

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See specific instructions. NATIONAL CENTER ON SHAKEN BABY SYNDROME 2955 HARRISON BOULEVARD #102 OGDEN, UT 84403	D Employer Identification Number 87-0653452
		E Telephone number (801) 627-3399
		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

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

H and I are not applicable to section 527 organizations.

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

H (b) If 'Yes,' enter number of affiliates _____

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

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

I Group Exemption Number _____

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

G Web site: N/A

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,092,413.**

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	640,481.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 640,481. noncash \$ _____)	1e	640,481.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	20,678.	
	5 Dividends and interest from securities	5	10,417.	
	6a Gross rents	6a		
	b Less: rental expenses	6b		
6c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe _____)	7	8,176.		
8a Gross amount from sales of assets other than inventory	(A) Securities	48,476.	8a	
	(B) Other			
	b Less: cost or other basis and sales expenses	43,275.	8b	180.
	c Gain or (loss) (attach schedule). STATEMENT 1	5,201.	8c	-180.
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	5,021.		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a Gross sales of inventory, less returns and allowances	10a	364,185.		
	b Less: cost of goods sold	10b	151,477.	
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a. STATEMENT 2	10c	212,708.	
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	897,481.		
EXPENSES	13 Program services (from line 44, column (B))	13	642,833.	
	14 Management and general (from line 44, column (C))	14	161,161.	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17	803,994.	
ASSETS	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	93,487.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	889,252.	
	20 Other changes in net assets or fund balances (attach explanation). SEE STATEMENT 3	20	-50,316.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	932,423.	

DO NOT FILE

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here... <input type="checkbox"/>				
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here... <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	69,010.	56,588.	12,422.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	342,037.	255,239.	86,798.	
27 Pension plan contributions not included on lines 25a, b, and c	7,064.	2,859.	1,705.	
28 Employee benefits not included on lines 25a - 27	35,510.	26,945.	8,574.	
29 Payroll taxes	3,400.	25,115.	7,992.	
30 Professional fundraising fees				
31 Accounting fees	10,203.	9,807.	396.	
32 Legal fees				
33 Supplies				
34 Telephone	14,336.	10,876.	3,460.	
35 Postage and shipping	42,220.	32,029.	10,191.	
36 Occupancy	3,600.	2,700.	900.	
37 Equipment rental and maintenance				
38 Printing and publications	21,817.	16,581.	5,236.	
39 Travel	26,924.	20,425.	6,499.	
40 Conferences, conventions, and meetings	107,168.	107,168.		
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	9,078.	6,887.	2,191.	
43 Other expenses not covered above (itemize):				
a <u>ADVISORY BOARD COSTS</u>	2,976.	2,976.		
b <u>MARKETING</u>	10,750.	8,155.	2,595.	
c <u>MISCELLANEOUS</u>	33,228.	25,261.	7,967.	
d <u>OFFICE SUPPLIES</u>	17,541.	13,306.	4,235.	
e <u>OTHER PROGRAM COSTS</u>	17,416.	17,416.		
f _____				
g _____				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	803,994.	642,833.	161,161.	0.

DO NOT FILE

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

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

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

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

a SPONSORED VARIOUS TRAINING SEMINARS ON SHAKEN BABY SYNDROME INCLUDING A PROGRAM FOR THE DEPARTMENT OF DEFENSE SBS PREVENTION AND AWARENESS PROGRAM FOR DISTRIBUTION TO UP TO 4 MILLION MILITARY FAMILIES.

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

642,833.

b

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

c

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

d

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

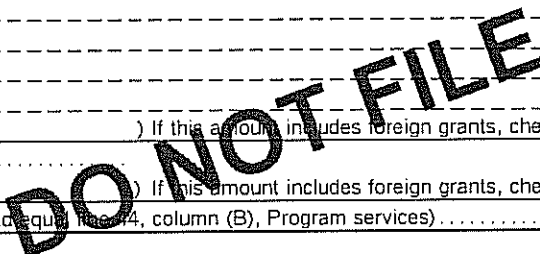
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 4, column (B), Program services)

642,833.

