

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc. Doing Business As CDC Foundation		D Employer identification number 58-2106707
	Number and street (or P.O. box if mail is not delivered to street address) 55 Park Place	Room/suite 400	E Telephone number (404) 653-0790
	City or town, state or province, country, and ZIP or foreign postal code Atlanta, GA 30303		G Gross receipts \$ 44,000,355.
	F Name and address of principal officer: Charles Stokes same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: www.cdcfoundation.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1993	M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) 15
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) 50
	6	Total number of volunteers (estimate if necessary) 23
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
	b Net unrelated business taxable income from Form 990-T, line 34 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 25,659,088. Prior Year 42,595,150. Current Year
	9	Program service revenue (Part VIII, line 2g) 1,142,360. 1,238,913.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 189,318. 166,292.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 26,990,766. 44,000,355.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 10,783,644. 12,516,490.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,487,628. 5,032,823.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,616,580.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,249,513. 13,949,634.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,520,785. 31,498,947.
	19	Revenue less expenses. Subtract line 18 from line 12 -2,530,019. 12,501,408.
	20	Total assets (Part X, line 16) 69,269,793. Beginning of Current Year 85,430,998. End of Year
21	Total liabilities (Part X, line 26) 17,314,216. 20,509,240.	
22	Net assets or fund balances. Subtract line 21 from line 20 51,955,577. 64,921,758.	

Part II Signature Block

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

Sign Here	Signature of officer <i>Charles Stokes</i>	Date 4/21/15			
	Charles Stokes, President/CEO Type or print name and title				
Paid Preparer Use Only	Print/type preparer's name Susan Hill	Preparer's signature <i>Susan Hill</i>	Date 04/20/15	Check if self-employed <input type="checkbox"/>	PTIN P00846200
	Firm's name Metcalf Davis, CPAs	Firm's EIN 58-1729751	Phone no. (404) 264-1700		
	Firm's address 3340 Peachtree Road, NE, Suite 2600 Atlanta, GA 30326-1089				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

The CDC Foundation helps the Centers for Disease Control and Prevention (CDC) do more, faster by forging effective partnerships between CDC and others to fight threats to health and safety.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,198,516. including grants of \$ 2,015,180.) (Revenue \$)
Strengthening Disease Surveillance and Response in Central Africa

See Schedule O for description

4b (Code:) (Expenses \$ 4,724,952. including grants of \$ 1,972,506.) (Revenue \$)
Freedom from Smoking Initiative

See Schedule O for description

4c (Code:) (Expenses \$ 3,493,318. including grants of \$ 10,257.) (Revenue \$)
PEPFAR Public Private Partnership Cooperative Agreement

See Schedule O for description

4d Other program services (Describe in Schedule O.)

(Expenses \$ 15,709,412. including grants of \$ 8,518,547.) (Revenue \$ 1,238,913.)

4e Total program service expenses 27,126,198.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
	Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		x
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		x
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		x
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		x
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		x
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		x
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		x
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		x
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		x
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		x
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		x
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	15	
b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	x
6	Did the organization have members or stockholders?	6	x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	x
b	Each committee with authority to act on behalf of the governing body?	8b	x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	x

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	x
13	Did the organization have a written whistleblower policy?	13	x
14	Did the organization have a written document retention and destruction policy?	14	x
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	x
b	Other officers or key employees of the organization	15b	x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CT, DC, FL, GA, IL, KS, KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Paula Jasina - (404) 653-0790**
55 Park Place, Suite 400, Atlanta, GA 30303-2915

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gary Cohen Chair	2.80	X		X				0.	0.	0.
(2) Andrew R. Klepchick, Jr. Treasurer	2.20	X		X				0.	0.	0.
(3) David M. Ratcliffe Secretary	2.20	X		X				0.	0.	0.
(4) Dr. Leah Devlin Director	1.30	X						0.	0.	0.
(5) Carlos Dominguez Director	1.30	X						0.	0.	0.
(6) James W. Down Director	1.30	X						0.	0.	0.
(7) Raymond J. Baxter, Ph.D. Director	1.30	X						0.	0.	0.
(8) Matt James Director	1.30	X						0.	0.	0.
(9) Ruth J. Katz Director	1.30	X						0.	0.	0.
(10) Charles H. "Pete" McTier Director	2.20	X						0.	0.	0.
(11) Douglas W. Nelson Director	2.20	X						0.	0.	0.
(12) John G. Rice Director	1.30	X						0.	0.	0.
(13) Amy Robbins Towers Director	1.30	X						0.	0.	0.
(14) David Satcher, M.D., Ph.D. Director	1.30	X						0.	0.	0.
(15) Robert A. Yellowlees Director	2.20	X						0.	0.	0.
(16) Charles Stokes President & CEO	60.00			X				397,915.	0.	47,607.
(17) Paula Jasina CFO	60.00			X				156,216.	0.	22,050.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Chloe Tonney Executive VP of External Affairs	60.00				X			223,682.	0.	28,796.
(19) Alan D. Harrison VP for Administration	45.00					X		118,909.	0.	18,319.
(20) Darlene Honaman VP for Advancement	40.00					X		137,336.	0.	20,162.
(21) William Parra Director Tobacco Control	50.00					X		125,262.	0.	14,046.
(22) Pierce Nelson VP of Communications	60.00					X		186,957.	0.	25,124.
(23) Luke Mkinsi SURVAC Project Director	40.00					X		187,388.	0.	25,167.
1b Sub-total								1,533,665.	0.	201,271.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,533,665.	0.	201,271.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Weber Shandwick Box 7247-6593, Philadelphia, PA 19170	Prof. Fees - Nat'l Hepatitis Educational	691,928.
Stitching Text to Change, S Gravenhekje A1, 1011 TG, Amsterdam, NETHERLANDS	Prof. Fees - Phones for Health	578,999.
ICF Macro International Inc. PO Box 777-W510501, Philadelphia, PA 19175	Prof. Fees - Preventing infections in ca	467,889.
Science Applications 1710 SAIC Drive, McLean, VA 22102	Prof. Fees - Freedom from Smoking	465,650.
Deloitte Consulting Ltd-Kenya, Waiyaki Way, Muthangari, PO Box 40092 GPA 00100	Prof. Fees - Phones for Health	342,265.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 23

