

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

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 12/01, 2004, and ending 11/30/2005

B Check if applicable: X Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: NATIONAL VACCINE INFORMATION CENTER, 204 MILL STREET, VIENNA, VA 22180. D Employer identification number: 54-1951769. E Telephone number: (703) 938-0342. F Accounting method: X Accrual.

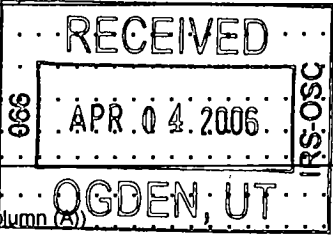
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.NVIC.ORG. J Organization type: X 501(c)(3). K Check here if gross receipts normally not more than \$25,000. L Gross receipts: 381,476. H and I are not applicable to section 527 organizations. M Check if organization is not required to attach Sch B.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with 21 rows and 4 columns. Rows include: 1 Contributions (367,400), 2 Program service revenue, 3 Membership dues, 4 Interest on savings, 5 Dividends (1,754), 6a Gross rents, 6b Less: rental expenses, 6c Net rental income, 7 Other investment income, 8a Gross amount from sales of assets (2,137), 8b Less: cost or other basis (2,227), 8c Gain or (loss) (-90), 9 Special events, 10a Gross sales of inventory (10,170), 10b Less: cost of goods sold (4,286), 10c Gross profit (5,884), 11 Other revenue, 12 Total revenue (374,963), 13 Program services (321,280), 14 Management and general (55,171), 15 Fundraising (12,841), 16 Payments to affiliates, 17 Total expenses (389,292), 18 Excess or (deficit) (-14,329), 19 Net assets at beginning (93,569), 20 Other changes, 21 Net assets at end (79,240).

SCANNED APR 24 2006



**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 page 22 of 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 \$ _____)	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 84,625.	81,191.	2,156.	1,278.
26 Other salaries and wages	26 88,076.	85,714.	2,362.	
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 13,441.	13,073.	268.	100.
30 Professional fundraising fees	30			
31 Accounting fees	31 7,986.		7,986.	
32 Legal fees	32 5,454.		5,454.	
33 Supplies	33 7,628.	3,519.	4,109.	
34 Telephone	34 4,481.	4,243.	145.	93.
35 Postage and shipping	35 21,738.	16,283.	2,971.	2,484.
36 Occupancy	36 26,889.	23,007.	3,882.	
37 Equipment rental and maintenance	37 9,365.	9,365.		
38 Printing and publications	38 41,760.	31,280.	5,708.	4,772.
39 Travel	39 2,882.	2,748.	134.	
40 Conferences, conventions, and meetings	40			
41 Interest	41 450.		450.	
42 Depreciation, depletion, etc (attach schedule)	42 3,663.		3,663.	
43 Other expenses not covered above (itemize)	43a 70,854.	50,857.	15,883.	4,114.
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 389,292.	321,280.	55,171.	12,841.

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 \$ 63,498. ; (ii) the amount allocated to Program services \$ 47,563. ;  
 (iii) the amount allocated to Management and general \$ 8,679. ; and (iv) the amount allocated to Fundraising \$ 7,256.

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? STMT 4

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 <u>STMT 5</u>	(Grants and allocations \$ _____)	321,280.
b _____	(Grants and allocations \$ _____)	
c _____	(Grants and allocations \$ _____)	
d _____	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		321,280.

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	25,359.	<b>45</b>	38,829.
	<b>46</b> Savings and temporary cash investments . . . . .	70,814.	<b>46</b>	34,720.
	<b>47a</b> Accounts receivable . . . . .	1,236.	<b>47a</b>	
	<b>b</b> Less allowance for doubtful accounts . . . . .		<b>47b</b>	1,236.
	<b>48a</b> Pledges receivable . . . . .		<b>48a</b>	
	<b>b</b> Less allowance for doubtful accounts . . . . .		<b>48b</b>	<b>48c</b>
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .		<b>51a</b>	
	<b>b</b> Less allowance for doubtful accounts . . . . .		<b>51b</b>	<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .	1,609.	<b>52</b>	1,423.
	<b>53</b> Prepaid expenses and deferred charges . . . . .	2,226.	<b>53</b>	2,359.
	<b>54</b> Investments - securities (attach schedule) <b>STMT 6</b> , <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,227.	<b>54</b>	NONE
	<b>55a</b> Investments - land, buildings, and equipment basis . . . . .		<b>55a</b>	
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .		<b>55b</b>	<b>55c</b>
<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis <b>STMT 8</b> . . . . .	65,153.	<b>57a</b>		
<b>b</b> Less accumulated depreciation (attach schedule) <b>STMT 7 &amp; 8</b> . . . . .	60,683.	<b>57b</b>	<b>57c</b>	
<b>58</b> Other assets (describe <b>STMT 9</b> ) . . . . .	2,175.	<b>58</b>	2,175.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	112,543.	<b>59</b>	85,212.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	9,559.	<b>60</b>	929.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <b>STMT 10</b> ) . . . . .	9,415.	<b>65</b>	5,043.
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	18,974.	<b>66</b>	5,972.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .	91,469.	<b>67</b>	77,140.
	<b>68</b> Temporarily restricted . . . . .	2,100.	<b>68</b>	2,100.
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21) . . . . .	93,569.	<b>73</b>	79,240.	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	112,543.	<b>74</b>	85,212.	

