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DLN: 93493011016226

# 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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo								
		pplicable	C Name of organization NATIONAL VACCINE INFORMATION (	CENTER		D Emplo	yer ide	ntification number
☐ Add		_				54-1	95176	9
☐ Nar		_	Doing business as					
	ıal retui	m	Number and street (or D.O. box if m	nail is not delivered to street address) Room/s	urto	E Teleph	one num	nber
Final retu		mınated	21525 RIDGETOP CIRCLE NO 100	iali is not delivered to street address) Room, s	uite	(703	938-0	342
┌ Am	ended i	return	City or town, state or province, cour	ntry, and ZIP or foreign postal code				
┌ App	lication	n pending	STERLING, VA 20166			<b>G</b> Gross	receipts	\$ 985,995
			<b>F</b> Name and address of prir	ncipal officer	H(a)	Is this a group	return	n for
			KATHRYN M WILLIAMS		''(")	subordinates?	recuiii	⊤Yes <b>√</b> No
			21525 RIDGETOP CIRCLE STERLING, VA 20166	NO 100	Н(Р)	Are all subord	ınatas	┌ Yes ┌ No
						included?	mates	1 1651 110
I Ta	k-exem	npt status	✓ 501(c)(3)	insert no ) 4947(a)(1) or 527		If "No," attack	n a list	(see instructions)
J W	ebsite	e:► WW	/W NVIC ORG		H(c)	Group exemp	tion nui	mber 🕨
K Forn	n of org	ganızatıon	Corporation Trust Associatio	n  Other ►	L Yes	ar of formation 1	982 <b>M</b>	State of legal domicile VA
	rt I		mary					<u> </u>
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	(	CHECK II	is box Fig. if the organization dis	scontinued its operations of disposed	or more	chan 25 % or ics	o nec as	55615
Activities &	3 1	Number	of voting members of the govern	ing body (Part VI, line 1a)			3	9
Ě				of the governing body (Part VI, line 1b			4	7
ទូ			• •	calendar year 2014 (Part V, line 2a)			5	14
•				ecessary)			6	38
				art VIII, column (C), line 12 rom Form 990-T, line 34			7a 7b	0
	, O	ivet unite	nated business taxable income in	10111 101111 990-1, IIIIe 94	<del></del>		/b	_
						Prior Year		Current Year
	8	Contri	butions and grants (Part VIII, li	ne 1 h)		Prior Year 645,	568	Current Year 980,085
e E	8 9			ne 1h)		Prior Year 645,	568	980,085
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BEDFORD, PA 155220259

Firm's address ► PO BOX 259

**Use Only** 

✓ Yes ☐ No

Check if Schedule O contains a response or note to any line in this Part III . . . . . . . . . . . . Briefly describe the organization's mission

(HTTP //WWW NVIC ORG)

THE PURPOSE OF NVIC IS TO PROMOTE AND ENCOURAGE THE HEALTH AND WELFARE OF AMERICAN CHILDREN AND ADULTS THROUGH ITS RESEARCH AND EDUCATION-ORIENTED PROGRAMS TO PREVENT VACCINE INJURIES AND DEATHS AND TO ASSIST INDIVIDUALS (BOTH CHILDREN AND ADULTS) WHO HAVE BEEN VACCINE INJURED NVIC IS THE OLDEST AND LARGEST CONSUMER HEALTH ORGANIZATION IN AMERICA PROVIDING VACCINE AND DISEASE RISK INFORMATION TO THE GENERAL PUBLIC, ADVOCATING SAFETY REFORMS IN THE MASS VACCINATION SYSTEM AND ENDORSING INDEPENDENT SCIENTIFIC RESEARCH INTO VACCINE-ASSOCIATED DEATHS, INJURIES AND CHRONIC ILLNESS NVIC PUBLIC EDUCATION PROGRAM IS MULTI-FACETED, INCLUDING PUBLIC CONFERENCES, SYMPOSIUMS, WORKSHOPS, TELEVISION, RADIO AND PRINT MEDIA, AND PUBLIC SERVICE ANNOUNCEMENTS, THE PUBLICATION AND DISTRIBUTION OF BOOKS, AUDIO AND VIDEO TAPES, NEWSLETTERS AND OTHER VISUAL AND PRINTED MATERIALS AND IT MAINTAINS AN INTERNET WEBSITE

Did the organization undertake any significant program services during the year which were not listed on ┌ Yes ┌ No If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes." describe these changes on Schedule O 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