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	7,184,302.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	35,410,848.			
	g Noncash contributions included in lines 1a-1f: \$		286,012.			
	h Total. Add lines 1a-1f		42,595,150.			
	Program Service Revenue	2 a Data Collection Resear	Business Code 541700	429,711.	429,711.	
b Lab Research Agreement		541900	391,607.	391,607.		
c Health Surveillance		541900	300,941.	300,941.		
d Health Training		541900	116,654.	116,654.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,238,913.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		163,405.		163,405.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		0.		
		c Gain or (loss)		2,887.		
d Net gain or (loss)		2,887.		2,887.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses					
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		44,000,355.	1,238,913.	0.	166,292.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,423,650.	6,423,650.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	6,092,840.	6,092,840.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	883,497.	138,040.	446,282.	299,175.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,297,231.	1,554,871.	1,012,444.	729,916.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	316,942.	125,312.	124,717.	66,913.
9 Other employee benefits	265,009.	124,598.	83,223.	57,188.
10 Payroll taxes	270,144.	116,030.	90,027.	64,087.
11 Fees for services (non-employees):				
a Management				
b Legal	114,304.	3,009.	96,742.	14,553.
c Accounting	48,675.		48,675.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,313,739.	9,838,919.	373,012.	101,808.
12 Advertising and promotion	21,577.		20,387.	1,190.
13 Office expenses	658,859.	488,279.	86,859.	83,721.
14 Information technology	156,629.	9,434.	131,446.	15,749.
15 Royalties				
16 Occupancy	392,515.	188,692.	121,129.	82,694.
17 Travel	1,706,531.	1,630,988.	25,356.	50,187.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	40,349.	40,349.		
19 Conferences, conventions, and meetings	365,221.	319,404.	23,558.	22,259.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,550.	15,679.	16,912.	8,959.
23 Insurance	46,164.	6,843.	39,321.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	43,521.	9,261.	16,079.	18,181.
25 Total functional expenses. Add lines 1 through 24e	31,498,947.	27,126,198.	2,756,169.	1,616,580.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	46,269,755.	2	49,645,375.
	3 Pledges and grants receivable, net	16,760,004.	3	25,280,870.
	4 Accounts receivable, net	1,019,475.	4	401,678.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,200,614.	9	1,225,816.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 464,643.		
	b Less: accumulated depreciation	10b 436,217.	58,867.	10c 28,426.
	11 Investments - publicly traded securities	2,961,078.	11	8,848,833.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	69,269,793.	16	85,430,998.	
Liabilities	17 Accounts payable and accrued expenses	649,839.	17	1,005,498.
	18 Grants payable	1,650,073.	18	3,083,043.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	180,571.	21	192,971.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,833,733.	25	16,227,728.
	26 Total liabilities. Add lines 17 through 25	17,314,216.	26	20,509,240.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,522,140.	27	9,452,518.
	28 Temporarily restricted net assets	40,368,607.	28	52,047,722.
	29 Permanently restricted net assets	3,064,830.	29	3,421,518.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	51,955,577.	33	64,921,758.	
34 Total liabilities and net assets/fund balances	69,269,793.	34	85,430,998.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,000,355.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,498,947.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,501,408.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,955,577.
5	Net unrealized gains (losses) on investments	5	464,773.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	64,921,758.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	x	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	x	

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **National Foundation for the Centers for Disease Control and Prevention, Inc.** Employer identification number **58-2106707**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,096,581.	38,886,466.	17,646,412.	25,659,088.	42,589,150.	146,877,697.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	478,546.	496,081.	404,991.	216,472.	240,971.	1,837,061.
4 Total. Add lines 1 through 3	22,575,127.	39,382,547.	18,051,403.	25,875,560.	42,830,121.	148,714,758.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						56,292,624.
6 Public support. Subtract line 5 from line 4.						92,422,134.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	22,575,127.	39,382,547.	18,051,403.	25,875,560.	42,830,121.	148,714,758.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	151,940.	169,564.	136,410.	189,115.	163,405.	810,434.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						149,525,192.
12 Gross receipts from related activities, etc. (see instructions)					12	4,956,357.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	61.81 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	53.48 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization

National Foundation for the Centers for
Disease Control and Prevention, Inc.

Employer identification number

58-2106707

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 6,302,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,629,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 17,998,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 4,304,659.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,717,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
--	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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	
(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	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc. Employer identification number 58-2106707

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

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11-08-13

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		3,210.													
c Total lobbying expenditures (add lines 1a and 1b)		3,210.													
d Other exempt purpose expenditures		31,495,737.													
e Total exempt purpose expenditures (add lines 1c and 1d)		31,498,947.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.	1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	17,971.	6,196.	3,193.	3,210.	30,570.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc. Employer identification number 58-2106707

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes rows for reporting requirements for art and historical treasures.

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

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

(check all that apply):

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

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

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

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

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

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

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,151,940.	2,602,038.	2,516,794.	2,043,679.	1,934,568.
b Contributions	356,688.	370,113.	409,702.	237,213.	112,868.
c Net investment earnings, gains, and losses	491,183.	220,629.	-899.	382,727.	202,929.
d Grants or scholarships					
e Other expenditures for facilities and programs	28,676.	40,840.	323,559.	146,825.	187,565.
f Administrative expenses					19,121.
g End of year balance	3,971,135.	3,151,940.	2,602,038.	2,516,794.	2,043,679.

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

a Board designated or quasi-endowment %

b Permanent endowment 86.16 %

c Temporarily restricted endowment 13.84 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		39,300.	37,268.	2,032.
d Equipment		93,277.	83,443.	9,834.
e Other		332,066.	315,506.	16,560.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				28,426.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, Contracts payable, Deferred Rent, Other liabilities, Refundable advances, and Total.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	44,700,099.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	464,773.	
b	Donated services and use of facilities	2b	234,971.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	699,744.	
3	Subtract line 2e from line 1	3	44,000,355.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	44,000,355.	

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	31,733,918.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	234,971.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	234,971.	
3	Subtract line 2e from line 1	3	31,498,947.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	31,498,947.	

Part XIII Supplemental Information.

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

Part IV, line 2b:

Explanation: The funds held in custodial accounts are for CDC programs for conferences and management training courses.

Part V, line 4:

Explanation: The Foundation's endowment consists of approximately 16 individual funds established by donors for a variety of purposes, including programs, awards, research and operations.

Part X, Line 2:

Explanation: Income Taxes - The Foundation is recognized as an

organization which is exempt from federal income tax under Section

Part XIII Supplemental Information (continued)

501(c)(3) of the Internal Revenue Code (the "Code") whereby only unrelated business income, as defined by Section 512(a)(1) of the code, is subject to federal income tax.

The Foundation's policy is to record a liability for any tax position taken that is beneficial to the Foundation, including any related interest and penalties, when it is more likely than not the position taken by management with respect to a transaction or class of transactions will be overturned by a taxing authority upon examination. Management believes there are no such positions as of June 30, 2014 and 2013 and, accordingly, no liability has been accrued.

Generally the IRS may examine a tax return for three years from the date it is filed. At June 30, 2014, tax years ended June 30, 2011, 2012 and 2013 remained open for possible examination by the IRS.

Part X, Line 1, Refundable Advances:

Explanation: During a prior year, the Foundation received \$5,000,000 in refundable advances to be used for Emergency Preparedness and Response which includes severe and/or infrequent national level emergencies.

