

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 09-01-2012, 2012, and ending 08-31-2013

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL VACCINE INFORMATION CENTER		D Employer identification number 54-1951769
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	21525 RIDGETOP CIRCLE NO 100		(703) 938-0342
City or town, state or country, and ZIP + 4		G Gross receipts \$ 792,330	
STERLING, VA 20166			
F Name and address of principal officer KATHRYN M WILLIAMS 21525 RIDGETOP CIRCLE NO 100 STERLING, VA 20166		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: ▶ WWW.NVIC.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1982 **M** State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 11
	6 Total number of volunteers (estimate if necessary) 6 14
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, line 34 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 813,466
	9 Program service revenue (Part VIII, line 2g) 9 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 113
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 813,579
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 73,875
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 279,936
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,325
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 297,078
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 18 650,889
	19 Revenue less expenses Subtract line 18 from line 12 19 162,690
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 630,309
	21 Total liabilities (Part X, line 26) 21 10,584
	22 Net assets or fund balances Subtract line 21 from line 20 22 619,725

Part II Signature Block

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

Sign Here	***** Signature of officer	2014-01-07 Date			
	KATHRYN M WILLIAMS VICE PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RICHARD M JONES CPA	Preparer's signature	Date 2014-01-07	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00621721
	Firm's name ▶ KENDALL PREBOLA AND JONES LLC			Firm's EIN ▶ 46-2108854	
	Firm's address ▶ PO BOX 259 BEDFORD, PA 155220259			Phone no (814) 623-1880	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

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 (HTTP://WWW.NVIC.ORG)

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 331,629 including grants of \$) (Revenue \$)