(Code ) (Expenses \$ 446,210 including grants of \$ ) (Revenue \$ PUBLIC EDUCATION PROGRAMSSINCE 1982, THE MISSION OF THE NATIONAL VACCINE INFORMATION CENTER (NVIC) HAS BEEN TO PREVENT VACCINE INJURIES & DEATHS THROUGH PUBLIC EDUCATION & TO PROTECT THE ETHICAL PRINCIPLE OF INFORMED CONSENT TO MEDICAL RISK TAKING NVIC ADVOCATES FOR INCLUSION OF FLEXIBLE MEDICAL, RELIGIOUS & CONSCIENTIOUS BELIEF EXEMPTIONS IN U.S. VACCINE POLICIES & LAWS. NVIC IS THE OLDEST & LARGEST CONSUMER-LED NON-PROFIT CHARITY DISSEMINATING INFORMATION ABOUT VACCINATION & DISEASES ON THE INTERNET THE EXTENSIVE LIBRARY OF WELL-RESEARCHED, REFERENCED INFORMATION ON VACCINE SCIENCE, POLICY, LAW & ETHICS POSTED ON NVIC ORG IS A UNIQUE PUBLIC INFORMATION RESOURCE NVIC'S ONLINE WEB PRESENCE SIGNIFICANTLY EXPANDED IN FYE 2015 NVIC ORG HOSTED 1,819,566 VISITS, WHICH IS AN INCREASE OF 36% FROM THE PREVIOUS YEAR THERE WERE 3,707,228 PAGE VIEWS FOR A 34% INCREASE & A 52% INCREASE IN RETURNING VISITORS THERE WAS A 35% INCREASE IN WEBSITE VISITORS USING THE GOOGLE SEARCH ENGINE TO SPECIFICALLY SEARCH FOR NVIC BY NAME NVIC'S EXECUTIVE DIRECTOR MANAGES THE NVIC ORG WEBSITE & THIS YEAR COORDINATED CONTENT & DESIGN IMPOVEMENTS, INCLUDING \*ONGOING IMPLEMENTATION OF SEARCH ENGINE OPTIMIZATION (SEO) \*REAL-TIME WEBPAGE UPDATING \*ASK 8 VACCINE INFORMATION KIOSK NEW PAGE DIRECTS VISITORS TO NVIC PRINT RESOURCES FOR DOWNLOADING & FEATURES EMBEDDABLE WEB BADGES \*VACCINE FAILURE WALL CREATION OF A NEW ONLINE MECHANISM FOR PUBLICLY REPORTING VACCINE FAILURES \*VACCINE FREEDOM WALL RECEIVED MORE THAN 186 REPORTS OF INFORMED CONSENT VIOLATIONS, AN INCREASE OF 95%, \*INTERNATIONAL MEMORIAL FOR VACCINE VICTIMS 35 NEW MEMORIALS WERE CREATED ON THIS FIELD SEARCHABLE REPORTING MECHANISM, AN INCREASE OF OVER 100% \*E-CARDS BACK-TO-SCHOOL VACCINE INFORMATION E-CARDS WERE CREATED \*VACCINE INGREDIENT CALCULATOR (VIC) & VIC TWITTER OPERATED BY THE VOLUNTEER DIRECTOR OF DATABASE MANAGEMENT, THE VIC WEBSITE HOSTED 76,414 VISITORS, AN INCREASE OF 66%, VIC TWITTER FOLLOWERS INCREASED BY 48% TO 4,100 \*MEDALERTS OPERATED BY THE VOLUNTEER DIRECTOR OF RESEARCH ANALYTICS, MEDALERTS FACILITATES PUBLIC SEARCHES OF VACCINE REACTION REPORTS MADE TO THE FEDERAL VACCINE ADVERSE EVENTS REPORTING SYSTEM (VAERS) THE MEDALERTS WEBSITE HOSTED OVER TWO MILLION VISITORS THE CEO/PRESIDENT PRODUCED 12 ORIGINAL REFERENCED VIDEO COMMENTARIES, WHICH REFRESHED NVIC ORG CONTENT & ENLARGED THE VACCINE INFORMATION LIBRARY ON NVIC ORG, & WERE REPUBLISHED ON OTHER WEBSITES TOPICS INCLUDED \*WILL THERE BE AN EBOLA OUTBREAK IN AMERICA?\*VACCINATION DEFENDING YOUR RIGHT TO KNOW & FREEDOM TO CHOOSE\*MEASLES IN DISNEYLAND THIRD MMR SHOT & VACCINE EXEMPTION BAN? \*THE VACCINE CULTURE WAR IN AMERICA ARE YOU READY?\*BLACKMAIL & THE MEDICAL VACCINE EXEMPTION\*HERE COMES THE 21ST CENTURY CURES ACT SAY GOODBYE TO VACCINE SAFETY SCIENCE VACCINE INFORMATION BROCHURES WERE CREATED OR REVISED & POSTED FOR DOWNLOADING FROM NVIC ORG & PUBLISHED IN PRINT FORM FOR MAILING & DISTRIBUTION AT CONFERENCES & SPECIAL EVENTS A 55-PAGE REFERENCED REPORT ON THE EMERGING RISKS OF LIVE VIRUS & VIRUS VECTORED VACCINES VACCINE STRAIN INFECTION, SHEDDING & TRANSMISSION WAS POSTED FOR FREE DOWNLOADING THE FREE ONLINE NVIC NEWSLETTER PUBLISHED 22 EDITIONS EMAILED TO 57,086 SUBSCRIBERS, WHICH WAS A 32% INCREASE IN SUBSCRIBERS THE NEWSLETTER FEATURED REFERENCED VIDEO COMMENTARIES, MEDIA REPORT SUMMARIES, CALENDARS OF NVIC EVENTS & FEDERAL VACCINE ADVISORY COMMITTEE MEETINGS, & NVIC PUBLIC COMMENTS MADE AT GOVERNMENT MEETINGS & LEGISLATIVE HEARINGS NEWSLETTER VIDEO COMMENTARIES & LEAD ARTICLES WERE POSTED ON PUBLIC COMMENTS MADE AT GOVERNMENT MEETINGS & LEGISLATIVE HEARINGS NEWSLETTER VIDEO COMMENTARIES & LEAD ARTICLES WERE POSTED ON NVIC ORG IN JUNE 2015, NVIC LAUNCHED A NEW FREE BI-WEEKLY ONLINE JOURNAL, THE VACCINE REACTION, TO PROMOTE "AN ENLIGHTENED CONVERSATION ABOUT VACCINATION, HEALTH & AUTONOMY " NVIC'S CEO/PRESIDENT IS TVR EXECUTIVE EDITOR & SUPERVISES AN EDITORIAL STAFF THAT INCLUDES A MANAGING EDITOR & PART-TIME & FREELANCE WRITERS A NEW NVIC WEBSITE, THEVACCINEREACTION ORG, WAS CREATED TO DISPLAY & ARCHIVE TVR NEWS SUMMARIES, OPEDS, VIDEOS & OTHER INFORMATION ABOUT VACCINATION, HEALTH, ETHICS, MEDICINE, LAW, MEDIA & BUSINESS THERE WERE 11,000 VISITS TO THE TVR WEBSITE DURING JUNE AND, BY THE END OF AUGUST, THERE WAS A 20% INCREASE IN VISITORS FIVE TO SIX NEW ARTICLES WERE POSTED ON THE TVR WEBSITE WEEKLY & ARTICLES FEATURED IN THE BI-WEEKLY JOURNAL HAD AN AVERAGE "OPEN RATE" OF BETWEEN 25% & 30% DURING FYE 2015, NVIC'S AUGUSTANDED FOR THE DEPTH OF DURING FOR ANY OF THE PROPERTY OF BETWEEN 25% AND THE PROPERTY OF T VIDEOGRAPHER FILMED, ILLUSTRATED, EDITED & PRODUCED VIDEOS FOR NVIC'S REFERENCED COMMENTARIES & OTHER VIDEOS PUBLISHED ON YOU TUBE NVIC'S VIDEOS ATTRACTED ABOUT 168,000 VIEWS ON YOU TUBE, AN INCREASE OF 72% NVICSTANDUP YOU TUBE CHANNEL SUBSCRIBERS INCREASED BY 40% TO 3,040 SUBSCRIBERS NVIC'S FACEBOOK PAGE IS MANAGED & ACTIVELY MONITORED 12 HOURS A DAY BY THE DIRECTOR OF OPERATIONS & ACQUIRED A GROWING FAN BASE THIS YEAR OF ABOUT 140 NEW FANS/FOLLOWERS PER DAY BY THE END OF FYE 2015, NVIC'S FACEBOOK FAN BASE NUMBERED 142,000 FOR A NET GAIN OF 51% IN ONE YEAR WEEKLY, NVIC FACEBOOK POSTS REACHED AN AVERAGE OF 900,000 PEOPLE FOR A TOTAL RIPPLE EFFECT REACH OF 4 5+ MILLION PEOPLE TWITTER FOLLOWERS OF THE NVIC TWITTER SOCIAL MEDIA ACCOUNT INCREASED 185% IN FYE2015 TO A TOTAL OF 3,280 NVIC TWITTER FANS MORE THAN 4,300 TWEETS WERE ISSUED ON NVIC TWITTER, WHICH REPRESENTS THOUSANDS OF RETWEETS THAT REACHED MILLIONS OF TWITTER USERS NVIC IS AN INFORMATION RESOURCE FOR JOURNALISTS SEEKING AN INFORMED CONSUMER PERSPECTIVE ON VACCINE SCIENCE, POLICY, LAW & ETHICS THIS YEAR, NVIC CONTINUED TO RESPOND TO MEDIA INQUIRIES & CONDUCT ADVERTISING CAMPAIGNS TO RAISE PUBLIC AWARENESS ABOUT NVIC'S WEBSITES & THE IMPORTANCE OF MAKING WELL-INFORMED VACCINE DECISIONSSTARTING IN JANUARY 2015, THERE WAS A DRAMATIC INCREASE IN MEDIA INQUIRIES FROM JOURNALISTS SEEKING NVIC'S PERSPECTIVE ON A HIGHLY PUBLICIZED MEASLES OUTBREAK IN CALIFORNIA, & SUBSEQUENT EFFORTS BY SPECIAL INTEREST LOBBYISTS WORKING IN STATE LEGISLATURES TO ELIMINATE NON-MEDICAL VACCINE EXEMPTIONS IN LAWS RESTRICTING ENTRY TO DAYCARE & SCHOOL OR PREVENTING HEALTH & CHILDCARE EMPLOYMENT NVIC EXECUTIVE STAFF WAS INTERVIEWED OR QUOTED IN MORE THAN 100 NATIONAL & INTERNATIONAL PRINT & BROADCAST NEWS STORIES BELOW IS A SAMPLE SELECTION \*MEASLES OUTBREAK FUELS VACCINATION DEBATE "FROM AN INFORMED CONSUMER'S PERSPECTIVE, WHAT I HAVE FOUND ARE GAPS IN THE VACCINE SAFETY SCIENCE THAT NEED TO BE FILLED," BARBARA LOE FISHER SAID "WE DO NOT TRULY PERSPECTIVE, WHAT I HAVE FOUND ARE GAPS IN THE VACCINE SAFETY SCIENCE THAT NEED TO BE FILLED," BARBARA LOE FISHER SAID "WE DO NOT TRULY UNDERSTAND THE SCOPE OF VACCINE INJURY WE NEED TO GIVE RESPECT TO PARENTS WHO ARE TRYING TO DO THE BEST FOR THEIR CHILDREN" SAN DIEGO UNION 1/17/15, \*STUDY MORE EAST SAC, ROSEVILLE PARENTS REFUSE TO VACCINATE KIDS "IT'S NOT A BLACK OR WHITE ISSUE," SAID BARBARA LOE FISHER, PRESIDENT OF NVIC HER GROUP IS NOT ANTI-VACCINE, BUT ADVOCATES FOR PARENTAL CHOICE FISHER SAID PARENTS SHOULDN'T BE "FORCED" TO VACCINATE SHE SAID IT'S ABOUT INTELLIGENT PEOPLE LOOKING AT ALL THE INFORMATION & REACHING DIFFERENT DECISIONS "KCRA-TV- SACRAMENTO 1/20/15, \*CALIFORNIA DEMOCRATIC SENATORS WANT TO END MOST VACCINE EXEMPTIONS "VACCINES ARE PHARMACEUTICAL PRODUCTS THAT CARRY RISKS, SAID BARBARA LOE FISHER, CO-FOUNDER & PRESIDENT OF NVIC "THE CONSCIENTIOUS BELIEF EXEMPTION IS VERY IMPORTANT WHAT'S SO DANGEROUS ABOUT THIS APPROACH, OF NO NON-MEDICAL EXEMPTIONS, OR NARROW EXEMPTIONS ACCEPTED BY THE GOVERNMENT, IS THAT THE MAKERS OF VACCINES ARE SHIELDED FROM LIABILITY "BLOOMBERG BUSINESS NEWS 2/4/15 \*STATES MOVE TO TOUGHEN VACCINE LAWS IN WAKE OF MEASLES OUTBREAK "I DO THINK WE'RE IN DANGER OF HAVING A COUNTRY THAT IS COMMITTED TO FORCED VACCINATION," SAYS BARBARA LOE FISHER, CO-FOUNDER & PRESIDENT OF NVIC, WHICH LOBBIES FOR EXEMPTIONS & FOR PARENTAL CHOICE AROUND VACCINES "WE CONSIDER THIS AN ASSAULT ON BOTH CIVIL LIBERTIES & HUMAN RIGHTS "CHRISTIAN SCIENCE MONITOR 3/3/15 \*NEW TEXAS BILL WOULD EXPOSE STUDENT VACCINATION INFORMATION "NEW LEGISLATION COULD SOON CHANGE THE WHICH LOBBLES FOR EXEMPTIONS & FOR PARENTAL CHOICES WE CONSIDER THIS AN ASSAULT ON BOTH CIVIL LIBERTIES & HOMAN RIGHTS
CHRISTIAN SCIENCE MONITOR 3/3/15 \*NEW TEXAS BILL WOULD EXPOSE STUDENT VACCINATION INFORMATION "NEW LEGISLATION COULD SOON CHANGE THE
WAY YOUR CHILD'S MEDICAL INFORMATION IS SHARED BY TEXAS PUBLIC SCHOOLS OPPONENTS OF THE BILL, INCLUDING NVIC ADVOCACY DIRECTOR DAWN
RICHARDSON, CALL IT A "VACCINE DISCRIMINATION BILL " NEWSWEST 9-TV 3/25/15 \*HOW COLORADO PARENTS OPT OUT OF IMMUNIZATIONS COULD SOON
CHANGE OPPONENTS OF THE FREQUENCY RULE WORRY THAT IT AMOUNTS TO GOVERNMENT INTERFERENCE IN CAREFULLY CONSIDERED HEALTH CARE

