Form **990**

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)

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 F	or the	2007 calendar year, or tax year beginning , 2007, and er	nding	
Всь	eck if applic			D Employer identification number
	Address change	label or COALITION FOR SAFEMINDS		22-3767992
	Name ch	nange print or Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	Initial re			(404) 934-0777
	Terminat	Specific City or town, state or country, and ZIP + 4		F Accounting X Cash Accrual
	Amende			Other (specify)
	Applicati pending		H and I are not app	plicable to section 527 organizations.
	, ,	trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a grou	p return for affiliates? Yes X No
G \	Vebsite:	: ▶ WWW.SAFEMINDS.ORG	H(b) If "Yes," ente	er number of affiliates
		ation type (check only one) ► X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	H(c) Are all affiliate	es included? N/A Yes No
K	check he	ere if the organization is not a 509(a)(3) supporting organization and its gross	l	th a list. See instructions.)
	eceipts	are normally not more than \$25,000. A return is not required, but if the organization chooses	H(d) Is this a separate organization co	vered by a group ruling? Yes X No
t	o file a r	return, be sure to file a complete return.	I Group Exemp	otion Number >
			M Check ▶	if the organization is not required
L	eross re	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12 448,877.	to attach Sch	n. B (Form 990, 990-EZ, or 990-PF).
Pai	tl	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in	structions.)	
	1	Contributions, gifts, grants, and similar amounts received:		
	a	Contributions to donor advised funds		
	b		439,991.	
	C			
	d	and the second of the second o	······································	7
		Total (add lines 1a through 1d) (cash \$ 439, 991. noncash \$	1	1e 439,991.
	2	Program service revenue including government fees and contracts (from Part VII, line 93	<u>-</u> /.	
	3			
	4			
	5	Interest on savings and temporary cash investments	• • • • • • • • •	4 1,386.
		Dividends and interest from securities		3
	1 '	Gross rents		-
	1	Less: rental expenses	<u> </u>	
ø)	! _	Net rental income or (loss). Subtract line 6b from line 6a	• • • • • • • • •	6c
ň	7	Other investment income (describe		7
Revenue	8 a		Other	_
œ		than inventory 8a		4 1
	1	Less: cost or other basis and sales expenses 8 b	·	_
	1	Gain or (loss) (attach schedule)		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	·	8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check her	e 🕨 💹	
	а	Gross revenue (not including \$ 24,901. of STMT 1		
		contributions reported on line 1b)	7,500.	
	b	Less: direct expenses other than fundraising expenses 9 b	3,962.	
	C	Net income or (loss) from special events. Subtract line 9b from line 9a	<i></i>	9c 3,538.
	10 a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
			ne 10a	10c
	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		
	13	Program services (from line 44, column (B))		
es	14	Management and general (from line 44, column (C))		
Expenses	15	Fundraising (from line 44, column (D))		
άx	16	Payments to affiliates (attach schedule)		
ш	17	Total expenses. Add lines 16 and 44, column (A)		
·s	18	Excess or (deficit) for the year. Subtract line 17 from line 12		
set	19	Net assets or fund balances at beginning of year (from line 73, column (A))		
As	20	Other changes in net assets or fund balances (attach explanation)		
Net Assets	} ⁻			
_	21_	Net assets or fund balances at end of year. Combine lines 18, 19, and 20 Act and Paperwork Reduction Act Notice, see the separate instructions.	 	271, 401 Form 990

Pa	rt II					and (D) are required for sts but optional for other	
		ot include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
		b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) rundraising
22a	Grants	paid from donor advised funds (attach schedule)					
	(cash \$	noncash \$) amount includes foreign grants,	22a	,			
クウト	check	here ▶ ☐☐☐ grants and allocations (attach schedule)	ZZa				
220							
	if this	133,179. noncash \$ amount includes foreign grants,	22b	133,179.	133,179.	STMT 3	
23		here ▶ ☐☐☐☐☐☐☐☐☐☐☐☐		100/11/0.	133,273.		
	•	h schedule)	23				
24	•	fits paid to or for members					
		h schedule)	24				
25a		pensation of current officers,					
		tors, key employees, etc. listed in	-			·	
	Part \		25a	NONE			
b	Comp	pensation of former officers,			·		
	direct	tors, key employees, etc. listed in					1.
	Part \	<i>/-</i> B	25b				
C	Compe	nsation and other distributions, not includ-					
		ove, to disqualified persons (as defined section 4958(f)(1)) and persons described					
		on 4958(c)(3)(B)	25c				
26	Salari	es and wages of employees not					
	includ	led on lines 25a, b, and c	26				
27		on plan contributions not					
		led on lines 25a, b, and c	27				
28	•	oyee benefits not included on				,	
		25a-27	28		<u> </u>		
29	Payro	oll taxes	29				
		ssional fundraising fees	30	1,349.			1,349
		unting fees	31	7,570.		7,570.	
		fees	32				
		ies	33	226.		226.	
34	Deete	hone	34	541.	447.	94.	0.50
		ge and shipping	35 36	1,329.	132.	339.	858
		ment rental and maintenance	37			-	
		ng and publications	38	8,097.	8,097.		
			39	0,057.	0,057.		
		rences, conventions, and meetings	40	4,188.	3,834.		354
		st	41	1,100.	3,034.		334
		ciation, depletion, etc. (attach schedule)	42				
	•	expenses not covered above (itemize):					
		FESSIONAL FEES	43a	42,350.	24,350.		18,000.
		LIC_OUTREACH	43b	5,840.			L aire
		CE AND OTHER	43c	938.		938.	
đ			43d				
е		· ·	43e				
f			43f				
g			43g				
	througi column	functional expenses. Add lines 22a h 43g. (Organizations completing as (B)-(D), carry these totals to lines			·		
·	13-15)			205,607.	175,879.	9,167.	20,561.
		s. Check ▶ if you are follow	-				
		nt costs from a combined educational					► Yes X No
	,	er (i) the aggregate amount of these jo				ated to Program services	
(iii) tl	ne amo	ount allocated to Management and gen	eral \$; and (iv) the amount a	llocated to Fundraising \$	
JSA 7E 102				V.			Form 990 (2007)