PUBLIC EDUCATION PROGRAMS AS THE OLDEST AND LARGEST CONSUMER-LED NON-PROFIT CHARITY DISSEMINATING VACCINE INFORMATION ON THE INTERNET, NVIC HAS SECURED AN IMPRESSIVE AND EXPANDING ONLINE WEB PRESENCE, WHICH WAS SIGNIFICANTLY EXPANDED IN FYE 2013 WEBSITE - NVIC ORG HOSTED 918,949 VISITS, AN INCREASE OF 37% FROM FYE 2012 THERE WERE NEARLY 2 MILLION PAGE VIEWS, A 27% INCREASE, WITH A SIGNIFICANT INCREASE IN NEW VISITORS (34%) AND RETURNING VISITORS (48%) CONTENT AND DESIGN IMPROVEMENTS TO NVIC ORG INCLUDED * RESEARCH & DEVELOPMENT SEARCH ENGINE OPTIMIZATION, * UPDATING OF PAGES ON STATE LAWS, FAQS, MEDIA, DISEASES AND VACCINES, * VACCINE INGREDIENT CALCULATOR (VIC) APPROXIMATELY 3,100 INDIVIDUAL VACCINATION PLANS WERE PRODUCED THERE WERE ABOUT 53,000 UNIQUE USERS OF THE VIC, WHICH PROVIDED INFORMATION TO VISITORS FROM 147 NATIONS THE VIC TWITTER ACCOUNT INCREASED 55% TO 1,900 FOLLOWERS IN FYE 2013 AND THERE WERE 8,760 TWEETS PRODUCED BY THE VIC'S CUSTOM-DESIGNED TWEET MACHINE * MEDALERTS THE MEDALERTS DATABASE THAT FACILITATES ONLINE SEARCHES OF VACCINE REACTION REPORTS MADE TO THE FEDERAL VACCINE ADVERSE EVENTS REPORTING SYSTEM (VAERS), ADDED NEW INFORMATION AND DATABASE SEARCH FEATURES THERE WAS A 30% INCREASE IN DAILY VISITORS * NVIC'S VACCINE FREEDOM WALL PROMOTION OF NVIC'S ONLINE VACCINE FREEDOM WALL IN THE NVIC NEWSLETTER RESULTED IN MORE THAN 150 REPORTS OF HARASSMENT PUBLICLY POSTED ON THE WALL, WHICH IS A SIGNIFICANT INCREASE FROM FYE 2012 ONLINE/PRINTED BROCHURES - DURING FYE 2013, INFORMATION BROCHURES WERE CREATED OR REVISED AND POSTED ON NVIC ORG IN DOWNLOADABLE FORM AND PUBLISHED IN PRINTED FORM A NEW BROCHURE ON INFLUENZA AND INFLUENZA VACCINE WAS CREATED AND MAJOR REVISIONS WERE MADE TO THE CHILDHOOD VACCINE SCHEDULE BROCHURE * "KNOW THE FACTS TO STAY HEALTHY THIS FLU SEASON" * 49 DOSES OF 14 VACCINES BY AGE SIX* 69 DOSES OF 16 VACCINES BY AGE 8* NEWSLETTER - THE FREE ONLINE NVIC NEWSLETTER BECAME A BI-WEEKLY PUBLICATION AND PUBLISHED 24 EDITIONS SENT TO 43,300 SUBSCRIBERS READERSHIP INCREASED BY MORE THAN 25% THE NVIC NEWSLETTER CONTAINS COMMENTARIES, NEWS SUMMARIES AND ANALYSES ON VACCINE SCIENCE, POLICY AND LAW, INFECTIOUS AND CHRONIC DISEASES, ACTION ALERTS ABOUT STATE VACCINE LEGISLATION, SUMMARIES OF FEDERAL VACCINE ADVISORY COMMITTEE MEETINGS AND OTHER TIMELY INFORMATION AMONG BREAKING NEWS TOPICS FEATURED IN THE NVIC NEWSLETTER WERE * VACCINE LEGISLATION AND YOUR RIGHTS IS YOUR STATE NEXT* IOM ISSUES REPORT ON SAFETY OF THE CHILD VACCINE SCHEDULE WHEN WILL THE REAL SCIENCE BEGIN? * NIH \$1.6 BILLION FUNDING CUT THREAT & VACCINE RESEARCH* EFFECTIVENESS OF FLU VACCINE RAISES MORE RED FLAGS* US PUBLIC HEALTH OFFICIALS BACK PEDIATRIC ANTHRAX VACCINE EXPERIMENT* CDC REPORTS 1 IN 50 AMERICAN CHILDREN DIAGNOSED WITH AUTISM* EXPERT SAYS INFLUENZA VACCINE MARKETING MISREPRESENTS FACTS* THE YEARLY "BACK-TO-SCHOOL PUSH" TO VACCINATE* CDC LAUNCHES MEDIA CAMPAIGNS