4b (Code ) (Expenses \$ 90,003 including grants of \$ ) (Revenue \$

DECISIONS "WE BELIEVE IT SHOULD, LIKE ANY OTHER MEDICAL DECISION, REST IN THE HANDS OF THE PEOPLE WHO ARE TAKING THE RISK," SAID THERESA WRANGHAM, EXECUTIVE DIRECTOR OF THE NVIC, A GROUP OPPOSED TO VACCINATION MANDATES " CHALKBEAT 4/10/15

ADVOCACYVACCINE CHOICE ADVOCACY PROGRAMSTATE ACTIVITIESTHE WEB-BASED NVIC ADVOCACY PORTAL AND WEBSITE WAS CREATED IN 2010 AND IS MANAGED BY NVIC'S DIRECTOR OF ADVOCACY THIS FREE ONLINE COMMUNICATIONS NETWORK, WHICH MAINTAINS UP-TO-DATE INFORMATION ON PROPOSED STATE AND FEDERAL VACCINE LEGISLATION, CONNECTS REGISTERED USERS ELECTRONICALLY WITH THEIR OWN LEGISLATORS SO THEY CAN TAKE ACTION TO PROTECT INFORMED CONSENT RIGHTS AND VACCINE EXEMPTIONS DURING FYE 2015, THE NVIC ADVOCACY PORTAL REGISTERED A RECORD 17,840 NEW USERS, FOR A TOTAL OF 48,381 REGISTERED AND VERIFIED USERS, WHICH IS AN INCREASE OF 58% THERE WERE A RECORD NUMBER OF VISITS TO NVICADVOCACY ORG, WITH A TOTAL OF 216,825 WEBSITE VISITS AND 619,687 PAGE VIEWS THIS REPRESENTS A ONE-YEAR INCREASE OF 676% IN WEBSITE VISITS AND A 487% INCREASE IN PAGE VIEWS THE ADVOCACY PORTAL ACTIVELY TRACKED 160 BILLS ACROSS 41 STATES COMPARED TO 91 BILLS ACROSS 28 STATES IN FYE 2014 ADVOCACY PORTAL STAFF ISSUED ACTION PLANS IN 23 STATES FOR 54 OF THE 160 STATE BILLS TRACKED AND, WORKING WITH ALLIED GRASSROOTS GROUPS, SECURED ON-THE-GROUND DIRECT SUPPORT FOR ACTION TO PROTECT VACCINE CHOICES IN 38 STATES FYE 2015 IS THE FIRST YEAR THAT THE PORTAL TRACKED FEDERAL BILLS (FOUR) PROPOSING TO MANDATE VACCINES OR RESTRICT VACCINE EXEMPTIONS, WHICH DID NOT ADVANCE IN CONGRESS NVIC'S DIRECTOR OF STATE ADVOCACY TESTIFIED IN THE TEXAS STATE LEGISLATURE OPPOSING BILLS TO ADD NEW VACCINE MANDATES OR ELIMINATE VACCINE EXEMPTIONS, AND NVIC VOLUNTEER STATE ADVOCACY DIRECTORS IN VERMONT, MARYLAND, NEW JERSEY, OKLAHOMA, PENNSYLVANIA AND OTHER STATES ALSO GAVE PUBLIC TESTIMONY IN STATE LEGISLATURES PERSONAL BELIEF VACCINE EXEMPTIONS WERE PROTECTED FROM ELIMINATION OR RESTRICTION IN ALL BUT TWO STATES CONSUMER ADVOCACY AND REPRESENTATION FEDERAL VACCINE ADVISORY COMMITTEES FOR THREE DECADES, NVIC HAS MONITORED AND REPORTED ON VACCINE DEVELOPMENT, REGULATION, POLICYMAKING AND PROMOTION ACTIVITIES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, INCLUDING THE FDA VACCINES & RELATED BIOLOGICAL PRODUCTS ADVISORY COMMITTEE (VRBPAC), CDC ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP), NATIONAL VACCINE ADVISORY COMMITTEE (BVAC), AND ADVISORY COMMISSION ON CHILDHOOD VACCINES (ACCV) SINCE 1988, NVIC'S CEO/PRESIDENT AND NVIC REPRESENTATIVES HAVE PARTICIPATED AS CONSUMER MEMBERS ON FEDERAL VACCINE ADVISORY COMMITTEES AND NVIC EXECUTIVE STAFF HAS PROVIDED PUBLIC COMMENT DURING COMMITTEE MEETINGS THIS FISCAL YEAR, NVIC'S VOLUNTEER DIRECTOR OF RESEARCH AND PATIENT SAFETY SERVED AS A TEMPORARY VOTING CONSUMER MEMBER OF VRBPAC FOR TWO MEETINGS ON EBOLA AND SEASONAL INFLUENZA VACCINE STRAIN SELECTION AT THE SEPTEMBER 2014 ACCV MEETING, NVIC'S EXECUTIVE DIRECTOR DISCUSSED THE SUBMISSION OF NVIC'S REFERENCED WRITTEN REQUEST TO THE COMMITTEE, WHICH WAS EXCERPTED AND EXPANDED UPON FROM AN NVIC REPORT ON THE VACCINE INJURY COMPENSATION PROGRAM (VICP) SUBMITTED TO THE GOVERNMENT ACCOUNTABILITY OFFICE (GAO) IN RESPONSE TO A REQUEST FROM GAO TO NVIC AT THE JUNE 2015 MEETING, SHE MADE PUBLIC COMMENT PROTESTING THE LACK OF TRANSPARENCY IN THE FEDERAL VICP DATA & STATISTIC'S REPORT AND QUESTIONED WHY DATA HAD DISAPPEARED FROM THE VACCINE INJURY COMPENSATION PROGRAM (VICP) SHE ALSO WORKED WITH ACCV ON LANGUAGE REVISIONS FOR VACCINE INFORMATION STATEMENTS (VIS) THAT ARE PUBLISHED BY THE CDC AT THE JULY 2015 ACIP MEETING, NVIC'S EXECUTIVE DIRECTOR SUBMITTED NVIC'S WRITTEN PUBLIC COMMENT ON NENINGOCOCCAL VACCINE RECOMMENDATIONS, WHICH WAS READ BY THE ACIP CHAIR DURING THE MEETING, IN WHICH NVIC OPPOSED ACIP MAKING A UNIVERSAL USE MENINGOCOCCAL VACCINE RECOMMENDATION TO PREVENT ITS AUTOMATIC ADDITION TO STATE VACCINE LAWS AT THE SEPTEMBER 2014 NVAC MEETING, NVIC'S EXECUTIVE DIRECTOR PROVIDED PUBLIC COMMENT ABOUT EBOLA VACCINE DEVELOPMENT, VIS REVISIONS AND VAERS REPORTING, SHE SUBMITTED NVIC'S WRITTEN PUBLIC COMMENT OPPOSING MOST NATIONAL ADULT IMMUNIZATION PLAN RECOMMENDATIONS BY NVAC AT THE FEBRUARY 2015 NVAC MEETING, AND AT THE JUNE 2015 NVAC MEETING, SHE GAVE PUBLIC COMMENT ON NVAC'S VACCINE CONFIDENCE REPORT COCHRANE COLLABORATIONSINCE 2007, NVIC HAS BEEN A MEMBER OF THE COCHRANE COLLABORATION'S CONSUMERS UNITED FOR EVIDENCE-BASED HEALTHCARE (CUE) COALITION OF HEALTH AND CONSUMER ADVOCACY ORGANIZATIONS DISSEMINATING EVIDENCE-BASED INFORMATION TO EMPOWER CONSUMERS TO MAKE EVIDENCE-BASED HEALTHCARE DECISIONS DURING FYE 2015, NVIC'S EXECUTIVE DIRECTOR PROVIDED SIX CONSUMER COMMENTS ON REVIEWS, PROTOCOLS AND PLAIN LANGUAGE SUMMARIES FOR ARTICLES PUBLISHED BY THE COCHRANE COLLABORATION NVIC'S CEO/PRESIDENT AND TVR MANAGING EDITOR ATTENDED THE AUGUST 2015 CUE ANNUAL MEETING IN WASHINGTON, D C

**4c** (Code ) (Expenses \$ 109,677 including grants of \$ ) (Revenue \$

COUNSELING AND COMMUNITY SUPPORT SERVICE SINCE 1982, NVIC'S STAFF HAS OPERATED A VACCINE REACTION REGISTRY AND PROVIDED FREE ONE-ON-ONE COUNSELING AND INFORMATIONAL SUPPORT FOR THOSE REPORTING VACCINE REACTIONS, INJURIES AND DEATHS IN RECENT YEARS, NVIC HAS ALSO SEEN A SUBSTANTIAL INCREASE IN REQUESTS FOR INFORMATION AND ASSISTANCE BY THOSE REPORTING VACCINE REACTIONS AND FAILURES, AND HARASSMENT FOR MAKING VACCINE CHOICES THÀT DO NOT CONFORM WITH GOVERNMENT RECOMMENDATIONS TO FILL EVER INCREASING PUBLIC DEMAND FOR NVIC'S ONE-ON-ONE COUNSELING SERVICE, NVIC ADDED A NEW PART TIME POSITION, DIRECTOR OF VACCINE RESPONSE REPORTING, WHICH IS HELD BY A NURSE WITH EXPERTISE IN CARING FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES AND BEHAVIOR DISORDERS DURING FYE 2015, SHE RESPONDED AND PROVIDED COUNSELING TO 249 INDIVIDUALS REPORTING VACCINE REACTIONS, INJURIES AND DEATHS, WHICH REPRESENTS A 32 PERCENT INCREASE IN REPORTS MADE TO NVIC VACCINE REACTION REGISTRY COMPARED TO FYE 2014 WITH THE CEO/PRESIDENT, THE NEW DIRECTOR OF VACCINE RESPONSE REPORTING PARTICIPATED IN VIDEO MESSAGING ABOUT HOW TO IDENTIFY, REPORT AND HELP PREVENT VACCINE REACTIONS COUNSELING SERVICENVIC'S PART-TIME DIRECTOR OF COUNSELING AND VOLUNTEER COUNSELORS, TOGETHER WITH THE DIRECTOR OF VACCINE RESPONSE REPORTING, HANDLED A TOTAL OF 9,471 PUBLIC INQUIRIES TO NVIC IN FYE 2015, WHICH IS A 69% INCREASE IN INQUIRIES COMPARED TO THE PREVIOUS YEAR MANY OF THE INQUIRIES TO NVIC WERE MADE BY PHONE, EMAIL OR LETTER AND WERE ASKING FOR INFORMATION ABOUT HOW TO \* IDENTIFY A VACCINE REACTION, \* REPORT A VACCINE REACTION TO THE FEDERAL GOVERNMENT, \* FILE FOR FEDERAL VACCINE INJURY COMPENSATION, \* FIND INFORMATION ABOUT STATE VACCINE LAWS, AND\* ASK DOCTORS QUESTIONS WHEN MAKING A VACCINE DECISION PROFESSIONAL RESOURCE COMMUNITY OUTREACH IN THE LAST HALF OF FYE 2015, A PART-TIME DIRECTOR OF PROFESSIONAL RELATIONS WAS ADDED TO STAFF TO SERVE AS NVIC'S LIAISON WITH THE CHIROPRACTIC PROFESSION AND OTHER HOLISTIC HEALTH CARE PROFESSIONALS SEEKING VACCINE INFORMATION TOOLS OR REQUESTING NVIC'S PRESENCE AT VENUES PROVIDING VACCINE EDUCATION OPPORTUNITIES FOR PATIENTS AND THE GENERAL PUBLIC THE NEW DIRECTOR OF PROFESSIONAL RELATIONS HELD WEBINAR TUTORIALS AND ATTENDED CONFERENCES TO PROMOTE NVIC WEBSITES AND PROGRAMS AND SERVICES