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments. Program Service What is the organization's primary exempt purpose? ▶SEE STATEMENT 5 Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) trusts; but optional for organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) others.) RESEARCH: COALITION FOR SAFEMINDS HAS FUNDED RESEARCH IN THE AREA OF MERCURY TOXICITY (Grants and allocations \$). If this amount includes foreign grants, check here > 113,179. 113,179 PUBLIC EDUCATION - WEBSITE/PRESS RELEASES: THE COALITION HAS ESTABLISHED THEIR WEBSITE TO MAKE ACCURATE INFORMATION ON MERCURY TOXICITY AVAILABLE TO THE PUBLIC. THE COALITION REGULARLY ISSUES PRESS RELEASES TO ASSIST IN DISSEMINATING INFORMATION ON MERCURY TOXICITY TO THE PUBLIC AND HAS PUBLISHED PAPERS ON MERCURY TOXICITY ISSUES IN 2007. (Grants and allocations \$) If this amount includes foreign grants, check here 24,482. CONFERENCES: THE COALITION'S REPRESENTATIVES SPEAK AT OR ATTEND CONFERENCES WHERE FOLDERS WITH ARTICLES ABOUT THE COALITION'S MISSION ARE DISTRIBUTED TO THE PUBLIC. (Grants and allocations \$) If this amount includes foreign grants, check here 3,834. d pulic EDUCATION AND AWARENESS: THE COALITION EDUCATES GOVERNMENT AGENCIES, LEGISLATORS, MANUFACTURERS, AND RETAILERS ON THE SCIENTIFIC RESEARCH REGARDING MERCURY IN MEDICINES. 20,000.) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

34,384.

(Grants and allocations \$

(Grants and allocations \$

Other program services (attach schedule)

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

P	art 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
	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	32,093.	46	271,401
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts 47b		47c	
	48a	Pledges receivable			
	i	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and	•	50-	
	١.	key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section		50h	
	E4.	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) Other notes and loans receivable (attach		50b	·
ts	51a	schedule)		200000000000000000000000000000000000000	
Assets	h	Less: allowance for doubtful accounts		51c	
Ä	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·	53	
	1	Investments - publicly-traded securities ▶ Cost FMV		54a	······································
		Investments - other securities (attach schedule) Cost FMV		54b	<u> </u>
	l	Investments - land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule) 55b		55c	
	56	Investments - other (attach schedule)		56	
	57a	Land, buildings, and equipment basis			
	b	Less: accumulated depreciation (attach			•
		schedule)		57c	
	58	Other assets, including program-related investments			
		(describe ►)		58	t and the dealers that
	59	Total assets (must equal line 74). Add lines 45 through 58	32,093.	1	271,401
	60	Accounts payable and accrued expenses		60	
	61	Grants payable	 	61	· · · · · · · · · · · · · · · · · · ·
	62	Deferred revenue		62	
es	63	Loans from officers, directors, trustees, and key employees (attach			
ij		schedule)		63	
Liabilities	ŧ	Tax-exempt bond liabilities (attach schedule)		64a	
_		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)		05	
	66	Total liabilities. Add lines 60 through 65		66	
_		nizations that follow SFAS 117, check here ► X and complete lines		00	· · · · · · · · · · · · · · · · · · ·
	Orga	67 through 69 and lines 73 and 74.			
S	67	Unrestricted	32,093.	67	271,401
ű	68	Temporarily restricted	32,033.	68	2/1/101
ala	69	Permanently restricted		69	
Fund Balances	1	nizations that do not follow SFAS 117, check here ▶ □ and			
Ë	Orga	complete lines 70 through 74.			
- ic	70	Capital stock, trust principal, or current funds		70	
Net Assets or		Paid-in or capital surplus, or land, building, and equipment fund		71	
se		Retained earnings, endowment, accumulated income, or other funds		72	
As		Total net assets or fund balances. Add lines 67 through 69 or lines			
Set		70 through 72. (Column (A) must equal line 19 and column (B) must			
		equal line 21)	32,093.	73	271,401
ك	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	32,093.		271,401

P	Reconciliation of Revenue per Audited instructions.)	Financial Statemer	nts With	Revenu	e per Retur	n (Se	e the
a	Total revenue, gains, and other support per audited final	ncial statements				а	448,877.
b	Amounts included on line a but not on Part I, line 12:			1			
1	Net unrealized gains on investments			1			
2	Donated services and use of facilities						
3	Recoveries of prior year grants		b	3			
4	Other (specify):		1 -	4			
	Add lines b1 through b4					b	**************************************
С	Subtract line b from line a					С	448,877.
d	Amounts included on Part I, line 12, but not on line a:			1			
1	Investment expenses not included on Part I, line 6b			1			
2	Other (specify):SEE_STATEMENT_6						
					-3,962.		
_	Add lines d1 and d2						-3,962.
e	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited						444,915.
							209,569.
а	Total expenses and losses per audited financial statemer	nts			 .	a _	209,309.
b	Amounts included on line a but not on Part I, line 17:		b	1			
1	Donated services and use of facilities						
2	Prior year adjustments reported on Part I, line 20		• • • [
3	Losses reported on Part I, line 20 Other (specify): - SEE STATEMENT 7						
4	Other (specify): 525 521 521 521 521 521 521 521 521 521			4	3,962.		
	Add lines b1 through b4	•				ь	3,962.
_	Subtract line b from line a					С	205,607.
c d	Amounts included on Part I, line 17, but not on line a:						
u 1	Investment expenses not included on Part I, line 6b		d	1			
2	Other (specify):						
-			d	2			
	Add lines d1 and d2					d	
e							205,607.
Pa	rt V-A Current Officers, Directors, Trustees, and						, director, trustee
	or key employee at any time during the year eve	en if they were not co	T	ted.) (See	(D) Contributions to		(E) Expense account
	(A) Name and address	Title and average hours per	(If not p	aid, enter	benefit plans & d	eferred	and other allowances
		week devoted to position		D)	compensation p	lans	
	E STATEMENTS 8 4 9			NONE		NONE	MOM
SE.	S STATEMENTS OF T		· · · · · · ·	NONE		NONE	NON
		-					······································
					}	1	
							 -
			-				
				· .			