Recognition as revenue is contingent upon the Foundation using these funds for their intended purpose by November 14, 2016. Any amounts not used by this date must be returned to the donor. At June 30, 2014 and 2013, \$4,474,976 remained available to be expended in future years.

Subsequent to year end, the donor authorized the Foundation to use \$1,000,000 of this funding as a part of the Foundation's response to the Ebola crisis in West Africa.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
National Foundation for the Centers for
Disease Control and Prevention, Inc.

Employer identification number
58-2106707

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central Am. & Caribbean	0	0	Program Services	Professional Fees	106,939.
Central Am. & Caribbean	0	0	Program Services	Travel	10,701.
Central Am. & Caribbean	0	0	Program Services	Supplies	2,345.
East Asia & Pacific	0	0	Grant Making	Award	330,665.
East Asia & Pacific	0	0	Program Services	Conferences, Meetings	5,480.
East Asia & Pacific	0	0	Program Services	Professional Fees	431,450.
East Asia & Pacific	0	0	Program Services	Travel	154,315.
Europe	0	0	Grant Making	Award	3,759,170.
3 a Sub-total	0	0			4,801,065.
b Total from continuation sheets to Part I	0	0			6,919,629.
c Totals (add lines 3a and 3b)	0	0			11,720,694.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	0	Program Services	Conferences, Meetings	3,401.
Europe	0	0	Program Services	Printing, Promotion	45,853.
Europe	0	0	Program Services	Professional Fees	826,902.
Europe	0	0	Program Services	Supplies	21.
Europe	0	0	Program Services	Travel	299,258.
Middle East & N. Africa	0	0	Program Services	Travel	15,939.
North America	0	0	Program Services	Professional Fees	76,760.
North America	0	0	Program Services	Travel	15,430.
North America	0	0	Marketing	Website	1,013.
Russia & Ind. States	0	0	Program Services	Conferences, Meetings	123.
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia & Ind. States	0	0	Program Services	Professional Fees	220,058.
Russia & Ind. States	0	0	Program Services	Travel	49,749.
South America	0	0	Program Services	Conferences, Meetings	10,636.
South America	0	0	Program Services	Travel	39,452.
South Asia	0	0	Grant Making	Award	106,656.
South Asia	0	0	Program Services	Conferences, Meetings	2,025.
South Asia	0	0	Program Services	Professional Fees	107,281.
South Asia	0	0	Program Services	Travel	66,379.
Sub-Saharan Africa	0	0	Grant Making	Award	1,896,350.
Sub-Saharan Africa	0	0	Program Services	Conferences, Meetings	14,158.
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Misc.	587,520.
Sub-Saharan Africa	0	0	Program Services	Occupancy	43,800.
Sub-Saharan Africa	0	0	Program Services	Professional Fees	2,001,122.
Sub-Saharan Africa	0	0	Program Services	Supples	37,598.
Sub-Saharan Africa	0	0	Program Services	Travel	452,145.
Totals					6,919,629.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Freedom from Smoking Initiative	43,223.WT		0.		
		Europe	Freedom from Smoking Initiative	93,790.WT		0.		
		Europe	Freedom from Smoking Initiative	37,855.WT		0.		
		Europe	Freedom from Smoking Initiative	183,625.WT		0.		
		Europe	Freedom from Smoking Initiative	261,030.WT		0.		
		Europe	Freedom from Smoking Initiative	6,096.WT		0.		
		Europe	Freedom from Smoking Initiative	500,000.WT		0.		
		Europe	Freedom from Smoking Initiative	240,443.WT		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 44

3 Enter total number of other organizations or entities 44

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Freedom from Smoking Initiative	18,363.WT		0.		
		Europe	Freedom from Smoking Initiative	125,000.WT		0.		
		Europe	Freedom from Smoking Initiative	36,069.WT		0.		
		Europe	Freedom from Smoking Initiative	19,570.WT		0.		
		Sub-Saharan Africa	Freedom from Smoking Initiative	94,920.WT		0.		
		Sub-Saharan Africa	Freedom from Smoking Initiative	30,908.WT		0.		
		Europe	Global Adult Tobacco Survey II	28,987.WT		0.		
		Europe	Global Adult Tobacco Survey II	165,262.WT		0.		
		Sub-Saharan Africa	Global Adult Tobacco Survey II	463,320.WT		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Global Adult Tobacco Survey II	338,924.WT		0.		
		Sub-Saharan Africa	Together for Girls	49,600.WT		0.		
		South Asia	Road Traffic Injury Prevention and Control in India	31,250.WT		0.		
		South Asia	Road Traffic Injury Prevention and Control in India	31,250.WT		0.		
		South Asia	Road Traffic Injury Prevention and Control in India	40,000.WT		0.		
		Europe	Smallpox Zero Reminiscences Project	4,750.WT		0.		
		Europe	Smallpox Zero Reminiscences Project	4,750.WT		0.		
		East Asia and the Pacific	Monitoring the Tobacco Epidemic in Africa & Southeast Asia	259,600.WT		0.		
		East Asia and the Pacific	Monitoring the Tobacco Epidemic in Africa & Southeast Asia	30,115.WT		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1		East Asia and the Pacific	Monitoring the Tobacco Epidemic in Africa & Southeast Asia	13,450.WT		0.		
		East Asia and the Pacific	Monitoring the Tobacco Epidemic in Africa & Southeast Asia	27,500.WT		0.		
		Europe	Monitoring the Tobacco Epidemic in Africa & Southeast Asia	115,825.WT		0.		
		Europe	Monitoring the Tobacco Epidemic in Africa & Southeast Asia	133,905.WT		0.		
		Europe	Monitoring the Tobacco Epidemic in Africa & Southeast Asia	400,000.WT		0.		
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	161,590.WT		0.		
		Europe	Strengthening Surveillance & Response in Central Africa	586,470.WT		0.		
		Europe	Strengthening Surveillance & Response in Central Africa	753,710.WT		0.		
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	236,772.WT		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	64,200.WT		0.		
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	81,432.WT		0.		
		Sub-Saharan Africa	Family Planning Project in Tanzania	75,423.WT		0.		
		Sub-Saharan Africa	Martin Endowment	7,745.WT		0.		
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	90,500.WT		0.		
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	155,625.WT		0.		
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	45,391.WT		0.		
		South Asia	Leveraging Rotavirus Networks	4,156.		0.		
		Europe	Testosterone Measurement Harmonization	0.WT		448.Lab Supplies		Cash

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Part I, Line 2:

Explanation: The CDC Foundation monitors grant funds in many ways. All programs are implemented in collaboration with the Centers for Disease Control and Prevention, an agency of the Federal Government. The CDC works closely with Foundation personnel to actively monitor the grantees progress and expenditures, and both the grantee and the CDC provide detailed information to the CDC Foundation's program officers who are assigned to the project. Often, the Foundation program officer will make site visits to ensure that the program is proceeding as agreed and that the funds are properly spent.