TO INCREASE VACCINE USE COMMENTARIES THAT ARE RESEARCHED, WRITTEN AND REFERENCED AND OFTEN ACCOMPANIED BY VIDEO TUTORIALS AND ANCHORED WITH REFERENCES LIVE-LINKED TO ORIGINAL INFORMATION SOURCES ARE FEATURED IN THE NVIC NEWSLETTER THESE WELL REFERENCED COMMENTARIES HAVE CREATED A LARGE ONLINE LIBRARY OF SEVERAL THOUSAND EASILY ACCESSIBLE ONLINE REFERENCES TO VACCINE-RELATED INFORMATION IN FYE 2013, COMMENTARY TOPICS INCLUDED * TURNING VACCINE EXEMPTIONS INTO CLASS WARFARE* INFLUENZA DEATHS HYPE VS EVIDENCE* UNDER ATTACK NVIC HELPS AMERICANS STAND UP AND SPEAK OUT* WOMEN, VACCINES & BODILY INTEGRITY* DESPERATE TIMES FOR VACCINE RISK DENIALISM* WITCH HUNTING JENNY MCCARTHY FOR VACCINE TALKING VIDEO MESSAGING - VIDEOS WERE FILMED, EDITED AND PRODUCED AND POSTED ON YOU TUBE AND PUBLISHED IN NEWSLETTERS DURING FYE 2013, NVIC'S VIDEOS ATTRACTED ABOUT 100,000 VIEWS ON YOU TUBE AND THOUSANDS OF MORE VIEWS VIA THE NVIC NEWSLETTER AND POSTED IN OTHER ONLINE NEWSLETTERS AND BLOGS FACEBOOK PAGE - NVIC'S FACEBOOK PAGE IS NVIC'S "DAILY NEWS" COMMUNICATIONS OUTLET AND MONITORED 12 HOURS A DAY ATTRACTING A GROWING FAN BASE OF ABOUT 100 NEW FANS/FOLLOWERS PER DAY, BY THE END OF FYE 2013, NVIC'S FACEBOOK FAN BASE NUMBERED 59,000, FOR A NET GAIN OF 54% IN ONE YEAR MORE THAN 7,000 NVIC-GENERATED COMMENTS ABOUT BREAKING VACCINE-RELATED NEWS ITEMS WERE POSTED TO AND SHARED BY NVIC FACEBOOK FANS AND FRIENDS FOR A DAILY REACH OF 15.6 MILLION PEOPLE - A 35% INCREASE OVER FYE 2012 TWITTER - FOLLOWERS OF THE NVIC TWITTER SOCIAL MEDIA ACCOUNT INCREASED TO 1,025 IN FYE 2013 FOR A 65% INCREASE IN NVIC'S TWITTER FAN BASE THIS GROWTH REPRESENTS THOUSANDS OF RETWEETS THAT REACH MILLIONS OF FOLLOWERS MEDIA AND ADVERTISING - DURING FYE 2013, NVIC CONTINUED TO PROVIDE 12-HOUR A DAY RESPONSE TO MEDIA INQUIRIES AND INITIATED NEW ADVERTISING CAMPAIGNS TO PROMOTE INFORMED VACCINE DECISION-MAKING PRINT & BROADCAST NEWS ARTICLES - NVIC STAFF AND VOLUNTEERS WERE INTERVIEWED OR QUOTED IN A PRINT AND BROADCAST VACCINE NEWS STORIES * SHOULD HEALTH CARE WORKERS BE FIRED FOR REFUSING FLU SHOTS? CNBC, NOV 26, 2012 * PRO VS CON SHOULD WE IMMUNIZE OUR CHILDREN? LOOP 21, DEC 2012 * CHILDHOOD VACCINE SCHEDULE IS SAFE, REPORT SAYS HEALTHDAY, JAN 16, 2013 * VACCINATION INFORMATION AND CONCERNS CHRISTIAN INFORMATION RADIO, MAR 21, 2013 * LOCAL DOCTOR CRITICIZES "POX" PARTIES KOMO NEWS, APR 4, 2013 * WRITER DEFENDS COLUMN CRITICAL OF GARDASIL VACCINE PARENT TALK ON WECK RADIO (102.9FM), APR 13, 2013 * MAINE HOPING AGAINST WHOOPING COUGH REPEAT PORTLAND PRESS HERALD, JULY 1, 2013 * PHARMA'S FAKING A GRASSROOTS CAMPAIGN TO KEEP JENNY MCCARTHY OFF THE VIEW NEWS FROM UNDERGROUND, AUG 1, 2013 * VACCINES SCIENCE VS SKEPTICS WASHINGTON POST TV, AUG 20, 2013 * REGS AND EXEMPTION RATES ARE LINKED STRICTER SCHOOL POLICIES GARNER FEWER EXCEPTIONS THE DAILY TIMES, AUG 23, 2013 * NEW EFFORTS PUT PRESSURE ON PARENTS TO VACCINATE KIDS NPR