTICIPANTS ARE PERSONS OF COLOR 38 3 PERCENT ARE BLACK, 35 2 PERCENT ARE HISPANIC, 22 PERCENT ARE WHITE, THREE PERCENT ARE ASIAN/PACIFIC ISLANDER/NATIVE AMERICAN THE UCP/ADAP HAS DEVELOPED A PROGRAM-SPECIFIC CASCADE OF CARE WHICH DEMONSTRATES THAT THE PROGRAMS HAVE BEEN SUCCESSFUL IN LINKING UNINSURED AND UNDERINSURED PERSONS TO CONTINUOUS CARE AND ACHIEVING VIRAL SUPPRESSION EIGHTY- SIX PERCENT OF PROGRAM PARTICIPANTS WHO WERE ACTIVE IN THE PROGRAM FOR AT LEAST ONE YEAR ARE IN CONTINUOUS CARE NINETY-FOUR PERCENT A RE VIRALLY SUPPRESSED THE UCP ARE COMMITTED TO WORKING CLOSELY WITH PROVIDERS AND INDIVID UALS TO SUPPORT ACCESS TO THE WIDE RANGE OF OPTIONS FOR PAYMENT FOR HEALTH CARE SERVICES A ND MEDICATIONS FOR PERSONS LIVING WITH OR AT RISK OF ACQUIRING HIV IN RESPONSE TO GOVERNO R ANDREW M CUOMO'S THREE-POINT PLAN TO MOVE CLOSER TO THE END OF THE AIDS EPIDEMIC IN NEW YORK STATE, THE UCP HAVE EXPLORED WAYS TO OVERCOME BARRIERS TO RAPID ACCESS TO TREATMENT AND ONGOING CARE ON 4/24/19, THE UCP RAISED THE INCOME THRESHOLD TO BE EQUAL TO OR LESS T HAN 500% OF THE FEDERAL POVERTY LEVEL FOR THE APPLICANT'S FAMILY SIZE, ELIMINATED THE USE OF LIQUID ASSETS IN ELIGIBILITY DETERMINATIONS, AND ELIMINATED THE 50% EMPLOYER COST SHARE REQUIREMENT FOR PREMIUM ASSISTANCE IN ADDITION, THE PROGRAM NAME WAS CHANGED TO THE UNIN SURED CARE PROGRAMS TO MORE AC

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART III, LINE 4A FEDERALLY FUNDED HIV AIDS PREVENTION AND CARE	CURATELY REFLECT THE ACTIVITIES OF THE PROGRAM

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART III, LINE 4B CANCER RESEARCH	HEALTH RESEARCH, INC WAS ESTABLISHED IN 1953 TO AID ROSWELL PARK CANCER INSTITUTE (RPCI) IN ATTRACTING AND MANAGING DONATIONS AND GRANTS TO FURTHER ITS CANCER RESEARCH THE MISSIO N OF RPCI IS TO UNDERSTAND, PREVENT AND CURE CANCER RPCI, FOUNDED IN 1898, WAS ONE OF THE FIRST CANCER CENTERS IN THE COUNTRY TO BE NAMED BY THE NATIONAL INSTITUTE OF HEALTH (NIH) AS A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER AND REMAINS THE ONL Y FACILITY WITH THIS DESIGNATION IN UPSTATE NEW YORK ROSWELL PARK CANCER INSTITUTE IS A M ULTIDISCIPLINARY, TRANSLATIONAL COMPREHENSIVE CANCER CENTER, WITH A MISSION TO ELIMINATE C ANCER'S GRIP ON HUMANITY BY UNLOCKING ITS SECRETS THROUGH PERSONALIZED APPROACHES AND UNLE ASHING THE HEALING POWER OF HOPE RPCI UTILIZES ITS COMPREHENSIVE CANCER SUPPORT GRANT (CC SG) TO BUILD ON UNIQUE STRENGTHS AND OPPORTUNITIES, MOVING LABORATORY SCIENCE INTO ADVANCE D TREATMENT, PREVENTION, DIAGNOSIS, AND EDUCATION ROSWELL PARK CANCER INSTITUTE'S REVOLUT IONARY RESEARCH MODEL OF A "MULTIDISCIPLINARY APPROACH" TO CANCER WITH SCIENTISTS AND CLIN ICIANS WORKING IN CONCERT AND IN CONSULT HAS BECOME THE STANDARD BY WHICH ALL MODERN-DAY C OMPREHENSIVE CANCER CENTERS ARE MEASURED DR CANDACE JOHNSON CONTINUES IN HER LEADERSHIP ROLE AT RPCI, WHICH SHE TOOK IN NOVEMBER 2014 DR JOHNSON HAS EXTENSIVE ACADEMIC, ADMINIS TRATIVE, AND SCIENTIFIC EXPERTISE DR KUNLE ODUNSI WAS APPOINTED AS DEPUTY DIRECTOR IN AP RIL 2015 HE CONTINUES HIS LEADERSHIP OF THE TUMOR IMMUNOLOGY AND IMMUNOTHERAPY PROGRAM D R ODUNSI ALSO SERVES AS EXECUTIVE DIRECTOR OF THE CENTER FOR IMMUNOTHERAPY BOTH ARE EXPE RIENCED AND WORLD RENOWNED RESEARCHERS HRI CONTINUES TO WORK WITH RPCI LEADERSHIP IN ALL OF THEIR RESEARCH ENDEAVORS HRI'S CANCER RESEARCH GRANT PORTFOLIO SUPPORTS A NATIONALLY R ECOGNIZED RESEARCH ENTERPRISE AT RPCI THE BUFFALO COMPREHENSIVE CANCER CENTER IS NATIONAL LY RANKED AND IS ONE OF ONLY 50 COMPREHENSIVE CANCER CENTERS IN THE COUNTRY HEALTH RESEAR CH INCORPORATED (HRI) PROVIDES EFFECTIVE PRE- AND POST-AWARD EVALUATION, SOLICITATION, AND ADMINISTRATION OF EXTERNAL RESEARCH SUPPORT FROM FEDERAL AND STATE AGENCIES, NOT FOR-PROF IT FOUNDATIONS AND COMMERCIAL FIRMS IN ACCORDANCE WITH THE REQUIREMENTS OF THE SPONSOR TH E HRI/GRANTS MANAGEMENT STAFF (22 FTES) SUPPORT MORE THAN 567 ACTIVE GRANTS ANNUALLY FOR R PCI, PROVIDING TIMELY AND DETAILED GRANT REVENUE AND EXPENDITURE INFORMATION FOR INTERNAL AND EXTERNAL REVIEW, AS WELL AS ANALYSIS WITH INSTITUTE INVESTIGATORS HRI'S SUPERIOR GRAN T ADMINISTRATION EXPERTISE AND ITS ABILITY TO ATTRACT HIGHLY QUALIFIED RESEARCH STAFF HAVE CONTRIBUTED TO THE CONTINUED UPWARD TRAJECTORY OF THE INSTITUTION AND IT'S CANCER RESEARC H HRI-ROSWELL PARK DIVISION CURRENTLY HAS 567 ACTIVE PROJECTS TOTALING $95 4 MILLION, OF WHICH $60 7 MILLION ARE PEER REVIEWED AWARDS HRI-ROSWELL PARK'S LARGEST SPONSOR IS THE NA TIONAL INSTITUTE OF HEALTH (NIH) REPRESENTING 60% OF TOTAL FUNDING HRI-ROSWELL PARK DIVIS ION RECEIVED MORE THAN $112 1