BAA

Form 990 (2006)



Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing	190,541.	45	195,463.	
	46 Savings and temporary cash investments	679,508.	46	647,557.	
	47a Accounts receivable	47a 24,390.	24,164.	47c	22,890.
	b Less: allowance for doubtful accounts	47b 1,500.			
	48a Pledges receivable	48a	48c	49	
	b Less: allowance for doubtful accounts	48b			
	49 Grants receivable				
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a		51c	
	b Less: allowance for doubtful accounts	51b			
	52 Inventories for sale or use		56,832.	52	81,049.
	53 Prepaid expenses and deferred charges		35,509.	53	14,477.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments — land, buildings, & equipment: basis	55a		55c		
b Less: accumulated depreciation (attach schedule)	55b				
56 Investments — other (attach schedule)			56		
57a Land, buildings, and equipment: basis	57a 81,494.	17,792.	57c	14,472.	
b Less: accumulated depreciation (attach schedule)	57b 67,032.				
58 Other assets, including program-related investments (describe			58		
59 Total assets (must equal line 74). Add lines 45 through 58		1,004,346.	59	975,908.	
LIABILITIES	60 Accounts payable and accrued expenses	28,101.	60	13,199.	
	61 Grants payable		61		
	62 Deferred revenue	64,588.	62	8,000.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe	SEE STATEMENT 6	22,405.	65	22,286.
66 Total liabilities. Add lines 60 through 65		115,094.	66	43,485.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		797,455.	67	763,713.
	68 Temporarily restricted		91,797.	68	168,710.
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		889,252.	73	932,423.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,004,346.	74	975,908.	

DO NOT FILE

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

a	Total revenue, gains, and other support per audited financial statements		a	991,108.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1	-46,605.	
	2 Donated services and use of facilities	b2	32,550.	
	3 Recoveries of prior year grants	b3		
	4 Other (specify): SEE STM 7	b4	-3,711.	
	Add lines b1 through b4			b -17,766.
c	Subtract line b from line a			c 1,008,874.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): SEE STM 8	d2	-111,393.	
	Add lines d1 and d2			d -111,393.
e	Total revenue (Part I, line 12). Add lines c and d			e 897,481.

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

a	Total expenses and losses per audited financial statements		a	988,021.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1	32,550.	
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify): SEE STMT 9	b4	151,477.	
	Add lines b1 through b4			b 184,027.
c	Subtract line b from line a			c 803,994.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2			d
e	Total expenses (Part I, line 17). Add lines c and d			e 803,994.

DO NOT FILE

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		69,010.	2,062.	0.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
82b	32,550.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....	N/A	
85 a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?.....	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85 c	Dues, assessments, and similar amounts from members.....	N/A	
85 d	Section 162(e) lobbying and political expenditures.....	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....	N/A	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....	N/A	
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities.....	N/A	
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....	N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 1.1361-1 and 301.7701-3? If 'Yes,' complete Part IX.....		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.....		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....		X
90 a	List the states with which a copy of this return is filed ▶ NONE		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.).....	12	
91 a	The books are in care of ▶ MARILYN SANDBERG Telephone number ▶ (801) 627-3399 Located at ▶ 2955 HARRISON BLVD., STE 102, OGDEN, U, ZIP + 4 ▶ 84403		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... If 'Yes,' enter the name of the foreign country ▶ CANADA	X	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

DO NOT FILE

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c Yes No

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A

and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	20,678.	
96 Dividends & interest from securities			14	10,417.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income			14	8,176.	
100 Gain or (loss) from sales of assets other than inventory			18	5,021.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					212,708.
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				44,292.	212,708.
105 Total (add line 104, columns (B), (D), and (E))					257,000.