KQED-FM, AUG 24, 2013 * CDC RENEWS PUSH FOR HPV VACCINATIONS FOR PRE-TEENS OF BOTH SEXES NEWSMAX, AUG 28, 2013 PRESS RELEASES - NVIC WROTE AND ISSUED 5 PRESS RELEASES OVER BUSINESSWIRE DURING FYE 2013 * NATIONAL VACCINE INFORMATION CENTER (NVIC) SAYS CA GOVERNOR BROWN FAILS TO VETO VACCINE BILL BUT AFFIRMS PERSONAL AND RELIGIOUS EXEMPTIONS THIS OCT 1, 2012 PRESS RELEASE GENERATED 6,560 ONLINE HEADLINE IMPRESSIONS AND WAS PICKED UP BY NEWS OUTLETS IN MORE THAN 55 COUNTRIES* NATIONAL VACCINE INFORMATION CENTER (NVIC) AND MERCOLA.COM CALL FOR CONSUMER EDUCATION AND EMPOWERMENT DURING "VACCINE AWARENESS WEEK" SEPT 30 - OCT 6, 2012 THIS SEPT 28, 2012 PRESS RELEASE GENERATED 12,933 ONLINE HEADLINE IMPRESSIONS AND WAS PICKED UP BY NEWS OUTLETS IN OVER 55 COUNTRIES * NVIC LAUNCHES VACCINE EDUCATION CAMPAIGN - VACCINATIONS? KNOW THE RISKS AND FAILURES THIS MAR 13, 2013 PRESS RELEASE ANNOUNCED NVIC'S VACCINE EDUCATION BILLBOARD CAMPAIGN CONTAINED LINKS TO WELL-REFERENCED INFORMATION ABOUT VACCINE RISKS AND FAILURES IT WAS PICKED UP BY NEWS OUTLETS IN OVER 55 COUNTRIES AND GENERATED 6,782 ONLINE HEADLINE IMPRESSIONS * NVIC SUPPORTS 3 OF 5 RECOMMENDATIONS OF NEW IOM REPORT ON U.S. CHILDHOOD IMMUNIZATION SCHEDULE SAFETY AND CALLS FOR TRANSPARENCY THIS JAN 16, 2013 PRESS RELEASE GENERATED 57,381 ONLINE HEADLINE IMPRESSIONS AND WAS PICKED UP BY NEWS OUTLETS IN OVER 55 COUNTRIES AD CAMPAIGNS - A NATIONAL BILLBOARD CAMPAIGN VACCINATIONS KNOW THE RISKS AND FAILURES TO RAISE PUBLIC AWARENESS ABOUT NVIC'S WEBSITE AND MAKING INFORMED VACCINE CHOICES WAS DESIGNED AND COMMERCIAL FREESTANDING BILLBOARDS WERE PLACED IN PREMIUM LOCATIONS IN CHICAGO, IL, PHOENIX & TUSCON, AZ, PORTLAND, OR, OLYMPIA, WA, AUSTIN, TX, BUFFALO, NY, AND ATLANTA, GA IT IS ESTIMATED THAT NVIC'S BILLBOARDS WERE VIEWED BY MORE THAN 17.8 MILLION PEOPLE NVIC ALSO PLACED ADS IN MIDWEST HEALTH & WELLNESS MAGAZINE, WESTERN NEW YORK FAMILY MAGAZINE AND NATURAL MOTHER MAGAZINE FOR A TOTAL READERSHIP EXPOSURE OF 1.2 MILLION PEOPLE MAGAZINE FEATURES - THE INTERNATIONAL CHIROPRACTIC PEDIATRIC ASSOCIATION (ICPA) PUBLISHED AN ARTICLE WRITTEN BY NVIC'S CO-FOUNDER & PRESIDENT IN PATHWAYS TO FAMILY WELLNESS MAGAZINE ON "THE MORAL RIGHT TO RELIGIOUS AND CONSCIENTIOUS BELIEF EXEMPTIONS TO VACCINATION" SPEECHES - NVIC'S PRESIDENT GAVE 3 PUBLIC PRESENTATIONS THAT REACHED AN AUDIENCE OF MORE THAN 3,000 PEOPLE * "VACCINES & CHRONIC ILLNESS STAYING WELL IN THE NEW EPIDEMIC" A KEYNOTE SPEECH AT THE 2012 NATURAL LIVING CONFERENCE SPONSORED BY HOLISTIC MOMS NETWORK, CHICAGO, ILLINOIS, OCT 13, 2012 * "VACCINATION KNOWLEDGE IS POWER AND FREEDOM IS NOT FREE" A 20-MINUTE "TED TALK" TYPE POWER POINT PRESENTATION AT THE "CALIFORNIA JAM" CHIROPRACTIC CONFERENCE SEGERSTROM CENTER FOR THE ARTS, COSTA MESA, CA, MAR 22, 2013 * "VACCINES AN INFORMED PERSPECTIVE" A SOLD-OUT VACCINE EDUCATION SPEECH AND Q&A SESSION SPONSORED BY THE SAN DIEGO COUNTY CHIROPRACTORS UNITED