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART III, LINE 4B CANCER RESEARCH	MILLION OF REVENUE IN FY20

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PUBLIC HEALTH AND HEALTH CARE EMERGENCY	PREPAREDNESS HEALTH RESEARCH, INC (HRI) GRANT FUNDS CENTERS FOR DISEASE CONTROL AND PREVE NTION (CDC) PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) AND THE ASSISTANT SECRETARY FOR PR EPAREDNESS AND RESPONSE (ASPR) HOSPITAL PREPAREDNESS PROGRAM (HPP) FUNDING SUPPORTS THE EF FORTS OF THE NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) OFFICE OF HEALTH EMERGENCY PREPA REDNESS (OHEP) OHEP CONTINUES TO WORK WITH THE STATE OFFICE OF EMERGENCY MANAGEMENT (STAT E OEM) AND OTHER STATE AGENCIES, LOCAL HEALTH DEPARTMENTS (LHD) AND PRIVATE AND PUBLIC-SEC TOR PARTNERS TO BUILD A SOLID EMERGENCY PREPAREDNESS AND RESPONSE FOUNDATION TO RESPOND TO ANY CRISIS OR EMERGENT SITUATION IN THE STATE BASED ON AN ASSESSMENT OF NYSDOH CAPABILIT IES AND GAPS AND CONSIDERING REDUCED PHEP AND HPP FUNDING, NYSDOH HAS CAREFULLY REVIEWED I TS PROGRESS IN DESIGNING AN INTEGRATED AND COMPREHENSIVE HEALTH EMERGENCY PREPAREDNESS STR UCTURE AND HAS STRATEGICALLY PRIORITIZED FUTURE EFFORTS 1 NYSDOH OHEP CONTINUES TO SUSTA IN ITS FULLY DEVELOPED INCIDENT MANAGEMENT SYSTEM (IMS) ACCOMPLISHMENTS FROM THE PERIOD 0 4/01/2019 TO 03/31/2020 NYSDOH'S IMS WAS ACTIVATED FOR FIVE (5) INCIDENTS ORGANIZING COMMA ND AND OPERATIONAL STRUCTURES AT STATE AND/OR REGIONAL LEVEL NYSDOHS INFORMATICS STAFF IN COLLABORATION WITH OHEP SUCCESSFULLY USE THE IMS DASHBOARD FOR SITUATIONAL AWARENESS, DUR ING THE 2019 CRIMSON CONTAGION EXERCISE THE IMS DASHBOARD IS AN APPLICATION THAT PULLS RE AL-TIME DATA FROM EIGHT (8) IDENTIFIED APPLICATIONS USED FOR PREPAREDNESS AND RESPONSE TO FORM A COMMON OPERATING PICTURE (COP) THIRTY (30) NYSDOH IMS STAFF COMPLETED THE EMERGENC Y OPERATIONS CENTER (EOC)/ EMERGENCY SUPPORT FUNCTION (ESF) OPERATIONS TRAINING FOR A TOTA L OF 84 TRAINED STAFF EIGHTY-SEVEN (87) NYSDOH STAFF WERE TRAINED ON THE IMS DASHBOARD, E IGHT (8) WERE TRAINED AS ADMINISTRATORS FIFTY-THREE (53) NYSDOH IDENTIFIED IMS STAFF AND THE FOUR (4) HEALTH EMERGENCY PREPAREDNESS COALITION (HEPC) LEADS HAVE EITHER, OR BOTH, VI RTUAL HEALTH OPERATIONS CENTER (VHOC) ADMINISTRATOR OR GENERAL USER ACCESS 2 NYSDOH OHEP CONTINUES TO SUPPORT AND PROVIDE UPDATED GUIDANCE FOR DISTRIBUTION AND DISPENSING OF MEDI CAL COUNTERMEASURES (MCM), INCLUDING VACCINES AND MEDICATIONS, USING LOCAL POINTS OF DISPE NSING (POD)/CLINIC OPERATIONS NYSDOH OHEP HAS FOCUSED ON RESEARCHING ALTERNATE DISPENSING STRATEGIES SUCH AS CLOSED POD PARTNERSHIPS, THAT MAY INCLUDE PRIMARY CARE PROVIDERS, HEAL THCARE FACILITIES, PHARMACIES AND PRIVATE BUSINESS LOCATIONS ACCOMPLISHMENTS FROM THE PER IOD 04/01/2019 TO 03/31/2020 THE NYSDOH OHEP CONDUCTED A FULL-SCALE MCM DISTRIBUTION EXERC ISE ENTITLED THE EAGLE DISTRIBUTION FULL-SCALE EXERCISE BETWEEN SEPTEMBER 20-26, 2019 THE EXERCISE TESTED NYSDOH ABILITY TO ACQUIRE, MANAGE, TRANSPORT AND TRACK MEDICAL MATERIALS DURING AN INCIDENT THE EXERCISE INCLUDED THE FOLLOWING CITIES READINESS INITIATIVE (CRI) COUNTIES ALBANY, RENSSELAER, SARATOGA, SCHOHARIE AND SCHENECTADY