

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning 12/01, 2005, **and ending** 11/30/2006

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL VACCINE INFORMATION CENTER	D Employer identification number 54-1951769
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 204 MILL STREET B-1	E Telephone number (703) 938-0342
	City or town, state or country, and ZIP + 4 VIENNA, VA 22180	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)
	Please use IRS label or print or type. See Specific Instructions	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes No (If "No," attach a list See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.NVIC.ORG

J Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 310,385.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	304,246.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 304,246. noncash \$)	1d		304,246.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		13.	
	5	Dividends and interest from securities	5		973.	
	6a	Gross rents	6a			
b	Less rental expenses	6b				
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		8a				
		b	Less cost or other basis and sales expenses	8b		
		c	Gain or (loss) (attach schedule)	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a	5,153.			
		b	Less cost of goods sold	10b	2,757.	
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		2,396.
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		307,628.		
Expenses	13	Program services (from line 44, column (B))	13		266,985.	
	14	Management and general (from line 44, column (C))	14		49,529.	
	15	Fundraising (from line 44, column (D))	15		11,078.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		327,592.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-19,964.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		79,240.	
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		59,276.	

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 81,500.	78,291.	2,000.	1,209.
26 Other salaries and wages	26 77,658.	75,825.	1,833.	
27 Pension plan contributions	27 NONE			
28 Other employee benefits	28			
29 Payroll taxes	29 12,807.	11,835.	879.	93.
30 Professional fundraising fees	30			
31 Accounting fees	31 7,569.		7,569.	
32 Legal fees	32 4,700.		4,700.	
33 Supplies	33 6,202.	476.	5,726.	
34 Telephone	34 3,778.	3,591.	112.	75.
35 Postage and shipping	35 16,886.	12,713.	1,689.	2,484.
36 Occupancy	36 21,629.	18,601.	3,028.	
37 Equipment rental and maintenance	37 5,048.	5,048.		
38 Printing and publications	38 33,205.	24,998.	3,321.	4,886.
39 Travel	39 1,047.	909.	138.	
40 Conferences, conventions, and meetings	40 26.		26.	
41 Interest	41 176.		176.	
42 Depreciation, depletion, etc (attach schedule) STMT 5	42 2,650.		2,650.	
43 Other expenses not covered above (itemize)				
a STMT 2 -----	43a 52,711.	34,698.	15,682.	2,331.
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
f -----	43f			
g -----	43g			
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 327,592.	266,985.	49,529.	11,078.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 50,091. (ii) the amount allocated to Program services \$ 37,711.
 (iii) the amount allocated to Management and general \$ 5,010. and (iv) the amount allocated to Fundraising \$ 7,370.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 3**
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a EDUCATE THE PUBLIC REGARDING VACCINE SAFETY AND CONDUCT
OUTREACH PROGRAMS FOR FAMILIES WHO HAVE EXPERIENCED VACCINE
REACTIONS, INJURIES OR DEATH. APPROXIMATELY 45,000 PEOPLE
WERE INFORMED THROUGH TELEPHONE CALLS, FAXES, CORRESPONDENCE
AND DISSEMINATION OF PUBLICATIONS.

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

266,985.

b _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

c _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

d _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

e Other program services (attach schedule)
(Grants and allocations \$ _____) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **266,985.**

Part IV Balance Sheets (See the instructions.)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
Assets	45	Cash - non-interest-bearing		38,829.	45	47,786.	
	46	Savings and temporary cash investments		34,720.	46	NONE	
	47a	Accounts receivable	47a	2,789.			
		b Less: allowance for doubtful accounts	47b		1,236.	47c	2,789.
	48a	Pledges receivable	48a				
		b Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a				
		b Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			1,423.	52	1,364.
	53	Prepaid expenses and deferred charges			2,359.	53	6,215.
	54	Investments - securities (attach schedule)		<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments - land, buildings, and equipment: basis	55a				
		b Less accumulated depreciation (attach schedule)	55b			55c	
56	Investments - other (attach schedule)				56		
57a	Land, buildings, and equipment: basis STMT 5	57a	65,153.				
	b Less accumulated depreciation (attach schedule) STMT 5	57b	63,333.	4,470.	57c	1,820.	
58	Other assets (describe <input type="checkbox"/> STMT 6)			2,175.	58	NONE	
59	Total assets (must equal line 74). Add lines 45 through 58			85,212.	59	59,974.	
Liabilities	60	Accounts payable and accrued expenses		929.	60	298.	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
		b Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe <input type="checkbox"/> STMT 7)			5,043.	65	400.
66	Total liabilities. Add lines 60 through 65			5,972.	66	698.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted		77,140.	67	57,176.	
	68	Temporarily restricted		2,100.	68	2,100.	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			79,240.	73	59,276.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73			85,212.	74	59,974.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (b1-b4, c, d1-d2). Total revenue (Part I, line 12) is 307,628.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (b1-b4, c, d1-d2). Total expenses (Part I, line 17) is 327,592.

