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GOVERNMENT COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2007

Prepared for	National Foundation for the CDC, Inc. 50 Hurt Plaza Suite 765 Atlanta, GA 30303-2915
Prepared by	Metcalf Davis, CPAs 3340 Peachtree Road, NE, Suite 2600 Atlanta, Georgia 30326-1089
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign Form 8879-EO and contact our office to confirm that this return can be filed electronically. Do not mail a paper copy of the return to the IRS.

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization National Foundation for the CDC, Inc.	D Employer identification number 58-2106707
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 Hurt Plaza 765	E Telephone number (404) 653-0790
	City or town, state or country, and ZIP + 4 Atlanta, GA 30303-2915	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

Hand I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

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

G Website: **www.cdcfoundation.org**

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

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

I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **50,157,879.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	36,463,517.		
	c Indirect public support (not included on line 1a)	1c	29,168.		
	d Government contributions (grants) (not included on line 1a)	1d	1,979,169.		
	e Total (add lines 1a through 1d) (cash \$ 28,193,674. noncash \$ 10,278,180.)	1e			38,471,854.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			339,480.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			1,006,723.
	5 Dividends and interest from securities	5			61,642.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	10,278,180.	8a			
	10,379,496.	8b			
	-101,316.	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			-101,316.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1b)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c				
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			39,778,383.	
Expenses	13 Program services (from line 44, column (B))	13		12,340,435.	
	14 Management and general (from line 44, column (C))	14		1,068,341.	
	15 Fundraising (from line 44, column (D))	15		1,032,784.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 13 and 14, column (A)	17			14,441,560.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		25,336,823.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		22,432,188.	
	20 Other changes in net assets or fund balances (attach explanation)	20	See Statement 3	286,272.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			48,055,283.

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>			Statement 4	
22b Other grants and allocations (attach schedule) (cash \$ 11615820 noncash \$ 0) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	11,615,820.	11,615,820.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	392,764.	94,321.	204,106.	94,337.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,195,923.	306,742.	371,754.	517,427.
27 Pension plan contributions not included on lines 25a, b, and c	72,558.	8,960.	20,645.	42,953.
28 Employee benefits not included on lines 25a - 27	137,499.	46,994.	41,864.	48,641.
29 Payroll taxes	99,034.	17,086.	39,839.	42,109.
30 Professional fundraising fees				
31 Accounting fees	26,500.		26,500.	
32 Legal fees	28,005.	1,088.	25,299.	1,618.
33 Supplies	34,572.	12,767.	10,844.	10,961.
34 Telephone	44,796.	14,535.	17,093.	13,168.
35 Postage and shipping	21,446.	3,784.	7,500.	10,162.
36 Occupancy	167,166.	71,006.	47,892.	48,268.
37 Equipment rental and maintenance	56,463.	25,979.	19,413.	11,071.
38 Printing and publications	150,174.	24,825.	44,823.	80,526.
39 Travel	66,340.	15,948.	14,853.	35,539.
40 Conferences, conventions, and meetings	77,640.	28,317.	26,429.	22,894.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	28,386.	4,939.	14,667.	8,780.
43 Other expenses not covered above (itemize):				
a Consultants	108,807.	21,664.	60,179.	26,964.
b Dues and Subscriptions	12,216.	475.	7,254.	4,487.
c Insurance	33,407.	2,500.	30,907.	
d Bad Pledges	674.		674.	
e Miscellaneous	71,370.	22,685.	35,806.	12,879.
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	14,441,560.	12,340,435.	1,068,341.	1,032,784.

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

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

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

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

What is the organization's primary exempt purpose? ▶ See Statement 9	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a See Statement 5	
(Grants and allocations \$ 2,941,708.) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	2,941,708.
b See Statement 6	
(Grants and allocations \$ 886,843.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	886,843.
c See Statement 7	
(Grants and allocations \$ 608,213.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	608,213.
d See Statement 8	
(Grants and allocations \$ 576,044.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	576,044.
e Other program services (attach schedule) See Statement 10	
(Grants and allocations \$ 6,603,012.) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	7,327,627.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	12,340,435.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	13,642,893.	23,291,233.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	254,117.	
	b Less: allowance for doubtful accounts		
		135,177.	254,117.
	48 a Pledges receivable	23,776,168.	
	b Less: allowance for doubtful accounts	402,289.	
		6,340,926.	23,373,879.
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	24,145.	28,675.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	b Investments - other securities Stmt 13	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,500,328.
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
	0.	0.	
57 a Land, buildings, and equipment: basis	184,133.		
b Less: accumulated depreciation Stmt 11	155,852.		
	27,040.	28,281.	
58 Other assets, including program-related investments (describe			
59 Total assets (must equal line 74). Add lines 45 through 58	25,643,762.	51,476,513.	
Liabilities	60 Accounts payable and accrued expenses	858,448.	326,850.
	61 Grants payable	497,077.	1,271,179.
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe	See Statement 12	
	66 Total liabilities. Add lines 60 through 65	3,211,574.	3,421,230.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	4,028,438.	5,512,220.
	68 Temporarily restricted	16,287,659.	39,946,867.
	69 Permanently restricted	2,116,091.	2,596,196.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	22,432,188.	48,055,283.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	25,643,762.	51,476,513.