See Additional Data

4d Other program services (Describe in Schedule O )

30,107 including grants of \$ ) (Revenue \$ (Expenses \$

675,997 4e Total program service expenses F

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	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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
LO	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 $\sqrt{2}$	10		No
L1	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			
а	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
С	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
е	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	Yes	
L2a	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
L4a	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
<b>L</b> 5	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
L7	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 $11e^{\gamma}$ 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?	20h		

Par	t IV Checklist of Required Schedules (continued)			
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
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? <i>If "Yes," complete Schedule J.</i>	23		No
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? If "Yes," complete Schedule L, Part  IV			
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</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		Νo
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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?	38	Yes	

re	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   7		1 62	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
Ь	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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
_	Donatha annual and a same and a s	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		Νo
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).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		
9a	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			
а	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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 neclised to issue qualified nearth plans			
		   4 A =		N :
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Νo
n	THE THEST HAS IT THEN A FORM 7.70 TO TENOTE THESE DAVIMENTS ( IT "NO " DIOVIGE AN EXPLANATION IN SCHEDULE ()	14n		

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														.IZ
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Se	ection 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			
	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			
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			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
				No
b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No
b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization intoest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- List the States with which a copy of this Form 990 is required to be filed►AL , AK , HI , AR , CA , CO , CT , FL , GA , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NY , NM , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
  - 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
  ►KATHRYN M WILLIAMS VICE PRESIDENT

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

#### 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl (, unle n office ustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related employee  Key employee  Officer  Institutional Trustee  or director  or director			Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations			
(1) BARBARA LOE ARTHUR	40 00	х		Х				49,500	0	0
PRESIDENT										
(2) KATHRYN WILLIAMS	35 00	x		l <sub>x</sub>				30,208	0	0
VICE PRESIDENT		^						30,200	0	
(3) PAUL MULHAUSER	2 00			×					0	0
SECRETARY		X		^				U	U	U
(4) CLIFFORD SHOEMAKER	2 00	.,		.,						
TREASURER		Х		Х				U	0	0
(5) JUDY BRAIMAN	2 00	.,								
BOARD MEMBER		Х						0	0	0
(6) GREGG BURGESS	2 00							_		_
BOARD MEMBER		Х						0	0	0
(7) STEPHANIE CHRISTNER DO	2 00								_	_
BOARD MEMBER		Х						0	0	0
(8) VICKY DEBOLD PHD	2 00									
BOARD MEMBER		Х						0	0	0
(9) CLAIRE DWOSKIN	2 00	,,							•	
BOARD MEMBER		Х						0	0	0
(10) THERESA K WRANGHAM	40 00			x				27 000	0	0
EXECUTIVE DIRECTOR								37,000	U	0

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is l	ne l both	box, an d	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	•	116,708	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo		
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 I for such					
	ındıvıdual	4		Νo		
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		Νo		

Section	R	Inde	nende	nt Cor	ntractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
Takal mankan dan dan dan dan kanadan dan dan dan dan dan dan dan dan d	and a second second bloom	

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 ►0

Form 99		<u> </u>						Page <b>S</b>
Part V	1 + + 1	Statement o	<b>f Revenue</b> ule O contains a respor	aca ar nota to any lir	o in this Bart VIII			_
		CHECK II SCHEU	are o contains a respon	ise of flote to ally in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
g g	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>					
Gr.	c	Fundraising eve	ents <b>1c</b>					
fts, ir A	d	Related organiz	rations 1d					
Gi rila		Government grants						
ns, Sin	е	_						
ıtio er (	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	980,085				
tributio Other	g		ons included in lines	429				
Conti and (		1a-1f \$  Total. Add lines	. 1 . 16		980,085			
ರ ಕ	h	Total. Add lines	5 Id-II	<b>.</b>	300,003			
e E	_			Business Code				
Program Serwce Revenue	2a							
22 24	b							
Ă.Č.	C							
Ser	d							
Ē	e	^ II a th a u u u u u u u						
į,	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f					
	3		ome (including dividendar amounts)		5,910			5,910
	4		tment of tax-exempt bond					
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and		821				
		sales expenses						
	C	Gain or (loss)		-821	-821	-821		
	d 8a	Gross income f	rom fundraising		-021	-021		
Other Revenue	-	events (not inc \$						
	_	See Part IV, lin	e 18 <b>a</b>					
o₩	b C		penses <b>b</b> (loss) from fundraising	events				
•			rom gaming activities					
	_		a					
	b		penses <b>b</b> (loss) from gaming acti					
		Gross sales of returns and allo	inventory, less	vicies				
		1	<b>a</b>					
	ь		oods sold <b>b</b> (loss) from sales of inve	entory <b>-</b>				
		Miscellaneous		Business Code				
	11a							
	b							
	С	-						
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions .	🕨	985,174	-821	0	5,910

# Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4) ordanizations must complete all columns. All other ordanizations must complete column	) and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column	olumn (A
---	---	----------

		raitin			
	Check if Schedule O contains a response or note to any line in this of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)	( <b>D</b> ) 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	120,143	107,781	10,671	1,691
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	306,615	285,820	13,594	7,201
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	2,066	1,912	113	41
10	Payroll taxes	33,492	30,994	1,828	670
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,600			3,600
С	Accounting	12,110	11,384	484	242
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10 $\%$ of line 25, column (A ) amount, list line 11g expenses on Schedule O )	3,367	3,162	150	55
12	Advertising and promotion	83,494	83,494		
13	Office expenses	21,241	19,394	1,723	124
14	Information technology	10,492	8,918	561	1,013
15	Royalties				
16	Occupancy	29,169	26,903	1,658	608
17	Travel	25,319	25,319		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,875	160	1,715	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,160	13,983	861	316
23	Insurance	5,357	5,035	215	107
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)				
а	POSTAGE AND SHIPPING	26,567	21,396	2,693	2,478
b	PRINTING & DUPLICATION	17,728	14,710	306	2,712
C	BANK AND SERVICE CHARGE	8,129		189	7,940
d	DUES & SUBSCRIPTIONS	8,071	6,572	1,499	
e	All other expenses	14,158	9,060		5,098
25	Total functional expenses. Add lines 1 through 24e	748,153	675,997	38,260	33,896
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