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.



Part VI Other Information (See page 28 of the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a 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?
81 a Enter direct and indirect political expenditures. See line 81 instructions.
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?
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
86 501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12
87 501(c)(12) orgs Enter: a Gross income from members or shareholders
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?
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE, section 4912 NONE, section 4955 NONE
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?
90 a List the states with which a copy of this return is filed STATEMENT 14
91 The books are in care of KATHRYN M. WILLIAMS Telephone no 703-938-0342
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 92 N/A

**Part VII. Analysis of Income-Producing Activities** (See page 33 of 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	15.	
96 Dividends and interest from securities . . . . .			14	1,754.	
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 . . . . .			18	-90.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .			01	5,884.	
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				7,563.	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					7,563.

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 page 34 of 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 page 34 of 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
N/A	%			
	%			
	%			
	%			

**Part X. Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of 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 and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

**Please Sign Here**

Signature of officer: *Kathryn M. Williams*

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

**Paid Preparer's Use Only**

Preparer's signature: *Joel C. Susco*

Firm's name (or yours if self-employed), address, and ZIP + 4: **BOND BEEBE  
1421 PRINCE STREET  
ALEXANDRIA, VA. 22304**

**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 Section 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

**2004**

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 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 III Statements About Activities (See page 2 of the instructions.)** Yes No

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) . . . . .</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<b>1</b>		<b>X</b>
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )</p>			
<p><b>a</b> Sale, exchange, or leasing of property? . . . . .</p>	<b>2a</b>		<b>X</b>
<p><b>b</b> Lending of money or other extension of credit? . . . . .</p>	<b>2b</b>		<b>X</b>
<p><b>c</b> Furnishing of goods, services, or facilities? . . . . .</p>	<b>2c</b>		<b>X</b>
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . <b>STMT 13</b></p>	<b>2d</b>	<b>X</b>	
<p><b>e</b> Transfer of any part of its income or assets? . . . . .</p>	<b>2e</b>		<b>X</b>
<p><b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments ) . . . . .</p>	<b>3a</b>		<b>X</b>
<p><b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .</p>	<b>3b</b>		<b>X</b>
<p><b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .</p>	<b>4a</b>		<b>X</b>
<p><b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .</p>	<b>4b</b>		<b>X</b>

**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**  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). (See section 509(a)(3) )

Provide the following information about the supported organizations. (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above



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 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (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 not included in line 18; 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: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year:

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) NOT APPLICABLE (2000) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

c Add. Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15.

**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
<b>29</b> 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? . . . . .	<b>29</b>		
<b>30</b> 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? . . . . .	<b>30</b>		
<b>31</b> 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 ) ----- ----- -----	<b>31</b>		
<b>32</b> Does the organization maintain the following:			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----			
<b>33</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>		
<b>b</b> Admissions policies? . . . . .	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>		
<b>e</b> Educational policies? . . . . .	<b>33e</b>		
<b>f</b> Use of facilities? . . . . .	<b>33f</b>		
<b>g</b> Athletic programs? . . . . .	<b>33g</b>		
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement ) ----- -----			
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>		
<b>b</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	<b>34b</b>		
<b>35</b> 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 . . . . .	<b>35</b>		

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

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying 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
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> 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

Part VII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; b Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains N/A.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains N/A.