All foreign payees are checked against the Treasury's Specially Designated Nationals List before disbursement is made.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc. Employer identification number 58-2106707

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Addiction Research and Treatment Corporation - 22 Chapel Street - Brooklyn, NY 11201	13-2642451	501 (c)(3)	52,267.	0.			PET-C HCV in Opiate Agonist Treatment Settings
Association of Maternal & Child 2030 M Street NW Suite 350 Washington, DC 20036	52-1529448	501 (c)(3)	21,090.	0.			Early Childhood Inequities Awareness Campaign
Boston Public Health Commission 1010 Massachusetts Avenue Boston, MA 02118	04-3316655	Govt	30,000.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
Center for Disease Control & Prevention - 1598 Clifton Road - Atlanta, GA 30331	58-6051157	Govt	27,142.	0.			Study Of Inhibitors in Hemophilia
Center for Disease Control & Prevention - 1599 Clifton Road - Atlanta, GA 30332	58-6051157	Govt	40,000.	0.			Organ Transplant Infection Project Study 1.0
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	65,000.	0.			Organ Transplant Infection Project Study 1.1

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 194.

3 Enter total number of other organizations listed in the line 1 table 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	20,836.	0.			Bloomberg Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	17,793.	0.			Bloomberg Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	173,887.	0.			Bloomberg Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Bloomberg Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	30,174.	0.			Bloomberg Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	18,248.	0.			Bloomberg Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,677.	0.			Bloomberg Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,000.	0.			Treatment of TB with Priftin
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	15,000.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	21,000.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	9,651.	0.			Improving Health Care Provider Performance in Developing Countries
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	100,000.	0.			Global Adult Tobacco Survey II
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,027.	0.			Global Adult Tobacco Survey II
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,000.	0.			Viral Hepatitis Action Coalition (VHAC)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	3,000.	0.			Viral Hepatitis Action Coalition (VHAC)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,600.	0.			Viral Hepatitis Action Coalition (VHAC)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,000.	0.			Viral Hepatitis Action Coalition (VHAC)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,000.	0.			Together for Girls

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	7,500.	0.			Emergency Obstetric Care in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	70,000.	0.			Emergency Obstetric Care in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	355,000.	0.			Emergency Obstetric Care in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	144,000.	0.			Emergency Obstetric Care in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Emergency Obstetric Care in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	30,000.	0.			Emergency Obstetric Care in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	20,359.	0.			Drug-resistant Candida - South Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,000.	0.			Road Traffic Injury Prevention and Control in India
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	23,099.	0.			Public Finance Priorities & Tobacco Taxation

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	6,425.	0.			RIFAMIN Treatment for Pulmonary Tuberculosis
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	986.	0.			RIFAMIN Treatment for Pulmonary Tuberculosis
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	86,961.	0.			Malaria Specimen Bank Evaluation - Phase II
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	26,793.	0.			Controlling Viral Foodborne Disease
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	180,659.	0.			Global Hepatitis Program Fellow
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	6,678.	0.			Primate Retroviral Transmission
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	6,678.	0.			Primate Retroviral Transmission
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	11,853.	0.			Immunogenetic Mechanisms of Vaccine Response

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	600.	0.			Plane, Trains and Auto-mobility
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	28,000.	0.		Biomarker Detection of Cervical Cancer	
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	12,772.	0.		Reducing Collisions Through Feedback to Truck Drivers	
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	35,420.	0.		Strengthening Surveillance & Response in Central Africa	
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	123,676.	0.		Strengthening Surveillance & Response in Central Africa	
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	36,000.	0.		Strengthening Surveillance & Response in Central Africa	
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	20,000.	0.		Strengthening Surveillance & Response in Central Africa	
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	77,500.	0.		Strengthening Surveillance & Response in Central Africa	
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,000.	0.		Gun Violence Prevention Research	

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	6,035.	0.			Evaluation of "Water for Health" in Uganda
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,919.	0.			Evaluation of "Water for Health" in Uganda
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	63,642.	0.			Law and Policy Impact for Healthy People 2020
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	64,180.	0.			Law and Policy Impact for Healthy People 2021
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	20,146.	0.			Law and Policy Impact for Healthy People 2022
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	139,600.	0.			Family Planning Projects in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	35,000.	0.			Laboratory Surveillance for Factor XIII Deficiency
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	190,209.	0.			Saudi Arabia FGTP
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25,862.	0.			Optimizing Helmets to Reduce Work-Related Injuries

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	34,483.	0.			Reducing Ebola Transmission in Guinea
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	268,000	Cost	Lab Supplies	CDC Visitor and Education Center
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,365,000	Cost	Lab Supplies	Crimean-Congo Hemorrhagic Fever Study
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,194,000	Cost	Lab Supplies	Crimean-Congo Hemorrhagic Fever Study
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	77,000	Cost	USB superdrive for laptop	Genomic Epidemiology of Neisseria Gonorrhoeae
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	389,000	Cost	Fireproof/Water hard drive	Genomic Epidemiology of Neisseria Gonorrhoeae
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	297,000	Cost	Protection Plan for laptop	Genomic Epidemiology of Neisseria Gonorrhoeae
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,343,000	Cost	Laptop for alb personnel	Genomic Epidemiology of Neisseria Gonorrhoeae
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,042,000	Cost	Framing and framing supplie	Health is a Human Right Exhibit

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	694.	Cost	Unlock Phone	MenAFriNet Meningitis Surveillance in Africa		
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	23.	Cost	French keyboard	MenAFriNet Meningitis Surveillance in Africa		
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	666.	Cost	Mobile projecto	MenAFriNet Meningitis Surveillance in Africa		
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,505.	Cost	Laptop	MenAFriNet Meningitis Surveillance in Africa		
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	85.	Cost	Extra adapter	MenAFriNet Meningitis Surveillance in Africa		
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	353.	Cost	Hard drive and accessories	MenAFriNet Meningitis Surveillance in Africa		
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	9,834.	Cost	Computer	Phones for Health: PEPFAR Supported Countries		
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	423.	Cost	Flash Drives	Phones for Health: PEPFAR Supported Countries		
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	20,250.	Cost	Broadcast Services Satellite Media/Radio Tou	Preventing Infections in Cancer Patients		

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
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Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,800.	Cost	Animal Cages	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,405.	Cost	10 Ironkey secure flash drives	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	188.	Cost	Lab Supplies	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,189.	Cost	Lab Supplies	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,108.	Cost	Lab Supplies	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	208.	Cost	50 ml tube storage racks	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	18.	Cost	Pipette Stand	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,042.	Cost	Lab Supplies	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	22.	Cost	Lab Supplies	Testosterone Measurement Harmonization