ALL 57 LHDS CONDUCTED M CM FULL-SCALE EXERCISES, SUBMI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PUBLIC HEALTH AND HEALTH CARE EMERGENCY	TTED THEIR AFTER ACTION REPORT AND IMPROVEMENT PLAN (AAR/IP) AND UPDATED THEIR MCM PLANS ALL 57 LHDS UPDATE THE MCM DISPENSING AND VACCINE ADMINISTRATION SECTIONS OF THEIR CLINICA L OPERATIONS PLANS ALL 57 LHDS COMPLETED STAFF NOTIFICATION AND ASSEMBLY, FACILITY SET-UP AND SITE ACTIVATION DRILLS AS PART OF THE ANNUAL PHEP EXERCISE 3 NYSDOH CONTINUES TO SU PPORT THE MEDICAL EMERGENCY RESPONSE INVENTORY SYSTEM (MERITS) MERITS IS AN ELECTRONIC IN VENTORY MANAGEMENT SYSTEM THAT SUPPORTS THE STRATEGIC NATIONAL STOCKPILE (SNS) AND THE STA TE'S MEDICAL EMERGENCY RESPONSE CACHE (MERC) WAREHOUSE OPERATIONS THIS INCLUDES PROCESSIN G ORDERS, RECEIVING, SHIPPING, REPORTING AND MAINTAINING A MASTER INVENTORY OF ALL ASSETS NYSDOH OHEP CONTINUES TO SUSTAIN MEDICAL MATERIEL MANAGEMENT AND DISTRIBUTION CAPACITY TO RESPOND TO A PUBLIC HEALTH THREAT WITH MCM AND/OR DURABLE MEDICAL EQUIPMENT TO PROVIDE FO R A TIMELY AND EFFECTIVE RESPONSE ACCOMPLISHMENTS FROM THE PERIOD 04/01/2019 TO 03/31/202 0 NYSDOH OHEP CONDUCTED AN EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC) TRAINING FOR 100 % OF THE HEPC LEADS AND AT LEAST ONE (1) REPRESENTATIVE FROM EACH OF THE CONTRACTED HOSPIT AL ASSOCIATIONS (HA) AND OTHER PUBLIC HEALTH PARTNERS NYSDOH OHEP CONDUCTED THREE (3) MAS S FATALITY SHELTER TRAININGS ALL TRAILERS AND MASS FATALITY SUPPLIES AND EQUIPMENT ARE RE ADY FOR DEPLOYMENT NYSDOH OHEP ATTENDED BI-WEEKLY MEETINGS WITH NYSDOH INFORMATICS STAFF TO ASSESS MERITS PERFORMANCE AND DISCUSS INCLUSION IN THE IMS DASHBOARD 100% OF ALL EXPIR ED SUPPLIES WERE REPLENISHED IN THE FEDERAL MEDICAL STATION (FMS) LOGISTICS STAFF CONTINU ED TO PROVIDE SUPPORT TO THE FEDERAL CHEMPACK PROGRAM WITH SUSTAINMENT EFFORTS AT 72 STATE WIDE LOCATIONS 4 NYSDOH CONTINUES TO SUPPORT INFORMATICS INFRASTRUCTURE TO PROVIDE ELECT RONIC, SECURE SYSTEMS AND APPLICATIONS FOR EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY NYSDOH WILL SUSTAIN AND IMPROVE SYSTEMS FOR INFORMATION EXCHANGE IN-PLACE ARCHITECTURE WA S LEVERAGED AND NEW COMPONENTS WERE ADDED THAT LINK NYSDOH WITH ITS EMERGENCY PREPAREDNESS AND RESPONSE PARTNERS AND PROMOTE THE EXCHANGE OF DATA WITH STAKEHOLDERS, BI-DIRECTIONALL Y, WHILE ENSURING APPROPRIATE PRIVACY PROTECTION ACCOMPLISHMENTS FROM THE PERIOD 04/01/20 19 TO 03/31/2020 100% OF REGIONAL OFFICES (RO) AND NYSDOH IMS LEADS USED THE VHOC TO CREAT E A SITUATION REPORT NYSDOH INFORMATICS STAFF UPDATED THE COUNTERMEASURE DATA MANAGEMENT SYSTEM (CDMS) TO ENHANCE THE USER EXPERIENCE OF PUBLIC REGISTRATION TO WORK ON SMARTPHONE, MAPPING INTERFACE AND REGISTRATION CANCELATION, USER EXPERIENCE WITH NEW FRONT-END FRAMEW ORK TO BE RESPONSIVE WITH A TABLET AND ADDED ADDITIONAL SECURITY LEVELS THE NEW SIMPLE MA IL TRANSFER PROTOCOL (SMTP) SERVERS INCREASED THE TRANSMISSION RATE OF OUTGOING MESSAGES F ROM INTEGRATED HEALTH ALERTING AND NOTIFICATION SYSTEM (IHANS) AND SERVNY APPLICATIONS WHI CH IN TURN INCREASED THE ACKNOWLEDGEMENT OF RECEIPT OF THE MESSAGES BY 20% NYSDOH INFORMA TICS STAFF UPDATED EMERGENCY R