Part V Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account. Row 1: SEE STATEMENT 8, 81,500, NONE, NONE.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 8
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships?
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?
d Does the organization have a written conflict of interest policy?

Table with 3 columns: Question, Yes, No. Contains 'X' marks for 'No' in rows 75b, 75c, and 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 shows -0- in all columns.

Part VI Other Information (See the instructions.)

- 76 Did the organization engage in any activity not previously reported to the IRS?
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions.)
81b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question, Yes, No. Contains 'X' marks for 'No' in rows 76, 77, 78a, 79, 80a, 81b.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82 b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
			N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85 c	Dues, assessments, and similar amounts from members		N/A
85 d	Section 162(e) lobbying and political expenditures		N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86 a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		N/A
86 b	Gross receipts, included on line 12, for public use of club facilities		N/A
87 a	501(c)(12) orgs Enter a Gross income from members or shareholders		N/A
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911		N/A
	section 4912		N/A
	section 4955		N/A
89 b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
89 d	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed		SEE STATEMENT 10
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		5
91 a	The books are in care of		THE ORGANIZATION
	Located at		VIENNA, VA
	Telephone no		703-938-0342
	ZIP + 4		22180
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	13	
96 Dividends and interest from securities			14	973	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			01	2,396	
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				3,382	
105 Total (add line 104, columns (B), (D), and (E))					3,382

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: *Kathryn M. Williams* Date: *3/20/07*

Type or print name and title: *Kathryn M. Williams, Vice-President*

Paid Preparer's Use Only

Preparer's signature: *Bel C. Jusco* Date: *3/13/2007* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **BOND BEEBE**
1421 PRINCE STREET, SUITE 240
ALEXANDRIA, VIRGINIA 223 22314

EIN: _____ Phone no: **703-684-0600**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization: **NATIONAL VACCINE INFORMATION CENTER**
Employer identification number: **54-1951769**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 . . . ▶		NONE		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

Part III Statements About Activities (See page 2 of the instructions.)

Table with 4 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Do you make grants for scholarships, fellowships, student loans, etc? 3b. Do you have a section 403(b) annuity plan for your employees? 3c. During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? 4a. Did you maintain any separate account for participating donors... 4b. Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is. (Please check only ONE applicable box.)

- 5 [] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [] A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7 [] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 [] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b [] A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12 [] 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization [] Type 1 [] Type 2 [] Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Multiple rows for data entry.

- 14 [] An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions.) **NOT APPLICABLE**
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----	32d	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement) ----- ----- -----	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40	} 41		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e))					
Grassroots lobbying					
50 expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES
=====