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	150, Cost		Lab Supplies	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	40, Cost		Lab Supplies	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,743, Cost		Lab Supplies	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,915, Cost		Lab Supplies	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	379, Cost		Lab Supplies	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	420, Cost		Lab Supplies	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	194,924, Cost		Computer Software	General CDC Use
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	89,638, Cost		Medical Supplies	Medical Supplies for Nicaragua
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,000, Cost		Gift Cards	CDC Health Game

Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	450,000		Ipods	CDC Health Game
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	22,838.	0.			CDC's overall operations and meetings
City of Houston Health and Human Services Department - P.O. Box 88361 - Houston, TX 77288-8861	74-6001164	Govt	20,000.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
Colorado State University 2002 Campus Delivery Fort Collins, CO 80523-2002	84-6000545	501 (c)(3)	5,243.	0.			Treatment of TB with Priftin
Colorado State University 2002 Campus Delivery Fort Collins, CO 80523-2002	84-6000545	501 (c)(3)	4,615.	0.			Treatment of TB with Priftin
Colorado State University 2002 Campus Delivery Fort Collins, CO 80523-2002	84-6000545	501 (c)(3)	1,959.	0.			Treatment of TB with Priftin
Colorado State University 2002 Campus Delivery Fort Collins, CO 80523-2002	84-6000545	501 (c)(3)	1,774.	0.			Treatment of TB with Priftin
Futures Group International, LLC 1000 West Main Street, 2nd Floor Durham, NC 27701-2098	26-1509671	501 (c)(3)	16,280.	0.			Supporting National Strategies for eMCT of HIV
Futures Group International, LLC 1000 West Main Street, 2nd Floor Durham, NC 27701-2098	26-1509671	501 (c)(3)	18,576.	0.			Supporting National Strategies for eMCT of HIV

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Futures Group International, LLC 1000 West Main Street, 2nd Floor Durham, NC 27701-2098	26-1509671	501 (c)(3)	1,484.	0.			Supporting National Strategies for eMTCT of HIV
George W. Bush Foundation 2943 SMU Blvd Dallas, TX 75205	20-4119317	501 (c)(3)	58,012.	0.		Global Cervical Cancer Screening & Treatment	
George W. Bush Foundation 2943 SMU Blvd Dallas, TX 75205	20-4119317	501 (c)(3)	52,210.	0.		Global Cervical Cancer Screening & Treatment	
Georgia State University Foundation - 1 Park Place, Suite 533 - Atlanta, GA 30303	58-6033185	501 (c)(3)	2,000.	0.		Sponsorship of Conference	
Hawaii State Department of Health 3627 Kilauea Avenue, Suite 305 Honolulu, HI 96813	99-6000449	Govt	76,342.	0.		HBV & HCV Early Identification and Linkage to Care	
Hawaii State Department of Health 3627 Kilauea Avenue, Suite 305 Honolulu, HI 96813	99-6000449	Govt	8,720.	0.		HBV & HCV Early Identification and Linkage to Care	
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	154,729.	0.		Chronic Hepatitis B and C Cohort Study (CHECS)	
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	53,132.	0.		Chronic Hepatitis B and C Cohort Study (CHECS)	
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	106,653.	0.		Chronic Hepatitis B and C Cohort Study (CHECS)	

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	173,939.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	89,269.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	17,811.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	122,409.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	110,801.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	79,634.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	130,447.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	131,530.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	99,406.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

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Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	137,030.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	47,873.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
ISAAH Health Heartland Coalition 2356 University Ave., W, Suite 405 St. Paul, MN 55114	41-1957358	501 (c)(3)	21,090.	0.			Early Childhood Inequities Awareness Campaign
ISAAH Health Heartland Coalition 2356 University Ave., W, Suite 405 St. Paul, MN 55114	41-1957358	501 (c)(3)	1,110.	0.			Early Childhood Inequities Awareness Campaign
Johns Hopkins University 12529 Collections Center Drive Chicago, IL 60693	52-0595110	501 (c)(3)	164,347.	0.			HBV & HCV Early Identification and Linkage to Care
Johns Hopkins University 12529 Collections Center Drive Chicago, IL 60693	52-0595110	501 (c)(3)	11,764.	0.			HBV & HCV Early Identification and Linkage to Care
Johns Hopkins University 12529 Collections Center Drive Chicago, IL 60693	52-0595110	501 (c)(3)	12,268.	0.			HBV & HCV Early Identification and Linkage to Care
Johns Hopkins University 12529 Collections Center Drive Chicago, IL 60693	52-0595110	501 (c)(3)	18,456.	0.			HBV & HCV Early Identification and Linkage to Care
Johns Hopkins University 12529 Collections Center Drive Chicago, IL 60693	52-0595110	501 (c)(3)	3,066.	0.			Improving Health Care Provider Performance in Developing Countries

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Johns Hopkins University 12529 Collections Center Drive Chicago, IL 60693	52-0595110	501 (c)(3)	3,066.	0.			Improving Health Care Provider Performance in Developing Countries
Kaiser Foundation Research Institute - 1800 Harrison Street, 16th Floor - Oakland, CA 94612-3433	94-1105628	501 (c)(3)	4,702.	0.			Controlling Viral Foodborne Disease
Kaiser Foundation Research Institute - 1800 Harrison Street, 16th Floor - Oakland, CA 94612-3433	94-1105628	501 (c)(3)	4,496.	0.			Controlling Viral Foodborne Disease
Kaiser Foundation Research Institute - 1800 Harrison Street, 16th Floor - Oakland, CA 94612-3433	94-1105628	501 (c)(3)	4,197.	0.			Controlling Viral Foodborne Disease
Kaiser Foundation Research Institute - 1800 Harrison Street, 16th Floor - Oakland, CA 94612-3433	94-1105628	501 (c)(3)	2,629.	0.			Controlling Viral Foodborne Disease
Mount Sinai School of Medicine One Gustave L Levy Place New York, NY 10029-6574	13-6171197	501 (c)(3)	200,000.	0.			Birth-Cohort Evaluation (BEST-C)
Multnomah County 421 SW Oak Street, Suite 210 Portland, OR 97204	93-6002309	Govt	19,545.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
National Academy of Science 500 Fifth Street NW Washington, DC 20001	53-0196932	501 (c)(3)	16,622.	0.			Gun Violence Prevention Research
National Academy of Science 500 Fifth Street NW Washington, DC 20001	53-0196932	501 (c)(3)	3,303.	0.			Gun Violence Prevention Research

Schedule I (Form 990)