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PUBLIC HEALTH AND HEALTH CARE EMERGENCY	ESPONSE APPLICATIONS AND MAPPING TOOLS WITH ESSENTIAL ELEMENTS OF INFORMATION (EEI) THAT W ILL BE USED DURING EMERGENCIES AND EXERCISES NYSDOH OHEP TESTED THE HEALTH OPERATION CENT ER (HOC) ACTIVATION, STAFFING PLANS, DEVELOPED AN INCIDENT ACTION PLAN (IAP) AND USED THE VHOC SYSTEM DURING THE CRIMSON CONTAGION EXERCISE NYSDOH ESTABLISHED MEASLES RAPID RESPON SE TEAMS (MRRT) TO RESPOND TO A SUSPECTED OR CONFIRMED CASE OF MEASLES SPECIFICALLY IN THE SETTING OF A CHILDREN'S CAMP OR BUNGALOW COMMUNITY TO EXPEDITE EPIDEMIOLOGICAL INVESTIGAT ION AND OUTBREAK CONTROL STRATEGIES BY QUICKLY ASSESSING IMMUNIZATION STATUS OF CAMPERS AN D CAMP STAFF NYSDOH OHEP COMPLETED THE DEVELOPMENT OF THE INTERACTIVE WEB-BASED INCIDENT RESPONSE MANAGEMENT (IRM) MODULE INCLUDING HOW TO ORGANIZE AND NOTIFY VOLUNTEERS USING SER VNY NYSDOH OHEP CONDUCTED NINE (9) SERVNY COORDINATOR TRAININGS, TWO (2) IRM TRAININGS, A ND TWO (2) QUARTERLY VOLUNTEER COORDINATOR CALLS NYSDOH CONDUCTED SIX (6) WEBINARS WITH L OCAL VOLUNTEER COORDINATORS TOPICS INCLUDED TECHNICAL ASSISTANCE ON SYSTEM UPDATES, MANAG EMENT AND FUNCTIONALITY TRAINING FOR NEW COORDINATORS NYSDOH INFORMATICS CONDUCTED THIRTE EN (13) IHANS USER TRAININGS A TOTAL OF 177 PARTICIPANTS ATTENDED THESE TRAININGS INCLUDI NG REPRESENTATIVES FROM NYSDOH AND LHDS NYSDOH INFORMATICS IN COLLABORATION WITH OHEP CON DUCTED A STATEWIDE INTEROPERABLE COMMUNICATIONS (IOC) DRILL TO TEST THE UPDATED IHANS NOTI FICATION SYSTEM FUNCTIONALITY INCLUDING SYSTEM CAPACITY, VALIDITY OF COMMUNICATION DATA AN D USER INTERACTION WITH THE SYSTEM ALL 57 LHDS PARTICIPATED IN THE DRILL AND SUBMITTED AN IHANS COMPLETION REPORT TO OHEP ALL 57 LHDS SUCCESSFULLY COMPLETED A VOLUNTEER NOTIFICAT ION AND ACTIVATION DRILL USING THE SERVNY VERSION 2 NYSDOH'S PUBLIC INFORMATION OFFICER (PIO) PARTICIPATED IN SIX (6) RADIOLOGICAL EXERCISES SIXTY-FIVE PERCENT (65%) OF LHDS (37 OF 57) PARTICIPATED IN NYSDOH CRISIS AND EMERGENCY RISK COMMUNICATION (CERC) WORKGROUP WEB INARS 5 NYSDOH CONTINUES TO SUSTAIN AND BUILD PUBLIC HEALTH LABORATORY TESTING CAPABILIT Y OF THE NYSDOH WADSWORTH CENTER (WC), TO INCLUDE TESTING OF CLINICAL, ENVIRONMENTAL, FOOD AND WATER SAMPLES LABORATORY TESTING CONTINUES TO BE A PRIORITY AREA INCLUDING COORDINAT ION AND COMMUNICATION EFFORTS AND BUILDING ADDITIONAL CAPABILITIES THIS INCLUDES LABORAT ORY RESPONSE NETWORK (LRN)-BIOLOGICAL (B) THREATS GOALS INCLUDE RAPID TESTING USING LRN PR OTOCOLS AND REPORTING TO SUBMITTERS TO PROVIDE INFORMATION FOR PROMPT DECISION MAKING LRN -B WILL SUSTAIN THE ABILITY FOR CONTACTING THE SENTINEL LABORATORIES IN NEW YORK STATE (NY S) THROUGH THE HEALTH COMMERCE SYSTEM (HCS)