4b (Code) (Expenses \$ 66,020 including grants of \$) (Revenue \$)

ADVOCACY PROGRAM STATE ACTIVITIES THE WEB-BASED NVIC ADVOCACY PORTAL WAS CREATED AND LAUNCHED IN 2010 BY NVIC'S DIRECTOR OF ADVOCACY, WHO MANAGES DAY-TO-DAY OPERATIONS THE FREE ONLINE COMMUNICATIONS NETWORK PUTS REGISTERED USERS IN DIRECT ELECTRONIC CONTACT WITH THEIR STATE LEGISLATORS AND EDUCATES THEM ABOUT STATE VACCINE LAWS AND HOW TO TAKE ACTION TO PROTECT VACCINE EXEMPTIONS AND PARENTAL INFORMED CONSENT RIGHTS MAJOR ACTION ALERTS DISTRIBUTED TO STATE ADVOCACY LEADERS AND PORTAL USERS ARE OFTEN TOPICS OF ARTICLES PUBLISHED IN THE NVIC NEWSLETTER DURING FYE 2013, SIGNIFICANT MAINTENANCE ON THE PORTAL WAS PERFORMED TO CLEAN THE USER LIST AND VERIFY THE VALIDITY OF ALL USER INFORMATION THIS EFFORT ENSURES THE INTEGRITY OF THE NVIC ADVOCACY.ORG DOMAIN NAME WITH INTERNET SERVICE PROVIDERS GOOGLE ANALYTICS TOOL - THIS FISCAL YEAR, THE NVIC ADVOCACY PORTAL ATTRACTED 5,518 NEW USERS, WHICH REPRESENTS GROWTH OF JUST OVER 25% SINCE FYE 2012 FOR A TOTAL OF 27,347 VERIFIED, REGISTERED PORTAL USERS GOOGLE ANALYTICS WAS ADDED TO THE PORTAL IN FEBRUARY AND REVEALED THAT 25% OF USERS ARE RETURNING AND STAYING ON THE PORTAL FOR MORE THAN THREE MINUTES AND ACCESSING MULTIPLE PAGES DURING FYE 2013 LEGISLATIVE SESSIONS, THE ADVOCACY PORTAL ACTIVELY TRACKED 121 BILLS ACROSS 38 STATES AND ISSUED 81 ACTION ALERTS AND STATUS REPORTS ON 19 LEGISLATIVE OR REGULATORY ACTIONS THESE NUMBERS REPRESENT AN INCREASE OF 233% IN THE NUMBERS OF STATE BILLS AND ADMINISTRATIVE RULE CHANGES TRACKED AND A 138% INCREASE IN ACTION ALERTS ISSUED COMPARED TO FYE 2012 DURING FYE 2013, THE NVIC ADVOCACY PORTAL BECAME A SIGNIFICANT PRESENCE IN STATES LIKE ARIZONA, NEW MEXICO, AND OREGON WHERE THERE HAS BEEN LITTLE AWARENESS ABOUT THE NEED TO PROTECT VACCINE EXEMPTIONS STATE LEGISLATIVE HIGHLIGHTS - NVIC RECEIVED MORE REQUESTS THIS YEAR FROM LEGISLATIVE STAFFERS SEEKING INFORMATION ABOUT VACCINE SCIENCE AND POLICY LEGISLATIVE HIGHLIGHTS FOR THIS REPORTING PERIOD INCLUDE SAVING THE PERSONAL BELIEF EXEMPTION IN CALIFORNIA, EVEN THOUGH THE SIGNATURE OF A STATE DESIGNATED HEALTH CARE PROFESSIONAL IS NOW REQUIRED TO FILE THE EXEMPTION, AND THE INSTRUCTION TO HEALTH OFFICIALS BY GOVERNOR BROWN TO ADD A RELIGIOUS VACCINE EXEMPTION TO CALIFORNIA VACCINE MANDATES NVIC ADVOCACY PORTAL USERS STOPPED BILLS TO EXPAND VACCINE TRACKING REGISTRIES IN IDAHO, MONTANA AND NORTH DAKOTA AND STOPPED A BILL IN TEXAS THAT WOULD HAVE ELIMINATED THE OPT-IN CONSENT REQUIRED FOR CHILDREN TO BE INCLUDED IN THE STATE'S VACCINE REGISTRY TRACKING SYSTEM PORTAL USERS IN TEXAS ALSO SUCCESSFULLY AMENDED LEGISLATION TO ADD CONSCIENTIOUS BELIEF EXEMPTION TO MANDATORY VACCINATION POLICIES FOR CHILDCARE WORKERS IN THE STATE FEDERAL VACCINE ADVISORY COMMITTEES FOR THE PAST 25 YEARS, NVIC HAS PROVIDED CONSUMER REPRESENTATIVES TO SERVE ON FEDERAL VACCINE ADVISORY COMMITTEES AND FEDERAL AND STATE PUBLIC ENGAGEMENT PROJECTS NVIC MONITORS, PROVIDES PUBLIC COMMENT AND REPORTS 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) NVIC'S VOLUNTEER DIRECTOR OF RESEARCH AND PATIENT SAFETY, A FORMER CONSUMER REPRESENTATIVE ON VRBPAC, WAS ASKED TO SERVE AS A TEMPORARY VOTING MEMBER FOR THE FEBRUARY 2013 VRBPAC MEETING DURING FYE 2013, NVIC'S EXECUTIVE DIRECTOR MONITORED AND PROVIDED PUBLIC COMMENT ON BEHALF OF NVIC DURING THE FOLLOWING FEDERAL VACCINE ADVISORY COMMITTEE MEETINGS * NVIC PUBLIC COMMENT TO THE NVAC HIGHLIGHTING VACCINE SAFETY RESEARCH GAPS, PARENTAL SKEPTICISM ABOUT VACCINE SAFETY AND RELUCTANCE TO FOLLOW THE FEDERALLY RECOMMENDED CHILDHOOD VACCINE SCHEDULE AND NEED TO REBUILD PUBLIC TRUST, FEBRUARY 2013 * NVIC PUBLIC COMMENT TO THE ACCV EXPRESSING GENERAL SUPPORT FOR EXTENDING STATUTE OF LIMITATIONS ON VACCINE INJURY CLAIMS, GREATER TRANSPARENCY IN REPORTING OF VACCINE INJURY COMPENSATION CASES AND MEANINGFUL PUBLIC PARTICIPATION IN REVISIONS TO THE VACCINE INFORMATION STATEMENT (VIS), MARCH 2013 * NVIC PUBLIC COMMENT TO THE NVAC DISCUSSING SIGNIFICANT VACCINE SAFETY RESEARCH GAPS IDENTIFIED IN 2012 AND 2013 INSTITUTE OF MEDICINE REPORTS AND THE CONFLICTS OF INTEREST BETWEEN FEDERAL AGENCIES AND VACCINE MANUFACTURERS, JUNE 2013 * NVIC PUBLIC COMMENT TO THE ACCV DISCUSSING EXPANSION OF THE DATA AND STATISTICS TABLES ON THE VICP WEBSITE TO INCLUDE MORE SPECIFIC INFORMATION ON FEDERAL VACCINE INJURY COMPENSATION AWARDS, JUNE 2013