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	14,475.	0.			Viral Hepatitis Action Coalition (VHAC)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	6,358.	0.			Viral Hepatitis Action Coalition (VHAC)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	5,410.	0.			Viral Hepatitis Action Coalition (VHAC)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	12,126.	0.			Viral Hepatitis Action Coalition (VHAC)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	8,317.	0.			Viral Hepatitis Action Coalition (VHAC)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	6,766.	0.			Viral Hepatitis Action Coalition (VHAC)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	29,999.	0.			Viral Hepatitis Action Coalition (VHAC)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	9,514.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	4,316.	0.			Birth-Cohort Evaluation (BEST-C)

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NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	5,283.	0.			Birth-Cohort Evaluation (BEST-C)		
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	5,705.	0.			Birth-Cohort Evaluation (BEST-C)		
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	2,967.	0.			Birth-Cohort Evaluation (BEST-C)		
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	4,279.	0.			Birth-Cohort Evaluation (BEST-C)		
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	4,576.	0.			Birth-Cohort Evaluation (BEST-C)		
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	3,841.	0.			Birth-Cohort Evaluation (BEST-C)		
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	5,190.	0.			Birth-Cohort Evaluation (BEST-C)		
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	3,073.	0.			Birth-Cohort Evaluation (BEST-C)		
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	4,401.	0.			Birth-Cohort Evaluation (BEST-C)		

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
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NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	5,173.	0.			Birth-Cohort Evaluation (BEST-C)
Public Health Institute 555 12th Street Oakland, CA 94607-4046	94-1646278	501 (c)(3)	11,539.	0.			Monitoring the Tobacco Epidemic in Africa & Southeast Asia
Public Health Institute 555 12th Street Oakland, CA 94607-4046	94-1646278	501 (c)(3)	591.	0.			Monitoring the Tobacco Epidemic in Africa & Southeast Asia
Public Health Institute 555 12th Street Oakland, CA 94607-4046	94-1646278	501 (c)(3)	2,206.	0.			Monitoring the Tobacco Epidemic in Africa & Southeast Asia
Public Health Institute 555 12th Street Oakland, CA 94607-4046	94-1646278	501 (c)(3)	3,634.	0.			Monitoring the Tobacco Epidemic in Africa & Southeast Asia
Rotary Club of Atlanta 100 Edgewood Avenue Atlanta, GA 30303	58-0412250	501 (c)(3)	620.	0.			General contribution
Rotary Club of Atlanta 100 Edgewood Avenue Atlanta, GA 30303	58-0412250	501 (c)(3)	1,500.	0.			Atlanta Interfaith Business Prayer Breakfast
The Commerce Club 191 Peachtree Street NE Atlanta, GA 30303	27-2164436	501 (c)(3)	40.	0.			Holiday Fund
The Commerce Club 191 Peachtree Street NE Atlanta, GA 30303	27-2164436	501 (c)(3)	40.	0.			Holiday Fund

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The Regents of the University of Michigan - Box 223131 - Pittsburgh, PA 15251-2131	38-6006309	501 (c)(3)	72,338.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
The Trustees of Indiana University P.O. Box 78000 Detroit, MI 48278-0867	35-6001673	501 (c)(3)	187,496.	0.			Global Cervical Cancer Screening & Treatment
The Trustees of Indiana University P.O. Box 78001 Detroit, MI 48278-0867	35-6001673	501 (c)(3)	124,997.	0.			Global Cervical Cancer Screening & Treatment
The University of New Mexico 1 University of New Mexico Albuquerque, NM 87131-0001	85-6000642	501 (c)(3)	4,559.	0.			Extension for Community Healthcare Outcomes (ECHO)
The University of New Mexico 1 University of New Mexico Albuquerque, NM 87131-0001	85-6000642	501 (c)(3)	18,135.	0.			Extension for Community Healthcare Outcomes (ECHO)
The University of New Mexico 1 University of New Mexico Albuquerque, NM 87131-0001	85-6000642	501 (c)(3)	36,645.	0.			Extension for Community Healthcare Outcomes (ECHO)
The University of New Mexico 1 University of New Mexico Albuquerque, NM 87131-0001	85-6000642	501 (c)(3)	48,784.	0.			Extension for Community Healthcare Outcomes (ECHO)
The University of New Mexico 1 University of New Mexico Albuquerque, NM 87131-0001	85-6000642	501 (c)(3)	33,666.	0.			Extension for Community Healthcare Outcomes (ECHO)
The University of New Mexico 1 University of New Mexico Albuquerque, NM 87131-0001	85-6000642	501 (c)(3)	33,977.	0.			Extension for Community Healthcare Outcomes (ECHO)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of New Mexico 1 University of New Mexico Albuquerque, NM 87131-0001	85-6000642	501 (c)(3)	14,137.	0.			Extension for Community Healthcare Outcomes (ECHO)
The University of New Mexico 1 University of New Mexico Albuquerque, NM 87131-0001	85-6000642	501 (c)(3)	7,620.	0.			Extension for Community Healthcare Outcomes (ECHO)
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501 (c)(3)	32,477.	0.			Chronic Kidney Disease in Central American Workers
University of Alabama Birmingham 1720 2nd Avenue South Birmingham, AL 35294-0109	63-6005396	501 (c)(3)	26,329.	0.			HBV & HCV Early Identification and Linkage to Care
University of Alabama Birmingham 1720 2nd Avenue South Birmingham, AL 35294-0109	63-6005396	501 (c)(3)	19,554.	0.			HBV & HCV Early Identification and Linkage to Care
University of Alabama Birmingham 1720 2nd Avenue South Birmingham, AL 35294-0109	63-6005396	501 (c)(3)	17,638.	0.			HBV & HCV Early Identification and Linkage to Care
University of Alabama Birmingham 1720 2nd Avenue South Birmingham, AL 35294-0109	63-6005396	501 (c)(3)	10,553.	0.			HBV & HCV Early Identification and Linkage to Care
University of Alabama Birmingham 1720 2nd Avenue South Birmingham, AL 35294-0109	63-6005396	501 (c)(3)	12,497.	0.			HBV & HCV Early Identification and Linkage to Care
University of Alabama Birmingham 1720 2nd Avenue South Birmingham, AL 35294-0109	63-6005396	501 (c)(3)	19,581.	0.			HBV & HCV Early Identification and Linkage to Care

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Alabama Birmingham 1720 2nd Avenue South Birmingham, AL 35294-0109	63-6005396	501 (c)(3)	27,894.	0.			HBV & HCV Early Identification and Linkage to Care
University of Alabama Birmingham 1720 2nd Avenue South Birmingham, AL 35294-0109	63-6005396	501 (c)(3)	16,756.	0.			HBV & HCV Early Identification and Linkage to Care
University of Alabama Birmingham 1720 2nd Avenue South Birmingham, AL 35294-0109	63-6005396	501 (c)(3)	51,198.	0.			HBV & HCV Early Identification and Linkage to Care
University of Alabama Birmingham 1720 2nd Avenue South Birmingham, AL 35294-0109	63-6005396	501 (c)(3)	7,643.	0.			HBV & HCV Early Identification and Linkage to Care
University of Pittsburgh 116 Atwood Street, Suite 201 Pittsburgh, PA 15260	25-0965591	501 (c)(3)	77,976.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
University of Virginia P.O. Box 400195 Charlottesville, VA 22904-4195	54-6001796	501 (c)(3)	117,411.	0.			Leveraging Rotavirus Networks
Villa International 1749 Clifton Road NE Atlanta, GA 30329-4019	23-7052934	501 (c)(3)	5,000.	0.			Sponsorship Fall Event
Weill Cornell Medical College 575 Lexington Ave, 9th Floor New York, NY 10022	13-1623978	501 (c)(3)	46,598.	0.			PET-C HCV in Opiate Agonist Treatment Settings