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Return Reference	Explanation
FORM 990, PART III, LINE 4C, PUBLIC HEALTH AND HEALTH CARE EMERGENCY	PREPAREDNESS CON'T LRN-CHEMICAL (C) THREATS GOALS INCLUDE THE ADOPTION OF TECHNOLOGY TO PR OCESS AND MAINTAIN THE POSITIVE IDENTIFICATION OF THE LARGE NUMBER OF SPECIMENS THAT ARE H ANDLED DURING SURGE TESTING AND TO USE THE REFERENCE MATERIALS THAT ARE NOW SUPPLIED BY TH E CDC FOR METHOD IMPROVEMENT AND THE FULL VALIDATION OF ANALYTICAL PROTOCOLS ACCOMPLISHME NTS FROM THE PERIOD 04/01/2019 TO 03/31/2020 SIX (6) MEMBERS OF THE BIODEFENSE LABORATORY WERE TRAINED AND ARE COMPETENT TO PERFORM LRN CLINICAL AND HIGH-RISK ENVIRONMENTAL SAMPLE TESTING WC LRN-B LABORATORY PERFORMED NUMEROUS TESTS ON SPECIMENS AND SAMPLES FOR AGENTS LISTED ON THE LRN REQUALIFICATION WC LRN-B LABORATORY PERFORMED TESTING ON 118 SPECIMENS OR ISOLATES RECEIVED FOR B ANTHRACIS, EIGHT (8) FOR BRUCELLA, 60 FOR C BOTULINUM, AND 15 ENVIRONMENTAL SAMPLES TESTING FOR THESE SPECIMENS WERE ALL INITIATED WITHIN TWO (2) HOUR S THE HIGH NUMBER OF B ANTHRACIS RULE-OUTS IS INDICATIVE OF CLINICAL LABORATORIES IN NYS BEING AWARE OF THE RULE-OUT OR REFER ALGORITHM AND THE TRAINING THAT WAS PROVIDED WC PRO VIDED ONE (1) DIDACTIC TRAINING TO THREE (3) FIRST RESPONDERS AND 51 NYSDOH PERSONNEL TRA ININGS WERE FOCUSED ON COLLECTION, PACKAGING AND RESPONSE TO BIOLOGICAL AND CHEMICAL THREA T AGENTS ALONG WITH THE TRAININGS, TWENTY-SEVEN (27) COLLECTION KITS FOR BIOTHREAT AND CH EMICAL THREAT TESTING HAVE BEEN DISTRIBUTED TO FIRST RESPONDER AGENCIES OF THE FIRST RESP ONDERS WHO ATTENDED AND PARTICIPATED IN THE TRAININGS, 100% WERE DEEMED TO BE COMPETENT IN HANDS-ON SAMPLE COLLECTION AND THREAT AWARENESS FOR SUSPICIOUS BIOLOGICAL AND CHEMICAL AG ENTS LRN-C SUCCESSFULLY VALIDATED AN LC-MS/MS METHOD FOR COMPOUNDS 1 THROUGH 4 WHICH ALSO INCLUDES THE CHARACTERIZATION OF QUALITY CONTROLS (QC) MATERIALS PROVIDED BY THE CDC URI NE MERCURY BY ICP-MS WAS SUCCESSFULLY CHARACTERIZED IN THE 2017 TES QC MATERIALS AND HAS B EEN REPORTED IN ALL AVAILABLE PROFICIENCY TESTING (PT) EVENTS URINE HG IS STILL IN ROUND ROBIN TESTING AND IS REPORTED, BUT NOT GRADED THE LRN-C PARTICIPATED IN PT FOR ALL FIVE (5) CORE LC-MS/MS METHODS AND ACHIEVED 100% PASSING RATE LC-MS/MS METHODS FROM SCIEX 4000 TO SCIEX 6500 HAVE BEEN TRANSFERRED AND VALIDATED FOR HNPAA, OPNA, NITROGEN MUSTARD, ABRIN E AND RICININE CURRENTLY, THE LAB IS REVISING AND UPDATING THE RESPECTIVE STANDARD OPERAT ING PROCEDURES (SOP) MANUAL LRN-C OPTIMIZED AND VALIDATED NEW LC-MS/MS METHODS FOR SBMSE IN URINE AND SERUM MATRICES PARTICIPATED IN A PT (SBMSE IN URINE) AND A ROUND ROBIN (SBMS E IN SERUM) AND ACHIEVED 100% PASSING RATE FOR BOTH ANALYSES THE LAB IS PREPARING VALIDAT ION PACKAGES TO MEET CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) REQUIREMENTS AND TO USE THESE NEWLY DEVELOPED METHODS FOR CLINICAL SPECIMEN ANALYSIS 6 THE NYSDOH CONTINUES TO SUSTAIN AND ENHANCE ITS COMMUNICABLE DISEASE SURVEILLANCE SYSTEMS THAT COLLECT INFORMAT ION FROM MULTIPLE DATA STREAMS DAILY TO ENSURE A BASELINE OF EPIDEMIOLOGIC DATA FOR NYS N YSDOH CONTINUES TO SUSTAIN THE