1   Cash-non-interest-bearing   5   End of year   5   End of ye	Par	't X	<b>Balance Sheet</b> Check if Schedule O contains a response or note to any line in this Part X			_	
1 Cash-non-interest-barning 2 Savings and temporary cash investments 3 Piedges and grants receivable, net 3 Piedges and grants receivable, net 4 A counts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958 (f)(3)(6), and contributing employers and approximations of section 501 (c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred changes 10 Land, buildings, and deupment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—bublicly traded securities 13 Investments—bublicly traded securities 14 Intangulle assets 15 Other assets See Part IV, line 11 14 Intangulle assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 A cocurits payable and accrued expenses 17 A cocurits payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax exempt bond liabilities 21 Escraw or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities included on lines 17-24 ) Complete Part V of Schedule D 26 Total liabilities and tone of follow SFA					(A)	-	
2   Savings and temporary cash investments		1	Cash-non-interest-bearing			1	433,806
3   Pladges and grants receivable, net   13938   3   28,44     4   Accounts receivable, net   431   4   134     5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   5     6   Loans and other receivables from other disqualified persons (as defined under section 4958(P(1)), persons described in section 4958(P(3)), persons described in section 4958(P(3)), persons described in section 591C(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L   6     7   Notes and loans receivable, net   7   7     8   Investments—both and a deferred charges   18,944   9   8,46     9   Prepaid expenses and deferred charges   10a   57,150     10a   East   10a   57,150     11a   Investments—bothly traded securities   11a   11a     11a   Investments—other securities See Part IV, line 11   12a   11a     11a   Investments—bothly traded securities   11a   12a   12a     11a   Investments—bothly traded securities   12a   13a   14a   11a   14a   11a   14a   12a   14a			-	_	553,710	2	655,684
4 Accounts receivable, net			- · · · · · · · · · · · · · · · · · · ·	-	'		26,453
Solution   Comparison   Comp		_		•			1,343
## Part   Footnote   Part   P		-	·	rustaas kav	401		1,040
10			employees, and highest compensated employees Complete Part II of	·		5	
9 Prepaid expenses and deferred charges	8	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and contributing and sponsoring organizations of section $501(c)(9)$ voluntary employees'	ig employers			
1   1   1   1   1   1   1   1   1   1	9						
1   1   1   1   1   1   1   1   1   1	ان اح	7					
10a	_	8	Inventories for sale or use	•		8	
Part VI of Schedule D   10a   57,50c   10b   22,681   33,768   10c   34,46c   11   1   1   1   1   1   1   1   1		9	Prepaid expenses and deferred charges	•	18,944	9	8,480
11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 48,136 28 48,13 29 Permanently restricted net assets Organizations that follow SFAS 117 (ASC 958), check here ▶ 「and complete lines 30 through 34.  29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 「and complete lines 30 through 34.  20 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 912,377 33 1,149,38		10a		57,150			
12   Investments—other securities See Part IV, line 11   13   13   14   14   15   14   15   14   15   15		Ь	Less accumulated depreciation 10b	22,681	33,758	<b>10</b> c	34,469
13   Investments—program-related See Part IV, line 11   13     14   Intangible assets   14     15   Other assets See Part IV, line 11   2.291   15   2.281     16   Total assets. Add lines 1 through 15 (must equal line 34)   939.731   16   1.162.52     17   Accounts payable and accrued expenses   21.899   17   7.75     18   Grants payable   18   19     20   Tax-exempt bond liabilities   20   21     21   Escrow or custodial account liability Complete Part IV of Schedule D   21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22     22   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable to unrelated third parties   23     25   Other liabilities (including federal income tax, payables to related third parties   24     25   Other liabilities (including federal income tax, payables to related third parties   24     26   Total liabilities. Add lines 17 through 25   27,354   26   13,12     27   Unrestricted net assets   864,241   27   1,101,26     28   Temporarily restricted net assets   864,241   27   1,101,26     29   Permanently restricted net assets   864,241   27   1,101,26     29   Permanently restricted net assets   91,371   33   1,149,36     30   Capital stock or trust principal, or current funds   31     31   Retained earnings, endowment, accumulated income, or other funds   32     32   Retained earnings, endowment, accumulated income, or other funds   912,377   33   1,149,36     31   Total net assets or fund balances   912,377   33   1,149,36     32   Total net assets or fund balances   912,377   33   1,149,36     33   Total net assets or fund balances   912,377   33   1,149,36     34   Total net assets or fund balances   912,377   33   1,149,36     35   Total net assets or fund balances   912,377   33   1,149,36     36   Total net assets or fund balances   912,377   33   1,149,36     36   Total net assets		11	Investments—publicly traded securities	-		11	
14		12	Investments—other securities See Part IV, line 11			12	
15		13	Investments—program-related See Part IV, line 11			13	
16    Total assets. Add lines 1 through 15 (must equal line 34)   939,731   16		14	Intangible assets			14	
17 Accounts payable and accrued expenses		15	Other assets See Part IV, line 11		2,291	15	2,291
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)		939,731	16	1,162,526
Popular Popular Part II of Schedule D. 21  Secured mortgages and notes payable to unrelated third parties persons Complete Part II of Schedule D. 22  Secured mortgages and notes payable to unrelated third parties 23  Unsecured notes and loans payable to unrelated third parties 24  Unsecured notes and loans payable to unrelated third parties 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. 27,354  Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets 848,136  Permanently restricted net assets 948,136  Capital stock or trust principal, or current funds 31  Paid-in or capital surplus, or land, building or equipment fund 31  Retained earnings, endowment, accumulated income, or other funds 912,377  33 1,149,38		17	Accounts payable and accrued expenses		21,869	17	7,759
20 Tax-exempt bond liabilities		18	Grants payable			18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	-		19	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities			20	
Unsecured notes and loans payable to unrelated third parties	S.	21	Escrow or custodial account liability Complete Part IV of Schedule D .			21	_
Unsecured notes and loans payable to unrelated third parties	ilitie	22		es,			
Unsecured notes and loans payable to unrelated third parties	æ		persons Complete Part II of Schedule L			22	
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		23	Secured mortgages and notes payable to unrelated third parties		23		
and other liabilities not included on lines 17-24) Complete Part X of Schedule  D		24	Unsecured notes and loans payable to unrelated third parties			24	
26 Total liabilities. Add lines 17 through 25		25	, , , , , , , , , , , , , , , , , , , ,				
Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets					· · · · · ·		5,369
lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26			27,354	26	13,128
30 Capital stock or trust principal, or current funds	φ		, , , , , , , , , , , , , , , , , , , ,	nplete			
30 Capital stock or trust principal, or current funds	Ĕ	27	- ·	_	864,241	27	1,101,262
30 Capital stock or trust principal, or current funds	<u> </u>	28	Temporarily restricted net assets		48,136	28	48,136
30 Capital stock or trust principal, or current funds	<u> </u>				·	29	<u> </u>
30 Capital stock or trust principal, or current funds	Ξ		·	and			
30 Capital stock or trust principal, or current funds	F.		- · · · · · · · · · · · · · · · · · · ·				
33 Total net assets or fund balances	ر 0	30	Capital stock or trust principal, or current funds			30	
33 Total net assets or fund balances	set	31	Paid-in or capital surplus, or land, building or equipment fund			31	
33 Total net assets or fund balances	As	32	Retained earnings, endowment, accumulated income, or other funds			32	
Z 34 Total liabilities and net assets/fund halances 1939 731 34 1 162 57	¥	33	Total net assets or fund balances		912,377	33	1,149,398
	Z	34	Total liabilities and net assets/fund balances		939,731	34	1,162,526

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		ġ	985,174
2	Total expenses (must equal Part IX, column (A), line 25)	2		-	748,153
3	Revenue less expenses Subtract line 2 from line 1	3			237,021
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			912,377
5	Net unrealized gains (losses) on investments	5			
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		1,:	149,398
Par	t 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				
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 review a separate basis, consolidated basis, or both	wed o	n		
	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	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	ne <b>2с</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
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?	е	3a		No
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		

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 54-1951769

Name: NATIONAL VACCINE INFORMATION CENTER

### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	30,107	including grants of \$	) (Revenue \$	)
LOBBYING					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493011016226