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

Explanation: The CDC Foundation monitors grant funds in many ways. All programs are implemented in collaboration with the Centers for Disease Control and Prevention, an agency of the Federal Government. The CDC works closely with Foundation personnel to actively monitor the grantees progress and expenditures, and both the grantee and the CDC provide detailed information to the CDC Foundation's program officers who are assigned to the project. Often, the Foundation program officer will make site visits to ensure that the program is proceeding as agreed and that the funds are

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: National Foundation for the Centers for Disease Control and Prevention, Inc. Employer identification number: 58-2106707

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a:

Explanation: The Foundation pays an annual premium of \$23,500 on a \$1,000,000 universal life insurance policy for Charles Stokes for which Mr. Stokes is the owner. The annual premium is treated as taxable income to Mr. Stokes and is grossed up for the applicable tax impact to him. Additional taxes related to the gross up amount are the responsibility of Mr. Stokes.

Additionally, all employees who work 30 hours or more are provided disability insurance. The employee's salary is grossed up for the premium and then the insurance premium is deducted and paid to the vendor.

Part I, Line 3:

Explanation: The Foundation follows IRS prescribed procedures for establishing a rebuttable presumption of reasonableness of all compensation paid to "disqualified persons" (as detailed in Section 4958 of The Internal Revenue Code of 1986) The Foundation hires an independent, international human resources firm to provide market data for all staff positions. This firm uses a variety of surveys and using these and their expertise, it recommends market values and salary

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ranges for staff positions. The Executive Committee of the Foundation which is comprised of the Chair, Treasurer, Secretary, and the Chairs of the Advancement and Nominating Committees are independent, voting members of the Board of Directors. The Committee reviews the data, evaluates the performance of the President/CEO and votes on his, the CFO's, and the Executive VP of External Affairs' compensation. These actions are documented in accordance with the regulations under Section 4958 of the Code.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **National Foundation for the Centers for Disease Control and Prevention, Inc.** Employer identification number **58-2106707**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1	89,638.	Cost
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>Software</u>)	X	355	194,924.	Cost
26	Other ▶ (<u>Gift cards</u>)	X	20	1,000.	Cost
27	Other ▶ (<u>iPads</u>)	X	3	450.	Cost
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization	National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number	58-2106707
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Form 990, Part I, Line 1, Description of Organization Mission:

The CDC Foundation helps the Centers for Disease Control and Prevention (CDC) do more, faster, by forging effective partnerships between CDC and corporations, foundations, organizations and individuals to fight threats to health and safety.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Strengthening Disease Surveillance and Response in Central Africa

Establishing quality surveillance systems is the basic foundation for public health programs, especially for those targeting health problems for which effective interventions exist, such as vaccine preventable diseases (VPD). Strengthening Surveillance in Central Africa (SURVAC) is a five-year project based on a multi-partner collaboration that is being implemented in three countries in Central Africa: Cameroon (CAE), Central Africa Republic (CAR) and the Democratic Republic of Congo (DRC).

From July 1, 2013 to June 30, 2014, the project implemented a number of changes and improvements to guide the program towards achievement of expected outcomes regarding the integration of surveillance activities at the country level. The program implemented a new logical framework, made changes to the country operating model to increase ownership, improved partner communication and coordination, and created results-focused plans and budgets for each country. Recent

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

Schedule O (Form 990 or 990-EZ) (2013)

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improvements and changes have put the project on track to achieve its expected outcomes and collaborate more effectively and directly with the countries to integrate project activities into the national health system and cultivate a sense of ownership.

- The project has made significant gains in regards to surveillance activities, including integrating disease surveillance at all levels, and providing more effective joint supportive supervision of sentinel surveillance sites and labs. The greatest impact of SURVAC has been on the completeness and timeliness of surveillance data, which has remained consistently over 80% in all three countries, a significant increase from 20% prior to SURVAC.

- The program also enhanced supervision at both the laboratory and national level and provided critical technical assistance, while implementing quality control oversight and assisting with procurement of supplies and equipment.

- New lab technologies (PCR testing of specimens) and strengthening of overall laboratory capacity allowed for improved and increased identification of bacterial and viral pathogens. More timely and accurate lab results enabled country leadership to make better decisions and advocate for the introduction of new vaccines into the country. For example, Cameroon successfully used data to receive a grant from the Global Alliance for Vaccines and Immunization (GAVI) for introduction of rotavirus vaccine.

- Staff training on new lab technologies, provision of equipment for national reference labs for real time PCR, ELISA and microbiology to perform tests for bacterial meningitis and rotavirus has resulted in a significant increase in the number of suspected cases tested and

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reported toward the project goal of 80%.

- The project has increased human capacity in each country by providing training for students and graduates in critical areas, allowing graduates to work with Ministries of Health to improve surveillance, and involving students and graduates in rapid response disease investigations in the three countries, focusing on diseases such as polio, Ebola, yellow fever, rabies, measles, malaria, and toxoplasmosis, in addition to issues related to armed conflict and animal pest outbreaks.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Bloomberg Initiative to Reduce Tobacco Use

In 2014, the CDC Foundation continued its global tobacco surveillance work as part of the Bloomberg Initiative to Reduce Tobacco Use. As one of a number of partners in the initiative, the CDC Foundation collaborates with experts at CDC and other partner organizations to support implementation of the Global Adult Tobacco Survey (GATS) and Tobacco Questions for Surveys (TQS), both components of the Global Tobacco Surveillance System (GTSS). The GATS produces nationally representative data on tobacco use and key tobacco control measures. Wave 1 GATS has been completed in 27 countries, and two countries have completed Wave 2 GATS. Additionally, the survey is planned or underway in 10 countries. Data from the survey covers more than 3 billion adults and approximately 65% of the world's adult smokers. TQS is a globally standardized set of tobacco questions meant to improve comparability of tobacco data over time by harmonizing tobacco surveillance activities across various ongoing surveys. TQS has been

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integrated into ongoing surveys in 48 countries, providing data on over 3.8 billion individuals.

Tobacco use kills almost six million people annually, with almost 80% percent of those deaths occurring in low- and middle-income countries.