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FORM 990, PART III, LINE 4C, PUBLIC HEALTH AND HEALTH CARE EMERGENCY	CAPABILITY TO ANALYZE AND INTERPRET EPIDEMIOLOGIC DATA THAT IS CRITICAL TO THE PRACTICE O F PUBLIC HEALTH ACCOMPLISHMENTS FROM THE PERIOD 04/01/2019 TO 03/31/2020 THE NYSDOH DIVIS ION OF EPIDEMIOLOGY (DOE) STATISTICAL UNIT IS CURRENTLY ANALYZING THE NEW REPORT OF VERIFI ED CASE OF TUBERCULOSIS (RVCT) REPORTING FORM TO IDENTIFY NECESSARY CHANGES TO THE DATA CO LLECTION SUPPLEMENTAL FORM THE DOE STATISTICAL UNIT HAS COMPLETED A PRELIMINARY GAP ANALY SIS, CREATED AN INITIAL DRAFT OF THE UPDATED SUPPLEMENTAL FORM AND ONCE ALL CHANGES HAVE B EEN IDENTIFIED THEY WILL BE APPLIED TO THE UPDATED HL7 MESSAGE FOR TUBERCULOSIS NYSDOH ST AFF ARE ACTIVELY ENGAGED WITH THE CDC ON FINALIZING THE FOODBORNE DIARRHEAL DISEASE (FDD) NMI HL7 NOTIFICATIONS THE NYSDOH DOE STATISTICAL UNIT CONTINUES TO SUPPORT ESSENCE TRANSM ISSION TO CDC AND CREATED A NEW PUBLIC HEALTH NETWORK MESSAGING SYSTEM (PHNMS) ROUTE FOR H ISTORICAL DATA CURRENTLY, 118 OF THE 129 NYS EMERGENCY DEPARTMENTS (ED) ARE REPORTING TO ESSENCE NYSDOH DOE PROGRAM WILL SHARE COMMUNICABLE DISEASE INVESTIGATION REPORTS WITH LHD S ON AN ANNUAL BASIS NYSDOH EPIDEMIOLOGICAL STAFF PARTICIPATED IN ALL SCHEDULED NATIONAL NOTIFIABLE DISEASE SURVEILLANCE SYSTEM (NNDSS) MODERNIZATION INITIATIVE CONFERENCE CALLS, COMPLETED THE GAP ANALYSIS AND TECHNICAL WORK FOR GENERAL DISEASE, ARBOVIRAL DISEASE AND H EPATITIS DISEASE NOTIFICATIONS AND ARE CURRENTLY WORKING ON THE GAP ANALYSIS FOR THE FOODB ORNE AND DIARRHEAL DISEASES MESSAGE MAPPING GUIDE NYSDOH CONTINUES TO ROUTINELY PROVIDE C ASE AND OUTBREAK-BASED REPORTING TO CDC AND OTHER FEDERAL PARTNERS, AS APPROPRIATE, THROUG H AN ARRAY OF METHODS INCLUDING BUT NOT LIMITED TO EMAILS, CONFERENCE CALLS, NATIONAL ELEC TRONIC DISEASE SURVEILLANCE SYSTEM (NEDSS), NATIONAL OUTBREAK REPORTING SYSTEM (NORS) AND NATIONAL ENVIRONMENTAL ASSESSMENT REPORTING SYSTEM (NEARS) PROGRAM PERIOD SUCCESSES CRIM SON CONTAGION EXERCISE NYSDOH PARTICIPATED IN THE U S DEPARTMENT OF HEALTH AND HUMAN SERV ICES (HHS) ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR) CRIMSON CONTAGION 2019 EXERCISE SERIES FROM AUGUST 13 -16, 2019 THE CRIMSON CONTAGION EXERCISE WAS A MULTI-STAT E EXERCISE THAT FOCUSED ON THE WHOLE COMMUNITY RESPONSE AND POLICY ISSUES OF WORKFORCE VIA BILITY, CRITICAL INFRASTRUCTURE PROTECTION, ECONOMIC IMPACT, NON-PHARMACEUTICAL INTERVENTI ONS, SCARCE RESOURCE ALLOCATION, PRIORITIZATION OF VACCINES AND OTHER COUNTERMEASURES AND MEDICAL SURGE OPERATIONS DURING THE CRIMSON CONTAGION EXERCISE, NYSDOH TESTED THE USE OF THE VHOC SYSTEM WITH ROS AND NYSDOH IMS LEADS, INTEROPERABLE COMMUNICATIONS THROUGH IHANS NOTIFICATION AND HERDS WITH HEPCS, HOC ACTIVATION, STAFFING PLANS, DEVELOPING AN IAP AND T HE IMS DASHBOARD TO ANALYZE THE FLOW OF INFORMATION, USER FUNCTIONALITY AND COMPATIBILITY NYSDOH OHEP CONDUCTED A FACILITATED DISCUSSION WITH NYSDOH PROGRAM AREAS AND ROS FOCUSED ON VACCINATION OF CRITICAL WORKFORCE DURING THE CRIMSON CONTAGION EXERCISE TOPICS DISCUSS ED INCLUDED THE PLANNING AND O

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FORM 990, PART III, LINE 4C, PUBLIC HEALTH AND HEALTH CARE EMERGENCY	PERATIONAL ASPECTS OF PROPHYLAXIS OF NYS CRITICAL INFRASTRUCTURE IN RESPONSE TO A SEVERE I NFLUENZA PANDEMIC IN ADDITION, NYSDOH CONDUCTED A PEDIATRIC CARE SURGE TTX TO INFORM THE DEVELOPMENT OF THE PEDIATRIC MEDICAL SURGE ANNEX FOR THE STATE AND HEPCS PARTICIPATES INC LUDED HEPC LEADS AND NYSDOH SUBJECT MATTER EXPERTS (SME) INVOLVED IN THE PLANNING AND DEVE LOPMENT OF THE PEDIATRIC MEDICAL SURGE ANNEX A PEDIATRIC AAR/IP WAS DEVELOPED IDENTIFYING STRENGTHS AND AREAS OF IMPROVEMENTS NYSDOH STRENGTHS INCLUDED FULL CAPABILITY TO CONDUC T A STAFF NOTIFICATION DRILL FOR ACTIVATION OF THE HOC, COMPLETED SET-UP OF THE HOC WITHIN FOUR (4) HOURS OF NOTIFICATION, ESTABLISHED STAFFING PLANS WITH NYSDOH SMLS TO COVER ONE EIGHT-HOUR SHIFT FOR THREE (3) DAYS, CONDUCT JUST IN TIME TRAINING (JITT) TO RO AND NYSDOH IMS LEADS ON IMS AND VHOC