DESCRIPTION -----	AMOUNT -----
BOOKS, VIDEOS AND OTHER PUBLICATIONS	5,153.
TOTAL	----- 5,153. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
BANK SERVICE CHARGES	4,092.		4,092.	
CONSULTING	11,468.	9,008.	2,460.	
INTERNET	7,561.	7,561.		
RESEARCH	16.	16.		
STATE REGISTRATIONS	4,302.	1,721.	2,581.	
ADVERTISING & PROMOTIONS	780.	780.		
MISCELLENEOUS EXPENSES	492.	339.	153.	
DELIVERY SERVICE	161.	161.		
PROFESSIONAL FEES	21,000.	15,112.	3,557.	2,331.
INSURANCE	2,839.		2,839.	
TOTALS	52,711.	34,698.	15,682.	2,331.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====
PROMOTE AND ENCOURAGE THE HEALTH AND WELFARE OF AMERICAN CHILDREN AND
ADULTS THROUGH RESEARCH AND EDUCATION-ORIENTED PROGRAMS TO PREVENT
VACCINE INJURIES AND DEATHS AND TO ASSIST INDIVIDUALS (BOTH CHILDREN
AND ADULTS) WHO HAVE BEEN VACCINE INJURED.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
TABLE, FILE CAB, FT	M7	218.			218.	196.			196.
COMPUTER	M7	3,435.			3,435.	3,315.			3,315.
COMPUTER TABLE	M7	180.			180.	171.			171.
OFFICE FURNITURE	M5	570.			570.	551.			551.
OFFICE FURNITURE	M5	200.			200.	193.			193.
COMPUTER	M5	6,115.			6,115.	5,903.			5,903.
COMPUTER HARDWARE	M5	350.			350.	341.			341.
COMPUTER HARDWARE	M5	455.			455.	443.			443.
COMPUTER	M5	340.			340.	340.			340.
COMPUTER MONITOR	M5	235.			235.	218.			218.
SOFTWARE	M5	103.			103.	103.			103.
SOFTWARE	SL	1,200.			1,200.	1,200.			1,200.
SOFTWARE	SL	1,000.			1,000.	1,000.			1,000.
COMPUTER	M5	950.			950.	950.			950.
COMPUTER	M5	1,089.			1,089.	1,089.			1,089.
FAX MACHINE	M5	424.			424.	424.			424.
LAPTOP COMPUTER	M5	1,300.			1,300.	1,300.			1,300.
COMPUTER UPGRADES	M5	3,092.			3,092.	3,092.			3,092.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ACCUMULATED DEPRECIATION DETAIL

FIXED ASSET DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
LASER PRINTER	M7	974.			974.	974.			974.
COMPUTER EQUIPMENTC	M5	850.			850.	850.			850.
COMPUTER	M5	1,236.			1,236.	1,235.			1,235.
COMPUTER	M5	715.			715.	715.			715.
HP LASERJET 300 SEH	M5	1,150.			1,150.	1,149.			1,149.
TOSHIBA 325 CDS	M5	1,911.			1,911.	1,911.			1,911.
PENTIUM COMPUTER SP	M5	1,648.			1,648.	1,648.			1,648.
4 DRAWER VERT FILE4	M7	600.			600.	600.			600.
COMPUTER EQUIPMENTC	M5	1,425.			1,425.	1,425.			1,425.
5 VERTICAL CABINET5	M7	625.			625.	625.			625.
HP COMPUTER	M5	9,269.			9,269.	9,269.			9,269.
COMPUTERS	M5	2,557.			2,557.	2,185.	245.		2,430.
CANON COPIER	M5	20,877.			20,877.	17,269.	2,405.		19,674.
TOTALS		65,093.			65,093.	60,684.	2,650.		63,334.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	BEGINNING BOOK VALUE
-----	-----
DEPOSITS	2,175.
TOTALS	----- 2,175. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
LEASE PAYABLE	5,043.	400.
TOTALS	5,043.	400.
	=====	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT
AND OTHER
ALLOWANCES

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

TITLE AND TIME
DEVOTED TO POSITION

COMPENSATION

NAME AND ADDRESS

KATHRYN WILLIAMS
204 MILL STREET
VIENNA, VA 22180
VICE PRES
40
40,000.
NONE
NONE

CAROL HALL
204 MILL STREET
VIENNA, VA 22180
2ND V.P.
1
NONE
NONE
NONE

JUDY BRAIMAN
204 MILL STREET
VIENNA, VA 22180
DIRECTOR
1
NONE
NONE
NONE

PAUL MULHAUSER
204 MILL STREET
VIENNA, VA 22180
SECRETARY
1
NONE
NONE
NONE

BARBARA LITTLES
204 MILL STREET
VIENNA, VA 22180
PRESIDENT
40
41,500.
NONE
NONE
NONE

CLIFF SHOEMAKER
204 MILL STREET
VIENNA, VA 22180
TREASURER
1
NONE
NONE
NONE

ANDY SCHAUS
204 MILL STREET
VIENNA, VA 22180
MEMBER-AT-LARGE
1
NONE
NONE
NONE

GREGG BURGESS
204 MILL STREET
VIENNA, VA 22180
MEMBER-AT-LARGE
1
NONE
NONE
NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
		81,500.	NONE	NONE
GRAND TOTALS				

81,500.

NONE

NONE

GRAND TOTALS

FORM 990, PART VI, LINE 90A - STATES
=====

AL, AK, AZ, AR, CA, CO, CT, FL, GA,
IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM,
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE PART V, FORM 990