OMB No 1545-0047

### **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.

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

Open to Public Inspection

		ne organization	- 5				Employer identifica	ation number			
NATIO	NAL VA	CCINE INFORMATION CENTE	:R				54-1951769				
Da	rt I	Peason for Publi	ic Charity S	Status (All organiza	itions must co	mnlete this n		nc .			
		zation is not a private fo		`			•	7113.			
1	,, gu	A church, convention		•	= -	•	= -				
2	<u>'</u>	A school described in				iii Section 170(B	//-//-////				
3	<u>'</u>					tion 170(b)(1)	(A)(:::)				
_	<u>'</u> _	A hospital or a cooper		_				) Fatantha			
4	ı	A medical research or		erated in conjunction v	with a nospital d	iescribed in <b>sec</b>	tion 1/0(b)(1)(A)(iii	). Enter the			
5	Г	hospital's name, city, An organization opera		nefit of a college or uni	versity owned o	or operated by a	governmental unit d	escribed in			
-	•	section 170(b)(1)(A)			versity office c	, operated by a	governmental ante a				
6	_	A federal, state, or loc		·	described in se	action 170(b)/1	)(A)(v)				
	, 고							ranaval muhlia			
7	١٠	An organization that n described in <b>section 1</b>	•	•	• •	om a governme	ntal unit of from the g	general public			
8	Г	A community trust de				tII)					
9		An organization that n					outions, membership	fees, and gross			
	·	receipts from activitie									
		its support from gross									
		acquired by the organ						. 54511145545			
10	$\vdash$	An organization organ									
11	<u>'</u> -	An organization organ	•	•	•	•		ut the nurnoses of			
11	,	one or more publicly s	•	•							
		the box in lines 11a th									
а	Γ	<b>Type I.</b> A supporting of	organization op	perated, supervised, o	r controlled by 1	ts supported or	ganization(s), typical	lly by giving the			
		supported organizatio				ty of the directo	ors or trustees of the	supporting			
L	_	organization You mus				th ita aiimnai	ted erappization(s) h	ou bourne control or			
b	1	<b>Type II.</b> A supporting management of the su	_					=			
		must complete Part I'			same persons c	nac control of it	ianage the supported	organization(3) 104			
C	Г	Type III functionally	•		n operated in c	onnection with,	and functionally integ	grated with, its			
	_	supported organizatio									
d	ı	Type III non-function									
		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	Г	Check this box if the					a Type I. Type II. T	vpe III functionally			
	•	integrated, or Type II						, , , ,			
f		Enter the number of s	upported orgar	nizations							
g		Provide the following i	nformation abo	out the supported orga	anızatıon(s)						
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org		(v) A mount of	(vi) A mount of			
		organization		organization	listed in your		monetary support	other support (see			
				(described on lines 1-9 above or IRC	docume	ent?	(see instructions)	ınstructions)			
				section (see							
				instructions))							
					Yes	No					
 Tota	1										
ivia			I	I	1	i I		I			

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (d) 2013 (c) 2012 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 806,933 813,466 788,504 645,568 980,085 4,034,556 include any "unusual grants ") 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 806,933 813,466 788,504 645,568 980,085 4,034,556 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 2,022,740 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 2,011,816 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 806,933 813,466 788,504 645,568 980,085 4,034,556 Amounts from line 4 Gross income from interest, dividends, payments received on 446 113 2,463 5,838 5,910 14,770 securities loans, rents, royalties and income from similar sources 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 4,049,326 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 49 680 % Public support percentage for 2013 Schedule A, Part II, line 14 15 52 300 % 16a 33 1/3% support test - 2014. 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 -2013. 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 – 2014. 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 - 2013. 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

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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b 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 $(2)^7$ 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 II of Schedule L (Form 990).	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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

Pa	rt IV Supporting Organizations (continued)			
S	ection 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity 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>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	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		1 1	

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 See instructions. All other
ype	[]	II 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		
а	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	<b>Discount</b> 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

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

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

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

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493011016226

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

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

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NATIONAL VACCINE INFORMATION CENTER Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b> □	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means an		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	30,102	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b	o)	30,102	
d	O ther exempt purpose expenditures		718,051	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	748,153	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	137,223	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	34,306	
h	Subtract line 1g from line 1a If zero or less, ento	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lir	ne 1h or line 1ı, dıd the organization file Form 472	0 reporting	

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> Total
2a	Lobbying nontaxable amount	122,633	108,252	114,073	137,223	482,181
b	Lobbying ceiling amount (150% of line 2a, column(e))					723,272
c	Total lobbying expenditures	9,934	13,965	13,170	30,102	67,171
d	Grassroots nontaxable amount	30,658	27,063	28,518	34,306	120,545
e	Grassroots ceiling amount (150% of line 2d, column (e))					180,818
f	Grassroots lobbying expenditures	9,934	13,965	13,170	30,102	67,171

(b) Amount	No
Amount	No
-	
-	
or section	)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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#### DLN: 93493011016226

# OMB No 1545-0047

Open to Public

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

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Name of the organization **Employer identification number** NATIONAL VACCINE INFORMATION CENTER 54-1951769 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)  $\Gamma$  Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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 in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Organizations Maintaining Col	llections of Art	<u>, His</u>	tori	<u>cal T</u>	<u>reasur</u>	es, or Ot	<u>her</u>	<u>' Similar As</u>	<u>sets (c</u>	continued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other recor	ds, cł	neck	any of	the follo	wing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progra	ms			
b	Scholarly research		е	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and expla	ın hov	w the	y furth	er the or	rganızatıon':	s ex	empt purpose ı	n	
5	During the year, did the organization solicit o									_	_
Do	assets to be sold to raise funds rather than to									Yes	│ No
Pa	<b>t IV</b> Escrow and Custodial Arrange Part IV, line 9, or reported an am						answered	1 Y 6	es to Form 9	90,	
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?						r other asse	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able						
									Am	nount	
С	Beginning balance						<u> </u> :	1c			
d	Additions during the year						<u>                                     </u>	1d			
е	Distributions during the year						<del>-</del>	1e			
f	Ending balance						<u> </u>	1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21,	for e	scrow	or custo	dıal accoun	t lıa	bility?	│ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatı	on has	been pr	ovided in P	art >	(III		Γ
Pa	rt V Endowment Funds. Complete										
4	Deginning of user believe	(a)Current year	(b	<b>)</b> Prior	year	<b> b (c)</b> Tw	o years back	<b>(d)</b> ⊺	hree years back	(e)Four	years back
1a	Beginning of year balance										
b	Contributions					-					
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
q	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (lin	ne 1 a	. colur	nn (a)) h	eld as				
– a	Board designated or quasi-endowment ►	ene year ena barane			, corur	(4),	010 05				
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%									
За	Are there endowment funds not in the posses		ation	that	are he	d and ac	dministered	for t	:he		
	organization by	,								Yes	No
	(i) unrelated organizations							•	3a(		<u> </u>
L	(ii) related organizations								3a(		<del>                                     </del>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	•				• •		•	3t	<u>,                                      </u>	<u> </u>
	t VI Land, Buildings, and Equipme					n answ	ered 'Yes'	to	Form 990. Pa	rt IV. I	ine
	11a. See Form 990, Part X, line 1										
	Description of property					or other estment)	(b)Cost or o basis (other		(c) Accumulated depreciation	d ( <b>d)</b> l	Book value
1a	Land						<u> </u>				
b	Buildings										
c	Leasehold improvements						3,	,885	1,6	583	2,202
d	Equipment						53,	,265	20,9	98	32,267
	Other										
Tota	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part )	K, colu	ımn (	B), line	10(c).)			►		34,469
							_		Schedule D	(Form	990) 2014

See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation
(1)Financial derivatives		Cost or end-of-year market value
(2 )Closely-held equity interests		
Other		
	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related.	Complete if the organization	answared 'Ves' to Form 000 Part IV line 11
See Form 990, Part X, line 13.	Complete il the organization	ranswered fes to Form 990, Part IV, line 110
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u></u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organizate	Ion answered 'Yes' to Form 990	Part IV line 11d See Form 990 Part X line 15
	ion answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organization	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizate (a) Des	ion answered 'Yes' to Form 990 cription	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organizate (a) Des	ion answered 'Yes' to Form 990 cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X  Other Liabilities. Complete if the or Form 990, Part X, line 25.	e 15.)  ganızatıon answered 'Yes' to Form 990	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ion answered 'Yes' to Form 990 cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	e 15.)  ganızatıon answered 'Yes' to Form 990	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	e 15.)  ganization answered 'Yes' to Form 990  (b) Book value	(b) Book value