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FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES	BIOMEDICAL RESEARCH PUBLIC AFFAIRS GROUP CENTER FOR HEALTH WORKFORCE STUDIES DIVISION OF ADMINISTRATION AND INFORMATION SYSTEM TECHNOLOGY TRANSFER, INTERNALLY SPONSORED RESEARCH AND PUBLIC HEALTH PROGRAMS OFFICE OF PUBLIC HEALTH PROGRAMS AND RESEARCH CENTER FOR ENVIRONMENTAL HEALTH AND RESEARCH OFFICE OF HEALTH SYSTEM MANAGEMENT DIVISION OF HEALTH CARE STANDARDS SURVEY DIVISION OF HEALTH FACILITY PLANNING OFFICE OF HEALTH INSURANCE PROGRAMS OFFICE OF QUALITY AND PATIENT SAFETY

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FORM 990, PART VI, SECTION B, LINE 11B	THE ANNUAL FORM 990 IS INITIATED BY THE CORPORATE CONTROLLER AND DEVELOPED IN CONJUNCTION WITH THE ASSISTANT DIRECTOR OF FINANCE AND OPERATIONS AND THE EXECUTIVE DIRECTOR THE FINAL DRAFT IS REVIEWED BY THE THREE KEY PERSONNEL LISTED ABOVE A COMPARATIVE ANALYSIS TO THE PRIOR YEAR'S FILING IS CONDUCTED AND THEN THE FINAL DRAFT IS PRESENTED TO HEALTH RESEARCH, INC'S INDEPENDENT AUDIT FIRM FOR VALIDATION ONCE FINALIZED BY THE INDEPENDENT AUDIT FIRM, THE EXECUTIVE DIRECTOR PRESENTS AND REVIEWS THE FORM 990 FILING WITH THE CORPORATION'S SECRETARY/TREASURER AND IF REQUESTED, THE CORPORATION'S VICE PRESIDENT A COPY OF THE 990 IS PROVIDED TO ALL DIRECTORS OF THE HRI BOARD FOR THEIR REVIEW PRIOR TO FILING

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FORM 990, PART VI, SECTION B, LINE 12C	HRI CONFLICT OF INTEREST POLICIES ARE REVIEWED ANNUALLY AND IF APPROPRIATE, REVISED BY THE CORPORATION'S HOUSE COUNSEL AND EXECUTIVE DIRECTOR THE MOST RECENT VERSION OF THE HRI EMPLOYEE CONFLICT OF INTEREST POLICY WAS UPDATED IN JANUARY 2018 THE POLICY IS PROVIDED TO EMPLOYEES ON AN ANNUAL BASIS VIA HRI'S ONLINE TRAINING SYSTEM INDIVIDUALS ARE REQUIRED TO ATTEST TO READING THE POLICY, CONFIRMATION OF WHICH IS ELECTRONICALLY MAINTAINED BY CORPORATE HUMAN RESOURCE STAFF IN ADDITION TO THE ANNUAL CERTIFICATION, ALL NEW EMPLOYEES ARE PROVIDED WITH A COPY OF EMPLOYEE CONFLICT OF INTEREST POLICY IN CONJUNCTION WITH NEW HIRE ORIENTATION, AND THE POLICY IS AVAILABLE ON THE HRI WEBSITE ALL POTENTIAL CONFLICTS MUST BE DISCLOSED IN WRITING TO THE CORPORATE OFFICE FOR REVIEW AND CONSIDERATION BY MANAGEMENT COMPLIANCE WITH THE PROVISIONS OF THE POLICY ARE MONITORED AND ENSURED THROUGH THE PRESENCE OF COMPLIMENTARY CONTROLS, SUCH AS THE HRI OUTSIDE EMPLOYMENT POLICY AND HONORARIA/TRAVEL EXPENSE REIMBURSEMENT POLICY ANNUALLY, MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY FOR BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES AND MUST CERTIFY THAT THEY HAVE READ AND UNDERSTAND THE POLICY, IN ADDITION TO DISCLOSING ALL CONFLICTS OF INTEREST NEW HRI BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE PROVIDED WITH A COPY OF THE POLICY AT THE TIME OF APPOINTMENT AND ARE REQUIRED TO DISCLOSE ANY CONFLICTS UPON RECEIPT ATTESTATIONS AND DISCLOSURE FORMS ARE SENT TO THE HRI CORPORATE OFFICE AND THEN FORWARDED TO THE AUDIT COMMITTEE FOR REVIEW AND CONSIDERATION THE ORGANIZATION IS CONTINUING TO ENHANCE ITS PROCESS TO ENSURE THAT ALL CONFLICT OF INTEREST CERTIFICATIONS ARE DOCUMENTED RESTRICTIONS IMPOSED ARE CONDITIONED AND DETERMINED BY CIRCUMSTANCES AND RANGE FROM DENIAL OF THE REQUEST FOR AN EMPLOYEE TO RECUSAL FOR A DIRECTOR OF THE CORPORATION

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FORM 990, PART VI, SECTION B, LINE 15	SALARIES OF THE EXECUTIVE DIRECTOR AND ALL KEY EMPLOYEES ARE SET IN THE ANNUAL BUDGET THIS IS REVIEWED AND APPROVED BY THE BOARD ANNUALLY