orm 9	90 (2007)		22-376799	2	Page 6
Par	t V-A Current Officers, Directors, Trustees, and Ke	ey Employees (con			Yes No
'5a	Enter the total number of officers, directors, and trustee meetings		· · · · · · • •	12	
b	Are any officers, directors, trustees, or key employees I employees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B, relationships? If "Yes," attach a statement that identifies the	compensated prof related to each of	fessional and o ther through fa	ther independent mily or business	75b X
	Do any officers, directors, trustees, or key employeements compensated employees listed in Schedule A, Part independent contractors listed in Schedule A, Part organizations, whether tax exempt or taxable, that are the definition of "related organization."	I, or highest compliance or II-A or II-B, receive related to the organization of the instruction of the inst	pensated profese compensation anization? See the compensation.	ssional and other from any other ne instructions for	75c X
	Does the organization have a written conflict of interest po				75d X
Par	V-B Former Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key empthe year, list that person below and enter the amoinstructions.)	loyee received comp	pensation or oth or other benefits	er benefits (describe	ed below) during column. See the
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
		-0-	-0-	-0-	-0-
					- 0-
		-			

	Other Lieuwick (One the instructions)		·		Yes No
	Other Information (See the instructions.)				Yes No
	Did the organization make a change in its activities or detailed statement of each change				76 X
	Were any changes made in the organizing or governing d	ocuments but not rep	ported to the IRS?		77 X
	If "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross inc	ome of \$1,000 or i	more during the	year covered by	
	this return?				78a X 78b N/A
	Was there a liquidation, dissolution, termination, or sub				79 X
0a	ls the organization related (other than by association w	vith a statewide or	nationwide orga	anization) through	
	organization?				80a X
b	If "Yes," enter the name of the organization ▶	and check whethe	er it is exemp	t or nonexempt	
	Enter direct and indirect political expenditures. (See line 8	1 instructions.)	<u>81a</u>	NONE	
b	Did the organization file Form 1120-POL for this year?	<u> </u>			81b X

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Part VI Other Information (continued)		Yes	No
2 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?	82a		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.)			
3 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	·	X	ļ
44a Did the organization solicit any contributions or gifts that were not tax deductible?	·		Х
bilf "Yes," did the organization include with every solicitation an express statement that such contributions of			
		N/	7
	. [N/	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	' 	N/	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization		1 1	
received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members 85c N/A	\dashv		
d Section 162(e) lobbying and political expenditures	\dashv		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	-	100000000	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	. <u>85g</u>	N/	A.
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85			
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	. 85h	N/	A
56 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	-		
b Gross receipts, included on line 12, for public use of club facilities	_		
7 501(c)(12) orgs. Enter: a Gross income from members or shareholders	-		
b Gross income from other sources. (Do not net amounts due or paid to other			
sources against amounts due or received from them.) 87b N/A	-		
8 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation of			
partnership, or an entity disregarded as separate from the organization under Regulations sections			
301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	<u> </u>	Х
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	886		Х
9 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
section 4911 ► NONE; section 4912 ► NONE; section 4955 ► NONE	1		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
a statement explaining each transaction	89b		Х
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
sections 4912, 4955, and 4958 NONE			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
transaction?	89e		х
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
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?	processors.		x
0 a List the states with which a copy of this return is filed > IL,	·		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	l n	-
A DESCRIPTION OF THE PROPERTY			
1 a The books are in care of ► HETDI ROGER Telephone no. ► 170-6 Located at ► 254 TRICKUM CREEK TYRONE, GA ZIP+4 ► 30290	<u> </u>	,,,,	
LI 14 JULIU			-
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	. 53	
	, J 1D		X
If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
and Financial Accounts.			
		~ 000	40-1-