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Re	eturn Complete ıf
1	the organization answered 'Yes' to Form 990, Part IV, line 12a.	1	1 070 150
1	Total revenue, gains, and other support per audited financial statements	-	1,070,150
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII )	_	04.076
e	Add lines 2a through 2d	2e	84,976
3	Subtract line <b>2e</b> from line <b>1</b>	3	985,174
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )	_	_
_ C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	985,174
Part	if the organization answered 'Yes' to Form 990, Part IV, line 12a.	рег	<b>Return.</b> Complete
1	Total expenses and losses per audited financial statements	1	833,129
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII ) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	84,976
3	Subtract line <b>2e</b> from line <b>1</b>	3	748,153
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII ) 4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	748,153
Part	XIII Supplemental Information		
Part \	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, /, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b  Also complete this part to p nation		le any additional
	Return Reference Explanation		
PART	X, LINE 2  IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD ( NO 740-10 [FORMERLY INTERPRETATION NO 48 (FIN 48)], ACCOU		
	UNCERTAINTY IN INCOME TAXES, WHICH IS AN INTERPRETATION OF SEAS NO 109), ACCOUNTING FOR INCOME TAXES FASB ASC NO 7 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED VACCINE INFORMATION CENTER'S FINANCIAL STATEMENTS IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED VACCINE INFORMATION CENTER'S FINANCIAL STATEMENTS IN ACCOUNTION THRESHOLD AND MEASURE THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF OR EXPECTED TO BE TAKEN IN A TAX RETURN FASB ASC NO 740-1 EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN PREPARING THE NATIONAL VACCINE INFORMATION CENTER'S TAXEN WHETHER THE TAX POSITIONS HAVE A "MORE-LIKELY-THAN-NOT" SUSTAINED BY THE APPLICABLE TAX AUTHORITY THE NATIONAL VACCINE INFORMATION OF UNCERTAIN TAX POSITION ENDED AUGUST 31, 2015, AND DETERMINED THAT THERE WERE NO REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT ON ITS TAX-EXEMPT STATUS AS OF AUGUST 31, 2015, THE STATUTAX YEARS 2011 THROUGH 2013 REMAINS OPEN WITH THE US FEITHE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE UTAX RETURNS IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN IN OF AUGUST 31, 2015, THE ORGANIZATION HAD NO ACCRUALS FOR PENALTIES	OF AS 40-1(IN TH CORI REMEI F A TA O RE PROI VACO O NS F MAY TE OF O RGA INTE NCOM	SC 740'S (FORMERLY 0 CLARIFIES THE HE NATIONAL DANCE WITH ASC NT ATTRIBUTE FOR AX POSITION TAKEN QUIRES THE THE COURSE OF URN TO DETERMINE BABILITY OF BEING CINE INFORMATION FOR THE YEAR TERS THAT WOULD HAVE ANY EFFECT F LIMITATIONS FOR L JURISDICTION OR ANIZATION FILES EREST AND/OR

Jenedale 2 (1 31111 33 3) 23 13		r age <b>3</b>		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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DLN: 93493011016226

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

**Transactions with Interested Persons** 

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL VACCINE INFORMATION CENTER				Employer identification number			
				54-1951769			
Part		<b>ctions</b> (section 501(c)(3), section 501(d Inswered "Yes" on Form 990, Part IV, line					
1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description	on of transaction	(d) Corrected?		
		person and organization			Yes	No	
					•		

2	nter the amount of tax incurred by organization managers or disqualified persons during the year under section
	958
3	nter the amount of tax, if any, on line 2, above, reimbursed by the organization

### Part II

### Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	( <b>b)</b> Relationship with organization	 (d) Loan or from th organization	ne	(e)Original principal amount	<b>(f)</b> Balance due	(g) In (h)  default? A pproved by board or committee?		d or	(i)Written agreement?		
		То	From			Yes	No	Yes	No	Yes	No

Total	<b>▶</b> \$					
Part IIII Grants or As	ssistance Benefiting Ir	nterested Persons.				
Complete if t	Complete if the organization answered "Yes" on Form 990, Part IV, line 27.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	<b>(d)</b> Type	of assistanc	e <b>(e)</b> Purpos	e of assistance

Part IV Business Transactions Involving Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.							
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?			
				Yes	No		
(1) PAUL FARTHUR	FAMILY RELATIONSHIP WITH BARBARA L ARTHUR, A CURRENT DIRECTOR AND OFFICER	l '	PAYMENT FOR EMPLOYEE SERVICES		No		
(2) CHRISTIAN FISHER	FAMILY RELATIONSHIP WITH	l '	PAYMENT FOR EMPLOYEE SERVICES		No		

BARBARA L ARTHUR,

A CURRENT DIRECTOR AND OFFICER

Part V	Supplemental Information  Provide additional information for responses to questions on Schedule L (see instructions)					
	Provide additional informa	tion for responses to questions on schedule L (see instructions)				
Return Reference		Explanation				

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493011016226

**Employer identification number** 

54-1951769

OMB No 1545-0047

2014

Open to Public Inspection

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization NATIONAL VACCINE INFORMATION CENTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	
FORM 990, PART VI, SECTION B, LINE 11	WHEN THE 990 DRAFT IS RECEIVED FROM THE AUDITOR IT IS REVIEWED BY EXECUTIVE STAFF INCLUDIN  G THE BOOKKEEPER, DIRECTOR OF OPERATIONS AND THE EXECUTIVE DIRECTOR ALL THREE WILL BE LOO  KING FOR CONSISTENCY WITH THE AUDIT AND THE FIGURES PROVIDED TO THE AUDITOR A DISCUSSION  WILL TAKE PLACE AND ANY REMAINING INCONSISTENCIES WILL BE FORWARDED TO THE AUDITOR FOR CLA  IRIFICATION
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST AND NON-DISCLOSURE AGREEMENT IS REQUIRED TO BE SIGNED ANNUALLY BY ALL STAFF, VOLUNTEERS AND DIRECTORS AND IS REVIEWED AT HIRE/RECRUITMENT OF DIRECTORS, STA FF AND VOLUNTEERS, AS WELL AS ANNUALLY FOR RENEWAL PURPOSES
FORM 990, PART VI, SECTION B, LINE 15	NVIC IS COMPRISED PRIMARILY OF VOLUNTEERS WITH FEW PAID POSITIONS THE EXECUTIVE DIRECTOR POSITION WAS VACATED BY KATHI WILLIAMS IN 2006 WHEN SHE ASSUMED THE CFO POSITION AND THE D UTIES SPREAD AMONG THE EXISTING STAFF INCLUDING THE OPERATIONS MANAGER AND THE PRESIDENT IN 2009 A BOARD MEMBER VICKY DEBOLD SUGGESTED NVIC ENTERTAIN MS WRANGHAM, WHO WAS PRESIDE NT OF SAFEMINDS, A 501C3 INVOLVED IN VACCINE SAFETY USING THE PRESIDENT'S SALARY AS THE C AP AND INSURING HER COMPENSATION WAS SLIGHTLY ABOVE THOSE WHO SHE WOULD LEAD WE ARRIVED AT HER CURRENT COMPENSATION INCREASES WILL BE PROPOSED BY THE PRESIDENT AND APPROVED BY THE BOARD INCREASES IN COMPENSATION FOR DIRECTORS AND OFFICERS ARE APPROVED AS OUTLINED IN N VIC'S OPERATIONS MANUAL AND THE ANNUAL BUDGET APPROVED BY NVIC'S BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE KEPT AT THE NVIC OFFICE IN STERLING, VA AND ARE AVAILABLE UPON REQUEST