4c (Code) (Expenses \$ 67,276 including grants of \$) (Revenue \$)

COUNSELING AND COMMUNITY SUPPORT 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 2009, NVIC ALSO ADDED AN ONLINE REPORTING MECHANISM FOR THOSE WHO HAVE BEEN HARASSED AND SANCTIONED FOR MAKING VOLUNTARY VACCINATION CHOICES FOR THEMSELVES AND THEIR CHILDREN DURING FYE 2013 THERE WAS AN INCREASE IN INQUIRIES TO NVIC FOR INFORMATION AND REPORTS OF VACCINE REACTIONS AND HARASSMENT COUNSELING SERVICE UNDER THE DIRECTION OF NVIC'S EXECUTIVE DIRECTOR, COUNSELORS RECEIVE ONGOING TRAINING AND NEW INFORMATION ON THE CHANGING LANDSCAPE OF VACCINE POLICY VIA THE INTERNAL NVIC COUNSELOR CONNECT NEWSLETTER AND MONTHLY COUNSELOR MEETINGS DURING FYE 2013, NVIC'S PART-TIME DIRECTOR OF COUNSELING AND VOLUNTEER COUNSELORS RESPONDED TO MORE THAN 2,700 INQUIRIES FOR MORE INFORMATION OR REACTION AND HARASSMENT REPORTS THIS IS AN INQUIRY AND REPORTING INCREASE OF 17 PERCENT COMPARED TO FYE 2012 MANY OF THE INQUIRIES TO NVIC MADE BY PHONE, EMAIL OR LETTER ARE 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 ONLINE COMMUNITY SUPPORT FORUMS NVIC ORG PROVIDES ONLINE PUBLIC FORUMS FOR REPORTING VACCINE REACTIONS AND POSTING EXPERIENCES ABOUT HARASSMENT AND SANCTIONS FOR MAKING VACCINE CHOICES THE FIELD SEARCHABLE MEMORIAL FOR VACCINE VICTIMS ON NVIC ORG ALLOWS WEBSITE VISITORS TO POST DESCRIPTIONS AND PHOTOS OF VACCINE REACTIONS, INJURIES AND DEATHS THE CRY FOR VACCINE FREEDOM WALL IS AN ONLINE PUBLIC FORUM WHERE NVIC ORG VISITORS CAN POST REAL-LIFE EXPERIENCES ABOUT INTIMIDATION, DENIAL OF MEDICAL CARE, LOSS OF EMPLOYMENT OR HEALTH INSURANCE COVERAGE, DENIAL OF A PUBLIC EDUCATION OR OTHER SANCTIONS BY PEDIATRICIANS, PUBLIC HEALTH AND SCHOOL OFFICIALS AND EMPLOYERS MANAGING HEALTH CARE FACILITIES DURING FYE 2013, THERE WERE 155 NEW HARASSMENT REPORTS POSTED ON THE VACCINE FREEDOM WALL

(Code) (Expenses \$ 14,676 including grants of \$) (Revenue \$)

RESEARCH PROGRAM DURING FYE 2013, NVIC'S VOLUNTEER DIRECTOR OF RESEARCH AND PATIENT SAFETY CONTINUED TO WORK ON NVIC FUNDED AND IRB APPROVED RESEARCH CONDUCTED THROUGH GEORGE MASON UNIVERSITY THE FIRST SET OF STUDIES, "COMPARISON OF HEALTH AND UTILIZATION OUTCOMES AMONG FULLY AND NEVER VACCINATED CHILDREN" WHICH WAS LATER EXPANDED TO INCLUDE A COMPANION STUDY, "CHILD HEALTH OUTCOMES, VACCINATION PATTERNS AND FAMILIAL GENETIC RISK," ARE NATIONAL LONGITUDINAL RETROSPECTIVE CASE-CONTROLLED ANALYSES OF MULTIPLE YEARS OF RANDOMLY SELECTED CHILDREN AND THEIR PARENTS THE STUDIES ARE ONGOING AND, WHEN COMPLETED, WILL BE SUBMITTED TO PEER REVIEWED JOURNALS THE SECOND SET OF STUDIES IS AN ADJUNCT TO A MAJOR STUDY FUNDED BY THE ROBERT WOOD JOHNSON FOUNDATION (RWJF), "FATAL EXEMPTIONS? A LONGITUDINAL ANALYSIS OF THE EFFECT OF NON-MEDICAL EXEMPTIONS TO STATE SCHOOL IMMUNIZATION LAWS ON VACCINE-TARGETED DISEASES" THIS STUDY, "LONGITUDINAL ANALYSIS OF THE RELATIONSHIP BETWEEN RESTRICTIVENESS OF STATE NON-MEDICAL VACCINE EXEMPTION LAWS, VACCINE UPTAKE, INFANT MORTALITY AND ADHD" USES A LONGITUDINAL MIXED-EFFECTS MODEL BUILT FROM DATA COLLECTED BY SEVERAL FEDERAL GOVERNMENT AGENCIES, AS WELL AS NOVEL STATE VACCINATION LAW DATA THESE DATA CHARACTERIZE DIFFERENCES IN THE RESTRICTIVENESS OF STATE VACCINATION EXEMPTION LAWS THE MAJOR STUDY FUNDED BY RWJF HAS BEEN COMPLETED AND A PAPER HAS BEEN ACCEPTED FOR PUBLICATION BY THE AMERICAN JOURNAL OF PUBLIC HEALTH, WHICH WILL BE PUBLISHED IN EARLY 2014 PRELIMINARY FINDINGS FROM THIS STUDY OUTLINED IN THE PAPER WERE PRESENTED AT SEVERAL NATIONAL HEALTH CONFERENCES WORK ON A SECOND PAPER TO BE SUBMITTED TO A MEDICAL JOURNAL IS ONGOING PUBLICATION OF THE RWJF-FUNDED STUDY WILL PROVIDE A SOLID FOUNDATION FOR PUBLISHING THE RESULTS OF THE ADJUNCT STUDY FUNDED BY NVIC PROGRESS HAS BEEN MADE ON BOTH SETS OF STUDIES HOWEVER, THERE HAVE BEEN A NUMBER OF DELAYS THAT ARE PARTLY DUE TO THE COMPLEXITY OF SEVERAL VARIABLE CONSTRUCTION ISSUES, INCLUDING DELAYED ACCESS TO A PARTICULAR TYPE MORTALITY DATA AND INCOMPLETE SUBMISSION DATA BY THE STATES TO THE CDC, WHICH REQUIRED MAJOR RESTRUCTURING OF THE STATISTICAL MODELS NVIC GRANTED GMU TWO NO-COST EXTENSIONS TO ALLOW FOR SUFFICIENT TIME TO COMPLETE THE RESEARCH