DO NOT FILE

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE STATEMENT 11

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

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

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

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

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.....		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.....		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

DO NOT FILE

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?.....		X

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

Please Sign Here: ▶ Brian Lopez Date 3/26/2008

Signature of officer

▶ Brian Lopez Marketing Director

Type or print name and title.

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W) <u>P00141030</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>JAMES & CO., CPA'S</u> <u>3535 LINCOLN AVE.</u> <u>OGDEN, UT 84401</u>	EIN ▶ <u>87-0409383</u>	Phone no. ▶ <u>(801) 399-3377</u>	

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

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

2006

Supplementary Information — (See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization NATIONAL CENTER ON SHAKEN BABY SYNDROME	Employer identification number 87-0653452
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000		0		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

DO NOT FILE

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services		0

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		X
b Did the organization make any taxable distributions under section 4966?		N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		0.

DO NOT FILE

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) **no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	N/A				
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

DO NOT FILE

26 Organizations described on lines 10 or 11: Enter 2% of amount in column (e), line 24 N/A	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

27 Organizations described on line 12: N/A		
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____		
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total and line 27b total	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. N/A

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

DO NOT FILE

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				(e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

DO NOT FILE

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

NATIONAL CENTER ON SHAKEN BABY SYNDROME

Employer identification number

87-0653452

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization NATIONAL CENTER ON SHAKEN BABY SYNDROME	Employer identification number 87-0653452
--	---

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	W.C. SWANSON FAMILY FOUNDATION 2955 HARRISON BLVD., SUITE 201 OGDEN, UT 84403,	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	INTERMOUNTAIN HEALTH CARE 4646 WEST LAKE PARK BLVD. SALT LAKE CITY, UT 84120,	\$ 47,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	W BRADFORD INGALLS CHARITABLE 840 US HIGHWAY ONE STE 340 NORTH PALM BEACH, FL 33408	\$ 16,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	UNIVERSITY OF WASHINGTON 1410 NE CAMPUS PARKWAY SEATTLE, WA 98105	\$ 44,767.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

DO NOT FILE

Name of organization

NATIONAL CENTER ON SHAKEN BABY SYNDROME

Employer identification number

87-0653452

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----

DO NOT FILE

Name of organization: NATIONAL CENTER ON SHAKEN BABY SYNDROME
 Employer identification number: 87-0653452

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

DO NOT FILE

**STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 48,476.
COST OR OTHER BASIS: 43,275.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 5,201.

OTHER ASSETS

DESCRIPTION:	EQUIPMENT	
DATE ACQUIRED:	VARIOUS	
HOW ACQUIRED:	PURCHASE	
DATE SOLD:	VARIOUS	
TO WHOM SOLD:		
GROSS SALES PRICE:	0.	
COST OR OTHER BASIS:	1,227.	
DEPRECIATION:	1,047.	

GAIN (LOSS) -180.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -180.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 5,021.

DO NOT FILE

**STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

RESOURCE MATERIALS	\$	364,185.
GROSS SALES	\$	364,185.
LESS RETURNS & ALLOWANCES		0.
NET SALES	\$	364,185.
LESS COST OF GOODS SOLD		151,477.
GROSS PROFIT FROM SALES OF INVENTORY	\$	<u>212,708.</u>

**STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

TRANSLATION LOSS	\$	-3,711.
UNREALIZED LOSS ON SECURITIES		-46,605.
TOTAL	\$	<u>-50,316.</u>

CLIENT 990ONLY

NATIONAL CENTER ON SHAKEN BABY SYNDROME

87-0653452

11/06/07

11:43AM

STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE EDUCATIONAL SERVICES AND TRAINING IN REGARD TO PREVENTING SHAKEN BABY SYNDROME.