FORM 990, PART I - LIST OF CONTRIBUTORS

=====

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
-----	----	-----
INDIV CONTRIBUTIONS < \$5,000 EACH		352,400.
MARY ELLA LOMAN 390 SEABEE AVENUE NAPLES, FLORIDA 34108		15,000.
TOTAL CONTRIBUTION AMOUNTS		----- 367,400. =====

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

DESCRIPTION  
-----

AMOUNT  
-----

BOOKS, VIDEOS AND OTHER PUBLICATIONS

10,170.  
-----

TOTAL

10,170.  
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
BANK SERVICE CHARGES	5,558.	19.	5,539.	
CONSULTING	11,437.	11,437.		
INTERNET	8,014.	7,902.	112.	
DUES AND SUBSCRIPTIONS	157.	157.		
RESEARCH	477.	477.		
STATE REGISTRATIONS	3,850.	1,544.	2,306.	
ADVERTISING & PROMOTIONS	1,674.	1,674.		
MISCELLANEOUS EXPENSES	530.	502.	28.	
DELIVERY SERVICE	200.	180.	20.	
OTHER DESIGN FEES	36,000.	26,965.	4,921.	4,114.
INSURANCE	2,717.		2,717.	
BAD DEBT EXPENSE	240.		240.	
<b>TOTALS</b>	<b>70,854.</b>	<b>50,857.</b>	<b>15,883.</b>	<b>4,114.</b>

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

DEDICATED TO PREVENTING VACCINE INJURIES AND DEATHS THROUGH PUBLIC  
EDUCATION AND OUTREACH PROGRAMS.



FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

=====

ITEM	DESCRIPTION	EXPENSES
----	-----	-----
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.	321,280.
TOTAL		----- 321,280. =====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION	BEGINNING BOOK VALUE
-----	-----
COMMON STOCK	2,227.
TOTALS	----- 2,227. =====

National Vaccine Information Center  
Form 990 - 11/30/2005  
EIN 54-1951769

FORM 990, PART II, LINE 42  
FORM 990, PART IV, LINE 57

	11/30/2004	ADDITION	DELETION	11/30/2005
FURNITURE AND EQUIPMENT	6,032	-	1,173	4,859
COMPUTER EQUIPMENT	<u>60,294</u>	-		<u>60,294</u>
TOTAL	66,326			65,153
ACCUMULATED DEPRECIATION	58,193	3,663	1,173	60,683

DEPRECIATION EXPENSE IS COMPUTED UNDER THE DOUBLE-DECLINING BALANCE METHOD, USING THE ESTIMATED USEFUL LIFE OF EACH FIXED ASSET.

FORM 990, PART IV - OTHER ASSETS

=====

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

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
LEASE PAYABLE	9,415.	5,043.
TOTALS	9,415.	5,043.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
KATHRYN WILLIAMS 204 MILL STREET  VIENNA, VA 22180	VICE PRES 40	43,125.	NONE	NONE
CAROL HALL 204 MILL STREET  VIENNA, VA 22180	2ND VP >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 LOE LITTLES 204 MILL STREET  VIENNA, VA 22180	PRESIDENT 40	41,500.	NONE	NONE
CLIFF SHOEMAKER 204 MILL STREET  VIENNA, VA 22180	TREASURER >1	NONE	NONE	NONE
ANDY SCHAUS	MEMBER-AT-LARGE >1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
----- 204 MILL STREET  VIENNA, VA 22180				
GREGG BURGESS 204 MILL STREET  VIENNA, VA 22180	MEMBER-AT-LARGE >1	NONE	NONE	NONE
	GRAND TOTALS	----- 84,625. =====	----- NONE =====	----- NONE =====

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

SEE PART V, FORM 990



*National Vaccine Information Center*  
EIN 54-1951769  
Form 990 – 11/3/05

States in which NVIC is currently registered:

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Florida  
Georgia  
Illinois  
Kansas  
Kentucky  
Los Angeles  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
New Hampshire  
New Jersey  
New York  
New Mexico  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
Tennessee  
Utah  
Virginia  
Washington  
West Virginia  
Wisconsin

FEDERAL FOOTNOTES

ATTACHMENT  
FORM 990, PART I, LINE 8(A)

THE ORGANIZATION SOLD AND REDEEMED SHARES AND UNITS OF PUBLICLY  
TRADED SECURITIES.

AS SPECIFIED IN THE INSTRUCTIONS TO FORM 990, THE GROSS PROCEEDS,  
COST BASIS, AND NET GAIN ARE REPORTED AS LUMP-SUM FIGURES.