c At any time during the calendar year, did the organization maintain an office outside of the United States? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Form 990 (2	2007)			22	2-3767992	Page {
Section 497(a)(f) nonexequency charitable trasts filing Form 990 in Ilea of Form 1041 - Check here	Part VI	Other Information (continu	ed)				Yes No
92 Section 4947 (a) (ff.) nonexempt charitable trusts filing form 990 in lieu of Form 1041 - Check here sand enter the amount of taxe-exempt interest received or accured during the tax year	c At a	ny time during the calendar year,	did the orga	inization maint	ain an office outside	of the United States?	91c X
and enter the amount of tax-exempt interest received or accrued during the tax year	lf "Y	es," enter the name of the foreign	country				
Residual of the comment unless otherwise indicated an activities of the instructions.) Whate Errer gross amounts unless otherwise indicated in the comment of the comment	92 Sect	tion 4947(a)(1) nonexempt charit	able trusts fi	ling Form 990 i	in lieu of Form 1041	- Check here	
Note: Effer gross amounts unless otherwise info@ated. (A) (B) (C) (C) (C) (Amount (C)	and					▶ 92	N/A
Amount Charlette Charlet	Part VII	Analysis of Income-Produc	ing Activiti	i <mark>es</mark> (See the l	instructions.)		
Amount selection revenue: Amount Selection revenue Selectio	Note: <i>Ente</i>	r gross amounts unless otherwise	Unrela	ated business in	come Excluded i	by section 512, 513, or 514	
pass program service revenue: Section Comparison C	indicated.						
b c d d c c c c c c c c c c c c c c c c	93 Prog	ram service revenue:	Business code	Amoun	t Exclusion code	Amount	
d d f Medicars/Medicaid payments. g Fees and contracts from government agencies. 94 Membership dues and assossments . 95 Interest on average and temporary cash hewamons . 97 Not rental income or (loss) from real estate. a debt-financed property . 98 Not rental income or (loss) from real estate. b not debt-financed property . 99 Other investment income . 90 Other investment income . 910 Casn or (loss) from saked wheth other than remittory 910 Note income or (loss) from saked of inventory . 910 The investment income . 910 Casn or (loss) from saked of inventory . 910 The investment income . 910 The investment income . 910 Casn or (loss) from saked of inventory . 910 Casn or (loss) from seed activity for which income is reported in column (g) of Part VII contributed importantly to the accomplishment of Exempt Purposes (See the instructions.) 910 Casn or (loss) from seed of inventory . 911 Casn or (loss) from seed of inventory . 912 Casn or (loss) from se	a						
d e f Medicare/Medicaid payments	b						·
d e f Medicare/Medicaid payments	c			······			
g Fees and contracts from government agencies							
g Fees and contracts from government agencies							
94 Membership dues and assessments . 95 Interest on sewings and temporary ceal investments . 95 Interest on sewings and temporary ceal investments . 96 Dividende and interest from securities . 97 Net rental income or (loss) from real estate a debt-financed property . 98 Net rental income or (loss) from real estate a debt-financed property . 98 Net rental income cey (loss) from real estate . 99 Citier investment income . 99 Citier investment income . 99 Citier investment income or (loss) from special events . 99 Citier investment income or (loss) from special events . 99 Citier investment income or (loss) from special events . 99 Citier revenue: a . 99 Citier							
95 Interest on savings and temporary cash investments 95 Dividends and interest from securities . 95 Dividends and interest from securities . 97 Net retail income or (loss) from real estate a debt-financed property . 99 Net retail income or (loss) from petitional property . 99 Other investment income . 99 Other investment . 99 Other invest	g Fees	and contracts from government agencies		·····			
96 Dividends and interest from securities . 97 Net rental income or (loss) from selectate: a debt-financed property . b not debt-financed property . b not debt-financed property . 98 Net rental income or (loss) from personal property . 99 Other investment income . 90 Che investment income . 90 Che investment income . 90 Che investment income . 910 Gain or (loss) from sales of leventory . 910 Sain or (loss) from sales of leventory . 910 The income or (loss) from sales of inventory . 910 Comparison of (loss) from sales of inventory . 910 Solidar or (loss) from sales of inventory . 910 Comparison or (loss) from sales of inve	94 Mem	bership dues and assessments					
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98 Net rental income or (loss) from personal property . 99 Other investment income . 90 Other investment income . 90 Other investment income . 91 Net income or (loss) from special events . 91 Net income or (loss) from special events . 91 Net income or (loss) from special events . 92 Gross profit or (loss) from special events . 93 Other revenue: a 94 Debt	a debt-	financed property					
99 Other investment income	b not d	ebt-financed property			· -		
Gain or (loss) from sales of assets other than inventory 101 Not in income or (loss) from sales of inventory 102 Goss profit or (loss) from sales of inventory 103 Other revenue: a 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Total (add line 104, columns (B), (D), and (E)) 107 Total (add line 104, columns (B), (D), and (E)) 108 Subtotal (add columns (B), (D), and (E)) 109 Total (add line 104, columns (B), (D), and (E)) 100 Total (add line 104, columns (B), (D), and (E)) 101 Explain how each activities to the Accomplishment of Exempt Purposes (See the instructions.) 102 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). 101 INCOME FROM SPECIAL EVENTS FUND THE EXEMPT PURPOSE 101 ACTIVITIES OF THE COALITION AND ALLOWS THE ORGANIZATION TO 101 PERFORM RESEARCH AND TO DISSEMINATE INFORMATION ABOUT THE 101 HARMFUL EFFECTS OF MERCURY AND THIMEROSAL. 101 HARMFUL EFFECTS OF MERCURY AND THIMEROSAL. 102 Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 103 Name, address, and EIN of corporation, partnership, or disregarded entity 104 Substantian Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) 108 Name, address, and EIN of corporation, partnership, or disregarded entity 109 Secondary of the partnership interest (C) Nature of activities (See the instructions.) 100 Name, address, and EIN of corporation, partnership, or disregarded entity 101 Personal Benefit Contracts (See the instructions.) 102 Name, address, and EIN of corporation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 105 Yes X No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	98 Net rei	ntal income or (loss) from personal property					
Net income or (loss) from special events 3,538 Of Gross profit or (loss) from special events 3,538 Of Gross profit or (loss) from sales of inventory 1,000 Other revenue: a	99 Othe	r investment income					
Other revenue: a b c d d e Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) 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). Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) Name, address, and ElN of corporation, partnership, or disregarded entity 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 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	100 Gain o	r (loss) from sales of assets other than inventory					
Other revenue: a b c d d e e Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) 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.) 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). 101 INCOME FROM SPECIAL EVENTS FUND THE EXEMPT PURPOSE 101 ACTIVITIES OF THE COALITION AND ALLOWS THE ORGANIZATION TO 101 PERFORM RESEARCH AND TO DISSEMINATE INFORMATION ABOUT THE 101 HARMFUL EFFECTS OF MERCURY AND THIMEROSAL. Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) Name, address, and ElN of corporation, partnership, or disregarded entity Percentage of ownership interest (A) Name, address, and ElN of corporation, partnership, or disregarded entity Percentage of ownership interest (B) Nature of activities Total income End-deyear assects (C) Nature of activities Total income Productions Yes X No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	101 Net i	ncome or (loss) from special events .					3,538
b c d d d do columns (B), (D), and (E))	102 Gross	profit or (loss) from sales of inventory					
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C d d e e e e e e e e e e e e e e e e e	b						
104 Subtotal (add columns (B), (D), and (E))							
Note: Line 105 Plus line 104, columns (B), (D), and (E)) Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) 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). 101 INCOME FROM SPECIAL EVENTS FUND THE EXEMPT PURPOSE 101 ACTIVITIES OF THE COALITION AND ALLOWS THE ORGANIZATION TO 101 PERFORM RESEARCH AND TO DISSEMINATE INFORMATION ABOUT THE 101 HARMFUL EFFECTS OF MERCURY AND THIMEROSAL. 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 End-orygan assets (E) Nature of activities (D) Total income End-orygan assets (E) Nature of activities (D) Total income (E) Percentage of ownership interest (E) Nature of activities (D) Total income (E) Percentage of ownership interest (E) Nature of activities (D) Total income End-orygan assets (E) Nature of activities (D) Total income (E) Percentage of ownership interest (E) Nature of activities (D) Total income (E) Total inc	d						
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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). 101 INCOME FROM SPECIAL EVENTS FUND THE EXEMPT PURPOSE 101 ACTIVITIES OF THE COALITION AND ALLOWS THE ORGANIZATION TO 101 PERFORM RESEARCH AND TO DISSEMINATE INFORMATION ABOUT THE 101 HARMFUL EFFECTS OF MERCURY AND THIMEROSAL. Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) (A) (B) (C) Nature of activities Total income End-of-year assets (A) Name, address, and EIN of corporation, partnership, or disregarded entity of which interest was assets Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	05 Total	(add line 104, columns (B), (D), and (E	i))				4,924
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Mart 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 X No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).		(A) Name, address, and EIN of corporation, partnership, or disregarded entity		Percentage of	(C) Nature of activities	(D) Total income	(E) End-of-year assets
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(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes Yes X No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	Part X	Information Regarding Tran	sfers Asso		Personal Benefit (Contracts (See the in	structions.)
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).							
	(b) Did th	ne organization, during the year,	pay premi	ums, directly	or indirectly, on a		
	HULE, //	, оо то ру, те т отп оото апо го	ini 7120 (86	o manuolions)	•		Form 990 (2007)