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 82,721.	\$ 68,069.	\$ 14,652.
MISCELLANEOUS	-1,227.	-1,047.	-180.
TOTAL	<u>\$ 81,494.</u>	<u>\$ 67,022.</u>	<u>\$ 14,472.</u>

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ACCRUED EXPENSES	\$ 22,286.
TOTAL	<u>\$ 22,286.</u>

DO NOT FILE

STATEMENT 7
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

TRANSLATION LOSS	\$ -3,711.
TOTAL	<u>\$ -3,711.</u>

STATEMENT 8
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

COST OF GOODS SOLD	\$ -151,477.
INCREASE IN TEMPORARILY RESTRICTED NET	40,084.
TOTAL	<u>\$ -111,393.</u>

STATEMENT 9
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

COST OF GOODS SOLD	\$ 151,477.
TOTAL	<u>\$ 151,477.</u>

CLIENT 990ONLY

NATIONAL CENTER ON SHAKEN BABY SYNDROME

87-0653452

11/06/07

11:43AM

STATEMENT 10
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JILL MOORE 4950 QUAIL LANE OGDEN, UT 84403	SECRETARY 2	\$ 0.	\$ 0.	0.
HONORABLE ROGER DUTSON 5923 SNOWBASIN ROAD HUNTSVILLE, UT 84317	VICE CHAIRMAN 2	0.	0.	0.
MARILYN BARR 2955 HARRISON BLVD., SUITE 102 OGDEN, UT 84403	EXECUTIVE DIREC 40	69,010.	2,062.	0.
JOSEPH HANSEN 91 W ROBYN LANE FARMINGTON, UT 84025	2	0.	0.	0.
ALEX LEVIN, M.D. 555 UNIVERSITY AVE TORONTO, CANADA, M5G 1X8	BOARD MEMBER 2	0.	0.	0.
SHANE BALDWIN 200 W 224 S SALT LAKE CITY, UT 84116	BOARD MEMBER 2	0.	0.	0.
MAXINE BAUR 2763 BONNEVILLE TERRACE DR SOUTH OGDEN, UT 84403	BOARD MEMBER 2	0.	0.	0.
MICHELE POOLE 4200 STATE ROAD 7 LAKE WORTH, FL 33467	CHAIRMAN 2	0.	0.	0.
JON FISHPAW 615 ELSINORE PLACE CINCINNATI, OH 45202	BOARD MEMBER 2	0.	0.	0.
COREY MOORE 404 W 400 S SALT LAKE CITY, UT 84101	BOARD MEMBER 2	0.	0.	0.
TERRI WATT 465 N BLUE SAGE ROAD MORGAN, UT 84050	BOARD MEMBER 2	0.	0.	0.
RANDY WATT 465 N BLUE SAGE ROAD MORGAN, UT 84050	BOARD MEMBER 2	0.	0.	0.

TOTAL \$ 69,010. \$ 2,062. \$ 0.

DO NOT FILE

11/06/07

11:43AM

STATEMENT 11
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
95&96	MANY CONTRIBUTIONS ARE FOR MULTIPLE YEAR PROGRAMS. THESE FUNDS ARE TEMPORARILY INVESTED AND USED WITH INTEREST EARNED TO SUPPORT THE RESTRICTED SHAKEN BABY SYNDROME PROGRAM.
99&100	MANY CONTRIBUTIONS ARE FOR MULTIPLE YEAR PROGRAMS. THE FUNDS ARE INVESTED AND USED WITH THE CAPITAL GAIN DISTRIBUTIONS RECEIVED TO SUPPORT THE RESTRICTED SHAKEN BABY SYNDROME PROGRAMS.
102	INCOME FROM SALES OF RESOURCE MATERIALS ARISES FROM THE SALE OF THE PREVENTION OF SHAKEN BABY SYNDROME INFORMATIONAL MATERIAL TO VARIOUS GOVERNMENTAL, EDUCATIONAL AND HEALTH GROUPS AT PRICES THAT EXCEED COST. THE CONTENT OF THE MATERIALS SOLD DIRECTLY ADDRESSES THE PURPOSE OF THE CENTER--TO EDUCATE THE PUBLIC FOR THE PURPOSES OF PREVENTING SHAKEN BABY SYNDROME.

DO NOT FILE