(Code) (Expenses \$ 13,965 including grants of \$) (Revenue \$)

LOBBYING ACTIVITIES

4d Other program services (Describe in Schedule O)

(Expenses \$ 28,641 including grants of \$) (Revenue \$)

4e Total program service expenses 493,566

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. 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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (7), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (List of states), 18 (Website availability), 19 (Schedule O disclosure), 20 (Person with records).

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

Check if Schedule O contains a response to any question in this Part VII

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA LOE ARTHUR PRESIDENT	40 00	X		X			45,000	0	0	
(2) KATHRYN WILLIAMS VICE PRESIDENT	40 00	X		X			26,583	0	0	
(3) PAUL MULHAUSER SECRETARY	2 00	X		X			0	0	0	
(4) CLIFFORD SHOEMAKER JD TREASURER	2 00	X		X			0	0	0	
(5) JUDY BRAIMAN BOARD MEMBER	2 00	X					0	0	0	
(6) GREG BURGESS BOARD MEMBER	2 00	X					0	0	0	
(7) STEPHANIE CHRISTNER DO BOARD MEMBER	2 00	X					0	0	0	
(8) VICKY DEBOLD PHD BOARD MEMBER	2 00	X					0	0	0	
(9) CLAIRE DWOSKIN BOARD MEMBER	2 00	X					0	0	0	
(10) THERESA K WRANGHAM EXECUTIVE DIRECTOR	40 00			X			35,465	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							107,048	0	0	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a _____					
	b	Membership dues 1b _____					
	c	Fundraising events 1c _____					
	d	Related organizations 1d _____					
	e	Government grants (contributions) 1e _____					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 788,504					
	g	Noncash contributions included in lines 1a-1f \$ 3,619					
	h	Total. Add lines 1a-1f ▶	788,504				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	2,463			2,463	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	1,363			
			b Less cost or other basis and sales expenses	1,703			
			c Gain or (loss)	-340			
	d	Net gain or (loss) ▶	-340			-340	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities See Part IV, line 19 a					
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See Instructions ▶	790,627	0	0	2,123		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	108,989	98,065	9,384	1,540
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.	201,741	182,961	12,580	6,200
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	1,043	1,000	32	11
10	Payroll taxes.	23,995	21,702	1,695	598
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	3,720	420		3,300
c	Accounting.	12,896	12,122	516	258
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).	2,258	2,042	160	56
12	Advertising and promotion.	69,173	68,762	411	
13	Office expenses.	22,214	19,902	2,122	190
14	Information technology.	7,237	5,808	159	1,270
15	Royalties.				
16	Occupancy.	14,006	12,667	990	349
17	Travel.	16,825	16,825		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	457	457		
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	8,598	7,776	608	214
23	Insurance.	5,283	4,966	211	106
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PRINTING & DUPLICATION	20,216	17,551	149	2,516
b	POSTAGE AND SHIPPING	14,933	11,799	1,135	1,999
c	STORAGE	5,241	5,241		
d	LICENSES & PERMITS	4,839			4,839
e	All other expenses	11,350	3,500	3,971	3,879
25	Total functional expenses. Add lines 1 through 24e.	555,014	493,566	34,123	27,325
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	270,797	1	240,067
	2 Savings and temporary cash investments	295,414	2	547,704
	3 Pledges and grants receivable, net	48,525	3	44,270
	4 Accounts receivable, net	278	4	222
	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(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,227	9	8,671
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 58,987		
	b Less accumulated depreciation	10b 32,743	10,068	10c 26,244
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0	15	2,291
16 Total assets. Add lines 1 through 15 (must equal line 34)	630,309	16	869,469	
Liabilities	17 Accounts payable and accrued expenses	10,584	17	9,379
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	4,752
	26 Total liabilities. Add lines 17 through 25	10,584	26	14,131
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	535,089	27	767,202
	28 Temporarily restricted net assets	84,636	28	88,136
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	619,725	33	855,338	
34 Total liabilities and net assets/fund balances	630,309	34	869,469	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	790,627
2	Total expenses (must equal Part IX, column (A), line 25)	2	555,014
3	Revenue less expenses Subtract line 2 from line 1	3	235,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	619,725
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	855,338

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b 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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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. ▶ See separate instructions.