Part)	Information Regai	ding Transfers To and Fation as defined in section	rom Controlled Entities. Com, 512(b)(13).	plete only if the organization is a
106		zation make any transfers to lete the schedule below for ea	a controlled entity as defined in s	ection 512(b)(13) of X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
С				
	Totals			
107		•	om a controlled entity as defined in lule below for each controlled entity.	Yes No
-	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a		 		
b				
С				
·	Totals			
108	_	e a binding written contract in uities described in question 10	n effect on August 17, 2006, coveri 07 above?	ng the interest, Yes No X
Please Sign Here	and hall it is true corr	Roder Tregs		and statements, and to the best of my knowledge formation of which preparer has any knowledge 30
Paid Prepar	Preparer's signature	place	Date / O & Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. X P00010692
Use On		RÉGARDIE, BROOKS 7101 WISCONSIN AV BETHESDA, MD	& LEWIS, CHTD ENUE, SUITE 1012 20814-4805	EIN ► 52-1038701 Phone no. ► 301-654-9000 Form 990 (2007

SA

SCHEDULE A

[Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

COALITION FOR SAFEMINDS						161992
Part 1 Compensation of the Five High (See page 1 of the instructions. List	nest Paid Employe t each one. If there a	es O are no	ther Than Off ne, enter "None	ficers, Direce.")	tors, a	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average I per week devoted to p		(c) Compensation	(d) Contributi employee benef deferred comp	t plans &	(e) Expense account and other allowances
NONE						
	:					
		•				
Total number of other employees paid over \$50,000	NONE				<u> </u>	
Part II-A Compensation of the Five High (See page 2 of the instructions, Lis	est Paid Indepen	dent r indiv	Contractors f	or Professi If there are	onal Se	ervices
(a) Name and address of each independent contractor p			(b) Type of ser) Compensation
NONE		 				
		-				
		 				
Total number of others receiving over \$50,000 for professional services	NONE					
Part II-B Compensation of the Five High		dent	Contractors 1	or Other Se	ervices	
(List each contractor who performe firms. If there are none, enter "Non	ed services other tha e." See page 2 of th	an pro le inst	fessional servic ructions.)	es, whether	individua	als or
(a) Name and address of each independent contractor pa	id more than \$50,000		(b) Type of ser	vice	(c)	Compensation
JONE						
		-				
				-		
		-				
Total number of other contractors receiving over	····					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

\$50,000 for other services

Pa	rt III Statements About Activities (See page 2 of the instructions.)	ļ	Yes	Νo
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 > \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		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.)			
а	Sale, exchange, or leasing of property?	2 a		X
b	Lending of money or other extension of credit?	2b		Х
С	Furnishing of goods, services, or facilities?	2 c		<u>x</u> _
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		x
e	Transfer of any part of its income or assets?	2 e		<u>x</u>
3 a	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.)	3 a		X
b.	Did the organization have a section 403(b) annuity plan for its employees?	3 b		X
С	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	3 c		<u> </u>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		<u> </u>
C	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	<u></u>	Х
d	Enter the total number or donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
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 rights to provide advice on the distribution or investment of amounts in such funds or accounts			<u>NON</u> E
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			<u>NONE</u>

Schedule A (Form 990 or 990-EZ) 2007

Pertify that the organization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iv). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hespital's name and state ———————————————————————————————————	art IV	Reason for Non-Private Fo	oundation Statu	s (See pages 4 thr	ough 8 of the	e instructions.)	
A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name and state O An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(a)(a)(b) and 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.) 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.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receiptd activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income (tess section 511 tax) from businesses acquired by the organization after Ju 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise mee requirements of section 509(a)(2). (Also complete the Support organizations.) Type I Type II Type II Type III - Functionally Integrated Type III - Other Provide the following information about the supported organizations. (See page 8 of the instructions.) (a) Remedical research organization about the supported organizations organization is governing documents?	ertify that the	e organization is not a private founda	ition because it is: (Plea	ase check only ONE app	licable box.)		
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(so complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. S 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipt activities related to its charitable, etc., functione - subject to certain exceptions, and (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Ju 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise mee requirements of section 509(a)(3). Check the box that describes the type of supporting organization. Type I Type II Type III Type III Type III organizations, (See page 8 of the Instructions.) (e) Remployer identification (described in lines 5 through 12 above or IRC section)	A ch	nurch, convention of churches, or as	sociation of churches.	Section 170(b)(1)(A)(i).			
A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)so complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. S 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipin activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Ju 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise mee requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type II Type II Type II Type of organizations. (See page 8 of the instructions.) (a) (b) (c) (d) (d) (d) (b) (c) (d) (d) (e) Name(s) of supported organization(s) Employer identification (described in lines 5 through 12 above or IRC section)	A sc	chool. Section 170(b)(1)(A)(ii). (Also	complete Part V.)				
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and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1 (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. S 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipt activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Ju 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise mee 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 page 8 of the instructions.) (a) (b) (c) Type of organization listed in the supported organization is support in the supporting organization is support organization in the supporting organization is support organization.	A fe	deral, state, or local government or	governmental unit. Sec	etion 170(b)(1)(A)(v).			
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An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipt activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Ju 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise mee 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 page 8 of the instructions.) (a) (b) (c) (d) (le) Amount of organization listed in the supported organization in the supporting organization's governing documents? Some or IRC section)					overnmental ur	nit or from the	general public. Sect
activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Ju 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise mee requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type III - Functionally Integrated Type III - Other Provide the following information about the supported organizations. (See page 8 of the instructions.) (a) (b) (c) (d) (e) Employer identification organization (described in lines 5 through 12 above or IRC section) Type III - Other	A co	ommunity trust. Section 170(b)(1)(A)	(vi). (Also complete the	e Support Schedule in l	Part IV-A.)		
(a) Name(s) of supported organization(s) Employer identification number (EIN) (b) Employer organization organization (described in lines 5 through 12 above or IRC section) (b) (c) Type of organization listed in the supporting organization's governing documents?	inve: 1975	stment income and unrelated busine 5. See section 509(a)(2). (Also comporganization that is not controlled irements of section 509(a)(3). Check	ess taxable income (lessete the Support Sche ed by any disqualifithe box that describe	es section 511 tax) from adule in Part IV-A.) ded persons (other the street	n businesses according to the second	quired by the org	anization after June
Name(s) of supported organization(s) Employer identification number (EIN) Employer identification number (EIN) Employer identification number (EIN) Start identification (described in lines organization) Start identification (described in lines organization) Start identification (described in lines organization) Start identification organization listed in the supporting organization's governing documents?		Provide the following information	about the supported	organizations. (See pag	je 8 of the instru	uctions.)	
Yes No	Name(s)	* *	Employer identification	Type of organization (described in lines 5 through 12 above or IRC	Is the some organization organi	upported on listed in pporting zation's	Amount of
Yes No							
				· · · · · · · · · · · · · · · · · · ·	Yes	No	