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FORM 990, PART VI, SECTION C, LINE 19	HEALTH RESEARCH, INC 'S GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY, ETHICS POLICY, WHISTLEBLOWER POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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990, PART X INVESTMENTS PUBLICLY TRADED SECURITIES	DESCRIPTION ENDING BOOK VALUE COST OF FMV US TREASURIES & SECURITIES $510,057,272 FMV TOTALS $510,057,272

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990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES MADE TO THE OVERSIGHT AND SELECTION PROCESS DURING THE TAX PREP YEAR

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990, PART I, #1 SIGNIFICANT ACTIVITIES	THE FOLLOWING AWARDS HIGHLIGHT A FEW OF THE MANY SPONSORED PROJECTS THAT HEALTH RESEARCH, INC HAS RECEIVED FUNDING FOR DURING THE REPORTING PERIOD A TECHNOLOGY AND MICROBIOLOGY PL ATFORM FOR STATE-WIDE SURVEILLANCE AND CONTROL OF ANTIMICROBIAL RESISTANCE EMPIRE STATE DE VELOPMENT CORPORATION IN AN EFFORT TO ADDRESS THE THREAT OF MICROBIAL RESISTANCE (AR), THI S PROJECT INVOLVES THE NYSDOH WC, EPIDEMIOLOGY AND DIGITAL TEAM, OPGEN AND ILUM WORKING CO LLABORATIVELY TO BUILD A SUSTAINABLE, FLEXIBLE INFECTIOUS DISEASES REPORTING, TRACKING AND SURVEILLANCE TOOL FOR AR THAT CAN BE APPLIED ACROSS NEW YORK STATE THE GOAL OF THIS PROJ ECT IS TO IMPROVE PATIENT OUTCOME AND SAVE HEALTH CARE DOLLARS BY INTEGRATING REAL TIME EP IDEMIOLOGIC SURVEILLANCE WITH RAPID DELIVERY OF RESULTS TO CARE GIVERS VIA WEB-BASED AND M OBILE PLATFORMS COVID-19 PUBLIC HEALTH CRISIS RESPONSE IN NEW YORK STATE CENTERS FOR DISE ASE CONTROL AND PREVENTION AWARD RECEIVED TO RESPOND TO THE COVID-19 PUBLIC HEALTH CRISIS, ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, SURVEILLANCE AND CASE IDENTIFICATION, PUBLIC HEALTH EPIDEMIOLOGICAL INVESTIGATION ACTIVITIES, MONITORING OF TRAVELERS, DATA MANAGEMENT, LABORATORY EQUIPMENT, SUPPLIES, STAFFING, AND SHIPPING, ISOLATION AND QUARANTINE EXPENSES , INFECTION CONTROL, SURGE STAFFING, EMERGENCY OPERATIONS AND COORDINATION, RISK COMMUNICA TION SUPPORT, AND PUBLIC HEALTH COORDINATION WITH HEALTHCARE SYSTEMS HEALTHY KIDS CONNEC TING KIDS TO COVERAGE CENTERS FOR MEDICARE AND MEDICAID SERVICES THIS PROJECT WILL FOCUS O N TWO UPSTATE RURAL COUNTIES, ST LAWRENCE AND ONEIDA, IDENTIFIED AS HAVING THE HIGHEST VO LUME OF UNINSURED CHILDREN UNDER AGE 19 ACCORDING TO THE 2017 AMERICAN COMMUNITY SURVEY (A CS) 1-YEAR ESTIMATES FUNDING WILL PRIMARILY BE USED TO PROVIDE NAVIGATOR GRANTEES UNDER C ONTRACT WITH NYSDOH TO ADD EIGHT (8) ADDITIONAL NAVIGATORS, FOCUSING THEIR EFFORTS ON THE REMAINING UNINSURED CHILDREN LIVING IN THESE COUNTIES AND THE PARENTS OF THESE CHILDREN T HESE NAVIGATORS WILL PROVIDE TARGETED OUTREACH AND ENROLLMENT ASSISTANCE TO UNINSURED CHIL DREN AND THEIR PARENTS IN THESE COUNTIES, WORKING COLLABORATIVELY WITH SCHOOL ADMINISTRATO RS, SCHOOL NURSES AND OTHER COMMUNITY AGENCIES NEW YORK STATE OVERDOSE DATA TO ACTION CEN TERS FOR DISEASE CONTROL AND PREVENTION EXPECTED PROJECT OUTCOMES INCLUDE INCREASED DISSEM INATION AND USE OF TIMELY AND ACTIONABLE SURVEILLANCE DATA WHICH WILL BE USED TO IMPROVE D RUG OVERDOSE INTERVENTIONS AND LINKAGES TO CARE THE PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) WILL BE USED TO IDENTIFY HIGH RISK PRESCRIBING AND PATIENT BEHAVIORS AND HELP GUIDE APPROPRIATE PRESCRIBING PRACTICES INCREASING AWARENESS OF THE DRUG OVERDOSE EPIDEMIC WIL L HELP IMPROVE PREPAREDNESS AND RESPONSE AT THE LOCAL LEVEL INCLUDING ENGAGEMENT IN EVIDEN CE-BASED APPROACHES TO PREVENTION, INTERVENTION AND REFERRAL TO TREATMENT LIKEWISE, THE I NCREASED AWARENESS SHOULD DECREASE INITIATION OF OPIOID USE AND MISUSE BY INCREASING USE O F NON-OPIOID MEDICINES AND NON

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990, PART I, #1 SIGNIFICANT ACTIVITIES	-PHARMACOLOGICAL TREATMENT AMONG PATIENTS