Name of the organization

NATIONAL VACCINE INFORMATION CENTER

Employer identification number

54-1951769

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	272,706	371,729	806,933	813,466	788,504	3,053,338
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	272,706	371,729	806,933	813,466	788,504	3,053,338
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,272,287
6 Public support. Subtract line 5 from line 4						1,781,051

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	272,706	371,729	806,933	813,466	788,504	3,053,338
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51	495	446	113	2,463	3,568
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						3,056,906
12 Gross receipts from related activities, etc (see instructions)					12	180,918
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	58 260 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	67 580 %
16a 33 1/3% support test—2012. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III 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 in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.
- See separate instructions.

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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NATIONAL VACCINE INFORMATION CENTER

Employer identification number

54-1951769

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	13,965													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	13,965													
d	Other exempt purpose expenditures	541,049													
e	Total exempt purpose expenditures (add lines 1c and 1d)	555,014													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	108,252													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
g	Grassroots nontaxable amount (enter 25% of line 1f)	27,063													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	58,382	112,151	122,633	108,252	401,418
b Lobbying ceiling amount (150% of line 2a, column(e))					602,127
c Total lobbying expenditures		9,125	9,934	13,965	33,024
d Grassroots nontaxable amount	14,596	28,038	30,658	27,063	100,355
e Grassroots ceiling amount (150% of line 2d, column (e))					150,533
f Grassroots lobbying expenditures		9,125	9,934	13,965	33,024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL VACCINE INFORMATION CENTER

Employer identification number

54-1951769

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Table with 2 columns: Held at the End of the Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure..., 2d Number of conservation easements included in (c) acquired after 8/17/06...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,885	130	3,755
d Equipment		55,102	32,613	22,489
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				26,244

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1 Federal income taxes	
DEFERRED RENT ABATEMENT	4,752
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	4,752

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	953,434
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	162,807
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	162,807
3	Subtract line 2e from line 1	3	790,627
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
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	790,627

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	717,821
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	162,807
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	162,807
3	Subtract line 2e from line 1	3	555,014
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	555,014

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB ASC NO 740-10 [FORMERLY INTERPRETATION NO 48 (FIN 48)], ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH IS AN INTERPRETATION OF ASC 740'S (FORMERLY SFAS NO 109), ACCOUNTING FOR INCOME TAXES FASB ASC NO 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE NATIONAL VACCINE INFORMATION CENTER'S FINANCIAL STATEMENTS IN ACCORDANCE WITH ASC 740'S AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FASB ASC NO 740-10 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE NATIONAL VACCINE INFORMATION CENTER'S TAX RETURN TO DETERMINE WHETHER THE TAX POSITIONS HAVE A "MORE-LIKELY-THAN-NOT" PROBABILITY OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY THE NATIONAL VACCINE INFORMATION CENTER PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED AUGUST 31, 2013, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS AS OF AUGUST 31, 2013, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2009 THROUGH 2011 REMAINS OPEN WITH THE U S FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE ORGANIZATION FILES TAX RETURNS IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE AS OF AUGUST 31, 2013, THE ORGANIZATION HAD NO ACCRUALS FOR INTEREST AND/OR PENALTIES

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL VACCINE INFORMATION CENTER

Employer identification number

54-1951769

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter 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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose 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) Amount 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	31,000	PAYMENT FOR EMPLOYEE SERVICES		No
(2) CHRISTIAN FISHER	FAMILY RELATIONSHIP WITH BARBARA L ARTHUR, A CURRENT DIRECTOR AND OFFICER	28,125	PAYMENT FOR EMPLOYEE SERVICES		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
NATIONAL VACCINE INFORMATION CENTER

Employer identification number

54-1951769

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	WHEN THE 990 DRAFT IS RECEIVED FROM THE AUDITOR IT IS REVIEWED BY EXECUTIVE STAFF INCLUDING THE BOOKKEEPER, DIRECTOR OF OPERATIONS AND THE EXECUTIVE DIRECTOR ALL THREE WILL BE LOOKING 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 CLAIRIFICATION
	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, STAFF 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 DUTIES 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 PRESIDENT OF SAFEMINDS, A 501C3 INVOLVED IN VACCINE SAFETY USING THE PRESIDENT'S SALARY AS THE CAP 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 DUE TO CONFLICTS OF INTEREST AND TIME CONSTRAINTS, MS WRANGHAM RESIGNED AS PRESIDENT OF SAFEMINDS TO ACCEPT THE POSITION OF EXECUTIVE DIRECTOR FOR NVIC INCREASES IN COMPENSATION FOR DIRECTORS AND OFFICERS ARE APPROVED AS OUTLINED IN NVIC'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