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al	<u>al</u>		• • • • • • • • • •				
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)	An org	ganization organized and operated t	o test for public safet	y. Section 509(a)(4). (Se	e page 8 of the i	nstructions.)	

No	te: You may use the worksheet in the instruction	is to converting in				
Ca	lendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)	352,315.	171,625.	171,783.	393 , 639.	1,089,362
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	8,941.	36,625.			45,566
18	Gross income from interest, dividends,	0/511.	00,020.			13/300
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, income	·				
	from similar sources, and unrelated business	. 1				
	taxable income (less section 511 taxes) from					
	businesses acquired by the organization after					
40	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		g et			
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets				,	
23	Total of lines 15 through 22	361,256.	208,250.	171,783.	393,639.	1,134,928
24	Line 23 minus line 17	352,315.	171,625.	171,783.	393,639.	1,089,362
25	Enter 1% of line 23	3,613.	2,083.	1,718.	3,936.	1,005,302
		0,010.	2,0001			
	Organizations described on lines 10 or 11:	Enter 2% of amount	in column (e) line 24			
26		Enter 2% of amount		NOT APPLICA	3ĻE ▶ 26a	
26	Prepare a list for your records to show the n	ame of and amou	nt contributed by	NOT APPLICATE each person (other	3LE ▶ 26a r than a	
26	p Prepare a list for your records to show the n governmental unit or publicly supported organi	ame of and amou zation) whose total	nt contributed by gifts for 2003 t	NOT APPLICAL each person (othe hrough 2006 exce	BLE ▶ 26a r than a eded the	
26	o Prepare a list for your records to show the n governmental unit or publicly supported organi amount shown in line 26a. Do not file this lis	ame of and amou zation) whose total st with your returr	nt contributed by gifts for 2003 t n. Enter the total o	NOT APPLICATE each person (other hrough 2006 except all these excess	3LE ▶ 26a r than a eded the amounts ▶ 26b	
26	Prepare a list for your records to show the name of governmental unit or publicly supported organic amount shown in line 26a. Do not file this list Total support for section 509(a)(1) test: Enter line 24	ame of and amou zation) whose total st with your return , column (e)	nt contributed by gifts for 2003 to be Enter the total of	NOT APPLICAL each person (othe hrough 2006 exce	3LE ▶ 26a r than a eded the amounts ▶ 26b	
26	p Prepare a list for your records to show the n governmental unit or publicly supported organi- amount shown in line 26a. Do not file this list Total support for section 509(a)(1) test: Enter line 24 Add: Amounts from column (e) for lines: 18	ame of and amou zation) whose total st with your return , column (e)	nt contributed by gifts for 2003 to the contributed by gifts for 2003 to the contributed by gifts for 2003 to the contri	NOT APPLICATE each person (other hrough 2006 except all these excess	3LE 26a r than a eded the amounts 26b 26c	
26 I	p Prepare a list for your records to show the n governmental unit or publicly supported organic amount shown in line 26a. Do not file this list Total support for section 509(a)(1) test: Enter line 24 d Add: Amounts from column (e) for lines: 18	ame of and amou zation) whose total st with your return , column (e)	nt contributed by gifts for 2003 to the contributed by gifts for 2003 to the contributed by gifts for 2003 to the contributed by	NOT APPLICATE each person (other hrough 2006 except all these excess	BLE 26a r than a eded the amounts 26b 26c	
26	p Prepare a list for your records to show the n governmental unit or publicly supported organic amount shown in line 26a. Do not file this list Total support for section 509(a)(1) test: Enter line 24 d Add: Amounts from column (e) for lines: 18	ame of and amou zation) whose total st with your return , column (e) 19	nt contributed by gifts for 2003 to a. Enter the total of	NOT APPLICATE each person (other hrough 2006 except all these excess	3LE 26a r than a eded the amounts	
26 I	p Prepare a list for your records to show the non-governmental unit or publicly supported organic amount shown in line 26a. Do not file this list Total support for section 509(a)(1) test: Enter line 24d Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total)	ame of and amou zation) whose total st with your return , column (e) 19 26	nt contributed by gifts for 2003 to a. Enter the total of the contributed by the contribu	NOT APPLICATE each person (other hrough 2006 except all these excess	3LE 26a r than a eded the amounts 26b 26c 26d 26e 26f	%
26 I	prepare a list for your records to show the non governmental unit or publicly supported organic amount shown in line 26a. Do not file this list Total support for section 509(a)(1) test: Enter line 24d Add: Amounts from column (e) for lines: 18 22 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) dorganizations described on line 12: a For	ame of and amou zation) whose total st with your return , column (e) 19 26 ivided by line 26c (de amounts included	nt contributed by gifts for 2003 to an Enter the total of the contributed by the contribu	NOT APPLICATE each person (other hrough 2006 except all these excess	BLE 26a r than a eded the amounts	% om a "disqualified
26 I	p Prepare a list for your records to show the non-governmental unit or publicly supported organic amount shown in line 26a. Do not file this list Total support for section 509(a)(1) test: Enter line 24d Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total)	ame of and amou zation) whose total st with your return , column (e) 19 26 ivided by line 26c (de amounts included w the name of, a	nt contributed by gifts for 2003 to an Enter the total of the contributed by the contribu	NOT APPLICATE each person (other hrough 2006 except all these excess	BLE 26a r than a eded the amounts	% om a "disqualified
26 I	prepare a list for your records to show the non governmental unit or publicly supported organical amount shown in line 26a. Do not file this list of Total support for section 509(a)(1) test: Enter line 24d Add: Amounts from column (e) for lines: 18 22 22d Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) dorganizations described on line 12: a For person," prepare a list for your records to sho Do not file this list with your return. Enter the sum of	ame of and amou zation) whose total st with your return , column (e) 19 26 ivided by line 26c (de amounts included w the name of, a of such amounts for e	nt contributed by gifts for 2003 to a Enter the total of the contributed by the contribut	NOT APPLICATE each person (ofher hrough 2006 except all these excess and 17 that received in each y	BLE 26a r than a eded the amounts 26b 26c 26d 26e 26f were received from ear from, each "d	% om a "disqualifiec isqualified person.'
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26 I C C C C C C C C C C C C C C C C C C	Prepare a list for your records to show the non governmental unit or publicly supported organic amount shown in line 26a. Do not file this list amount shown in line 26a. Do not file this list amount shown in line 26a. Do not file this list amount shown in line 26a. Do not file this list amounts from column (e) for lines: Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) dorganizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the sum of (2006) For any amount included in line 17 that was reshow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2006) NONE (2005) Add: Amounts from column (e) for lines: 15 17 45,566.20 Add: Line 27a total Total support (line 27c total minus line 27d total) Total support percentage (line 27e (numerator) di Investment income percentage (line 18, column (e) Unusual Grants: For an organization described	ame of and amount action) whose total st with your return, column (e)	nt contributed by gifts for 2003 to a. Enter the total of a contributed by gifts for 2003 to a. Enter the total of a contributed by gifts for 2004 to a contributed by gifts for 2004 to a contributed by gifts for 12 that received for 12 that received of the contributed by gifts for 12 that received for 12 that received for the contributed by gifts for 12 that received for the contributed by gifts for 12 that received for the contributed by gifts for 2003 to a contributed by gifts for 2004 to a contributed by gifts for 2003 to a contributed by gifts for 2004 to a contribu	NOT APPLICAL each person (othe hrough 2006 exce- of all these excess 3, and 17 that received in each y 136,("disqualified persons of (1) the amount of) Do not file this if or (2), enter the 27f 1,1 nator))	3LE 26a r than a eded the amounts	%m a "disqualified isqualified person." 385,000 for your records to year or (2) \$5,000 n. After computing rences (the excess 1,134,928 766,000 368,928 32.5067 % % 33 through 2006