The CDC Foundation's role in the Bloomberg Initiative to Reduce Tobacco Use helps strengthen CDC's global tobacco surveillance efforts in high tobacco use countries and measure the global tobacco epidemic.

Form 990, Part III, Line 4c, Program Service Accomplishments:

In 2014, the CDC Foundation continued its fifth year of PEPFAR, the President's Emergency Fund for AIDS Relief. Under a Cooperative Agreement, the Foundation supported four Public-Private Partnership (PPP) projects: mHealth Tanzania, mHealth Kenya, the African Center for Laboratory Equipment Maintenance in Nigeria (ACLEM), and Together for Girls, including the Violence Against Children Surveys (VACS) in PEPFAR designated countries.

The mHealth Tanzania PPP is co-led by the CDC Foundation and the Ministry of Health and Social Welfare of Tanzania (MoHSW), with support from the CDC Tanzania, as well as numerous Tanzanian and international public and private sector partners. The Partnership convenes multiple sectors, combining expertise and resources to implement sustainable and scalable public health programs that leverage the booming mobile phone infrastructure in Tanzania. This project was recognized for its breakthroughs in attracting registrants and forging industry partnerships to reduce program-related costs. 2014 also saw the

continuation of the Accreditation program. Through the PPP, the MoHSW

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has taken significant steps to achieve a long-standing goal of establishing an accreditation system to help assure the quality of health services in the country by collaborating with a technical assistance partner to establish a stepwise certification program as a foundation for an accreditation system.

The mHealth Kenya project's purpose is to bridge communication gaps among remote healthcare facilities, community workers and central government headquarters. mHealth Kenya also endeavors to explore the other numerous applications of mobile health (mHealth) technology, such as increasing direct patient care, rapid lab result communication, worker training, and drug supply-level management. MHealth Kenya has developed project plans that outline mobile technology's specific role in the larger Health Information Systems (HIS) landscape. This project received an Award of Excellence in Kenya for Best Use of ICT (Information Communication Technology) in Health, and its country director, Dr. Cathy Mwangi, was recognized as ICT Woman of the Year in 2014.

The African Center for Laboratory Equipment Maintenance (ACLEM) in Nigeria is a joint project of the US CDC, CDC Nigeria, the African Society for Laboratory Medicine, the Federal and State Ministries of Health and Education, and the State of Enugu. The project seeks to train local staff to repair biosafety laboratory cabinets (BSC) and to develop a curriculum for laboratory equipment maintenance in Nigeria. This builds local infrastructure and capacity to improve the delivery and quality of HIV/AIDS and related disease services, especially with the need to scale up intervention in the areas of PMTCT, care and

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treatment, all of which require robust laboratory systems. The project continued in 2014 with the training of Nigerian laboratory professionals at the Eagleson Institute in Maine, with plans to train more individuals in 2015.

Together for Girls supports evidence-based coordinated actions in countries to address issues identified through surveys, including legal and policy reform, prevention of sexual violence and improved services for children who have experienced sexual violence. They work to increase awareness of violence against children and promote evidence-based solutions through global advocacy. VACS is a population-based survey administered in PEPFAR designated countries to obtain national estimates of violence against children with a special emphasis on sexual violence against girls. VACS directly supports PEPFAR's continued focus on women, girls, and gender equality, and its interest in preventing and reducing gender-based violence through policies and programs that are guided by scientific evidence. In 2014, the VACS was completed in Malawi, Nigeria and Zambia, and is planned in 2015 in Rwanda, Uganda, and Botswana.

In 2014, the fifth year of the Cooperative Agreement was extended through September 29, 2015. MHealth Tanzania and Together for Girls-VACS received additional funds, while the other projects were granted an additional year to complete projects.

Form 990, Part III, Line 4d, Other Program Services:

The Foundation, working in collaboration with the CDC, spends the vast majority of its funds directly for programs and projects that further

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its exempt purposes. These disbursements are either in the form of grants or awards or in the form of fees for services. In addition to the programs mentioned in detail on Schedule O, the Foundation manages a variety of programs that include such things as chronic health and infectious diseases, global health priorities such as safe water and programs for environmental health and occupational health and safety.

Expenses \$ 15,709,412. incl grants of \$ 8,518,547. Revenue \$ 1,238,913.

Form 990, Part VI, Section B, line 11:

Explanation: The Form 990 was prepared by the Foundation's public accounting firm in conjunction with key accounting staff of CDC Foundation. Subsequently, the Form 990 was reviewed by legal counsel. Prior to electronic filing, key accounting staff reviewed the Form 990 with the Foundation's CEO/President. In addition, the Form 990 was sent to the Finance Committee of the Board of Directors for their review, comments, and questions and then given to the Board for their review.

Form 990, Part VI, Section B, Line 12c:

Explanation: All members of the Board are required to sign the conflict of interest policy annually. The Foundation maintains a copy of the signature indicating compliance with the rules. Legal counsel reviews the policy annually with all Board members.

Form 990, Part VI, Section B, Line 15:

Explanation: An independent, international human resources consulting firm is provided with all position descriptions and that firm prepares a salary study including market values for each position and ranges for every grade.

The Executive Committee of the Board, consisting of the Chair, Treasurer,

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Secretary, Nominating Chair, and Advancement Chair are provided with the information from the consultant. This Committee reviews the performance of the President/CEO, sets goals and objectives for the following year and determines the President's compensation package for the following year.

Based upon the review by the President, the Executive Committee also sets the compensation package of the CFO and Executive VP of External Affairs for the following year.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL, AK, AZ, AR, CA, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NH, NJ, NM, NY
NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Form 990, Part VI, Section C, Line 18:

Explanation: The Foundation posts the prior three years of 990's and Form 1023 on its website.

Form 990, Part VI, Section C, Line 19:

Explanation: The Foundation posts the prior three years of audits on its website. Governing documents and the conflict of interest policy are not made public.

Form 990, Part IX, Line 11g, Other Fees:

Other:

Program service expenses	9,838,919.
Management and general expenses	373,012.
Fundraising expenses	101,808.
Total expenses	10,313,739.

Total Other Fees on Form 990, Part IX, line 11g, Col A 10,313,739.

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Form 990, Part IX, Line 11g

Explanation: The Foundation, working in concert with the CDC, spends the vast majority of its funds directly for programs and projects that further its exempt purposes. These disbursements are either in the form of grants or awards or in the form of fees for services. Fees for services range from translator fees for the tobacco surveys in twenty-four countries, to consultants for the production of environmental scans, survey and statistical work, training manuals and research planning. The authority of the Foundation to pay for these services is addressed in the federal statute creating the Foundation and plays a vital role in helping CDC accomplish its mission. The Foundation monitors these fees and services to ensure that the amounts paid are reasonable and that program goals are being met.