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

Pa	Private School Questionnaire (See page 9 of the instructions.) NOT APPLIC (To be completed ONLY by schools that checked the box on line 6 in Part IV)	CABL	Ξ	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			1
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	100000	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?			
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
		32b		
c	copies of all catalogues, brochures, announcements, and other written communications to the public dealing			1
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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:			
а	Students' rights or privileges?	33a		├─-
	Admissions nalisies?	004		
Ŋ	Admissions policies?	33b		 -
c	Employment of faculty or administrative staff?	33c		
Ŭ	Employment of faculty of administrative staff?	336		
d	Scholarships or other financial assistance?	33d		
_		000		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h	000000000000000000000000000000000000000	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
RA a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
) 4 G	boes the organization receive any infancial aid of assistance from a governmental agency.	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b]
~	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
	· · · · · · · · · · · · · · · · · · ·			
3 5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2	

Pa	art VI-A			cting Public Charitie eligible organization						BLE
Che	eck ▶ a		ization belongs to an aff				ed "a" and	"limite		ntrol" provisions apply.
			imits on Lobbying	- ·			Affiliate	a) ed grou als	qu	(b) To be completed for all electing
				s amounts paid or incu						organizations
36				olic opinion (grassroots		36				
37				egislative body (direct		37				
38				nd 37)		38		··		
39						39	· · · · · · · · · · · · · · · · · · ·	·	 	
40	Total exempt purpose expenditures (add lines 38 and 39) 1 Lobbying nontaxable amount. Enter the amount from the following table -									
41										
		ount on line		bbying nontaxable ar	. 1					
				the amount on line 40						
				00 plus 15% of the excess	1	44			20000000	
				00 plus 10% of the excess	§	41				
				00 plus 5% of the excess of						
42				of line 41)		42			(0.0000000	
42 43				e 42 is more than line		43				
44				e 41 is more than line		44				
**	Oubtract	mic 41 1101111	mic oo. Enter o ii mi	3 41 13 more trial line						
	Caution	If there is an	amount on either line	43 or line 44, you mus	st file Form 4720					
	<u> </u>	11 111010 10 411	_	r Averaging Period		501(h)		-21210100	
	(So	me organizat	ions that made a sect	ion 501(h) election do	not have to com	plete	all of the fi		lumns	below.
			See the instruction	ons for lines 45 throug	in 50 on page 13	or th	einstructio	ns.)		
				Lobbying Expend	itures During 4-	Year	Averagin	g Pe	riod	
	Calendar	year (or fiscal	(a)	(b)	(c)		. (d)		(e)
	year begin	nning in) 🕨	2007	2006	2005		20	004		Total
	Lobbying I	nontaxable					÷			•
<u>45</u>	amount .	· · · · · · ·					Anno de la companio	************		
	Lobbying o	ceiling amount								
<u>46</u>	(150% of I	ine 45(e))								
47	Total lobbyi	ng expenditures								
	Grassroots	s nontaxable								
48	amount .							anionistas	e e e e e e e e e e e e e e e e e e e	
		ceiling amount								
<u>49</u>	(150% of lin	ne 48(e))								
	Grassroots				·	-				
50		es	41 12 1 11 1							
Pa	rt VI-B			ing Public Charities itions that did not co		A) /0	NOT			
_		<u> </u>			-			3 01	lite iii	isu ucuons.)
			· ·	nce national, state or locater tter or referendum, throug		ng any		Yes	No	Amount
	•	•	=	· . · · ·						
	Volunteer	`S								
b				sation in expenses rep				<u> </u>		
С	Media ad	vertisements			. <i>.</i>			 		
d	wallings t	o members, i	registators, or the publ	lic				ļ		
e				ments						
f			zations for lobbying pu							
g	Direct cor	ntact with legi	siators, their staffs, g	overnment officials, o	a legislative body	·				
h				ons, speeches, lectures				\$10330000		
Ī	lotal lobb	ying expendit	tures (Add lines c thro	ugh h.)				• ••		
	ir yes to	any of the a	pove, also aπach a st	atement giving a deta	nea aescription of	tne l				<u></u>
					•			sched	uie A	(Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 22-3767992 Page 7 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: Yes No 51a(i) X (ii) Other assets a(ii) Х **b** Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization Х (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets b(iii) b(iv) X b(v) (vi) Performance of services or membership or fundraising solicitations b(vi) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees X d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements Line no. N/A 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b If "Yes," complete the following schedule: (a) (b) (c) Name of organization Type of organization Description of relationship N/A

Schedule A (Form 990 or 990-EZ) 2007

FORM	990,	PART	Ι	_	EXCLUDED	CONTRIBUTIONS
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DESCRIPTION

AMOUNT

DINNER, AUCTION & COMEDY SHOW

24,901.

TOTAL

24,901.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DINNER, AUCTION & COMEDY SHOW	7,500.	3,962.	3,538.
TOTALS	7,500.	3,962.	3,538.

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	TNUOMA
GRANTS PAID	· · · · · · · · · · · · · · · · · · ·		
AUTISM RESEARCH INSTITUTE 4182 ADAMS AVENUE SAN DIEGO, CA 92116	NONE NONPROFIT ORGANIZATION	AUTISM RESEARCH INITIATIVE	10,000.
THE AGE OF AUTISM 102 WHITTIER CIRCLE FALLS CHURCH, VA 22046	NONE LIMITED LIABILITY CORP	SPONSORHIP	10,000.
UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY, NE SEATTLE, WA 98105-1122	NONE NONPROFIT ORGANIZATION	STUDY ON THE POTENTIAL HARMFUL EFFECTS OF MERCURY AND THIMEROSAL	77,129.
UNIVERSITY OF ROCHESTER 1120 WILLIAMS BLVD. SPRINGIELD, IL 62704	NONE NONPROFIT ORGANIZATION	AUTISM RESEARCH-MERCURY DETERMINATIONS	1,800.
NEW AUTISM INITIATIVE WALNUT TREE HOUSE IP13 2GJ 21 FORDHAM PLACE, IXWORTH BURY ST EDMONDS, SUFFOLK UNITED KINGDOM	NONE NONPROFIT ORGANIZATION	WEBSITE SPONSORSHIP	10,000.
THE FOCUS FOUNDATION	NONE	RESEARCH-EARLY IDENTIFICATION OF INFANTS AND	24,250.

NONPROFIT ORGANIZATION

TODDLERS AT RISK FOR AUTISM SPECTRUM DISORDERS.

2772 RUTLAND ROAD

DAVIDSONVILLE, MD 21035

RECIPIENT NAME AND ADDRESS

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

TOTAL CONTRIBUTIONS PAID

133,179.

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

INVESTIGATE AND RAISE AWARENESS OF THE RISKS TO INFANTS AND CHILDREN OF EXPOSURE TO MERCURY FROM MEDICINAL PRODUCTS, INCLUDING THIMEROSAL IN VACCINES.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION

TUUOMA

SPECIAL EVENT EXPENSES

-3,962.

TOTAL

-3,962.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION

TUUOMA

SPECIAL EVENT EXPENSES

3,962.

TOTAL

3,962.

TYRONE, GA 30290

TYRONE, GA 30290

254 TRICKUM CREEK ROAD

LAURA BONO

GAYLE DELONG

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	TO EMPLOYEE BENEFIT PLANS	AND OTHER ALLOWANCES
LYN REDWOOD 254 TRICKUM CREEK ROAD TYRONE, GA 30290	PRESIDENT 30.00	NONE	NONE	NONE
SALLIE BERNARD 254 TRICKUM CREEK ROAD TYRONE, GA 30290	EXECUTIVE DIRECTOR 15.00	NONE	NONE	NONE
VICKY DEBOLD 254 TRICKUM CREEK ROAD TYRONE, GA 30290	DIRECTOR 5.00	NONE	NONE	NONE
HEIDI ROGER 254 TRICKUM CREEK ROAD TYRONE, GA 30290	TREASURER 5.00	NONE	NONE	NONE
MARK BLAXILL 254 TRICKUM CREEK ROAD	VICE PRESIDENT 10.00	NONE	NONE	NONE

NONE

NONE

CONTRIBUTIONS EXPENSE ACCT

NONE

NONE

NONE

NONE

DIRECTOR

DIRECTOR

2.00

5.00

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

NAME AND ADDRESS		TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
254 TRICKUM CREEK ROAD					
TYRONE, GA 30290			· · · · · · · · · · · · · · · · · · ·		
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JIM MOODY		DIRECTOR/LEGAL COUNSEL	NONE	NONE	NONE
254 TRICKUM CREEK ROAD TYRONE, GA 30290		5.00			
THORE, OF SOLIS					
				MONT	NONE
SCOTT LASTER 254 TRICKUM CREEK ROAD		DIRECTOR 10.00	NONE	NONE	NONE
TYRONE, GA 30290		10.00			
KATIE WRIGHT		DIRECTOR	NONE	NONE	NONE
254 TRICKUM CREEK ROAD		2.00		.*	,
TYRONE, GA 30290					
DIERDRE IMUS	±	DIRECTOR	NONE	NONE	NONE
254 TRICKUM CREEK ROAD		2.00			
TYRONE, GA 30290					
THERESA WRANGHAM		DIRECTOR	NONE	NONE	NONE
254 TRICKUM CREEK ROAD TYRONE, GA 30290		5.00			
THOME, GA 30230					
		GRAND TOTALS	NONE	NONE	NONE
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