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

a Total revenue, gains, and other support per audited financial statements		a	40,681,443.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1	393,528.	
2 Donated services and use of facilities	b2	616,788.	
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	1,010,316.
c Subtract line b from line a		c	39,671,127.
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): <u>Returned/Losses on Contributions</u>	d2	107,256.	
Add lines d1 and d2		d	107,256.
e Total revenue (Part I, line 12). Add lines c and d		e	39,778,383.

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

a Total expenses and losses per audited financial statements		a	15,058,348.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1	616,788.	
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	616,788.
c Subtract line b from line a		c	14,441,560.
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17). Add lines c and d		e	14,441,560.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 14		328,194.	61,415.	3,155.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 17		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization N/A _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	616,788.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ See Statement 15		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	19
91 a	The books are in care of ▶ Kelley Mouchabeck Telephone no. ▶ (404) 653-0790 Located at ▶ 50 Hurt Plaza, Suite 765, Atlanta, GA ZIP + 4 ▶ 30303-2915		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued) Yes No

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

If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a Data collection					123,419.
b Lab contracts					173,277.
c Health training					25,429.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					17,355.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,006,723.	
96 Dividends and interest from securities			14	61,642.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-101,316.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		967,049.	339,480.
105 Total (add line 104, columns (B), (D), and (E))					1,306,529.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	See Statement 16

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

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

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

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

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

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

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

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

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

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

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

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here	Signature of officer _____ Charles Stokes, President/CEO Type or print name and title	Date _____
Paid Preparer's Use Only	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 Metcalf Davis, CPAs 3340 Peachtree Road, NE, Suite 2600 Atlanta, Georgia 30326-1089	Date _____ Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See Gen. Inst. X) _____ EIN _____ Phone no. (404) 264-1700

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization National Foundation for the CDC, Inc.	Employer identification number 58 2106707
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>Chloe Tonney</u> 50 Hurt Plaza Suite 765, Atlanta, GA	VP Advancement 45.00	132,643.	25,502.	675.
<u>Kathryn Ruddon</u> 50 Hurt Plaza Suite 765, Atlanta, GA	VP Communications 32.00	93,610.	17,786.	
<u>Charles Haddad</u> 50 Hurt Plaza Suite 765, Atlanta, GA	Director of Knight 40.00	83,663.	15,896.	
<u>Darlene Honaman</u> 50 Hurt Plaza Suite 765, Atlanta, GA	AVP - Advancement 40.00	82,904.	15,752.	
<u>Paula Jasina</u> 50 Hurt Plaza Suite 765, Atlanta, GA	AVP - Finance 50.00	79,360.	15,078.	
Total number of other employees paid over \$50,000 ▶	7			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>RTI</u> PO Box 900002, Raleigh, NC 27675	Program Consultant	149,979.
<u>Harvard University</u> 1350 Massachusetts Ave, Cambridge, MA 02138	Program Consultant	118,761.
<u>Integrated Management Resources Group</u> 4640 Forbes Boulevard #200, Lanham, MD 20706	Program Consultant	112,455.
<u>Victor DeJesus</u> 1217 McLendon Drive, Powder Springs, GA 30127	Fellow	101,028.
<u>Bala, LLC</u> 495 Rams Way NW, Tucker, GA 30086	Fellow	99,000.
Total number of others receiving over \$50,000 for professional services ▶	11	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>22,691.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <u>VI-A, line 38b</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>See Statement 17</u>	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

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

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

Provide the following information about the supported organizations. (See page 7 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	15,051,496.	7,890,600.	8,263,138.	12,513,263.	43,718,497.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	451,023.	286,867.	299,388.	440,466.	1,477,744.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	682,859.	428,203.	182,859.	250,989.	1,544,910.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	467,896.	283,045.	313,751.	223,636.	1,288,328.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	16,653,274.	8,888,715.	9,059,136.	13,428,354.	48,029,479.
24 Line 23 minus line 17	16,202,251.	8,601,848.	8,759,748.	12,987,888.	46,551,735.
25 Enter 1% of line 23	166,533.	88,887.	90,591.	134,284.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 931,035.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 12,952,246.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 46,551,735.
d Add: Amounts from column (e) for lines: 18 <u>1,544,910.</u> 19 _____ 22 _____ 26b <u>12,952,246.</u>					26d 14,497,156.
e Public support (line 26c minus line 26d total)					26e 32,054,579.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 68.8580%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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

None

Part V Private School Questionnaire (See page 9 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		22,691.
38 Total lobbying expenditures (add lines 36 and 37)	38		22,691.
39 Other exempt purpose expenditures	39		12,317,744.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		12,340,435.
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
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	41	767,022.
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		191,756.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	767,022.	706,813.	605,286.	740,406.	2,819,527.
46 Lobbying ceiling amount (150% of line 45(e))					4,229,291.
47 Total lobbying expenditures	22,691.	29,211.	20,270.	21,076.	93,248.
48 Grassroots nontaxable amount	191,756.	176,703.	151,322.	185,102.	704,883.
49 Grassroots ceiling amount (150% of line 48(e))					1,057,325.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

Form 990	Gain (Loss) From Publicly Traded Securities			Statement	1
Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)	
125 Shs Coca Cola Enterprises	2,561.	2,556.	0.	5.	
105 Shs Becton Dickinson Co	7,523.	7,511.	0.	12.	
160 Shs Gentex Corp	2,752.	2,754.	0.	-2.	
1255 Shs Ishares Tr S&P Europe Index Fund	126,592.	127,132.	0.	-540.	
126100 Shs Ishares Tr Russell Index Fund	9,934,801.	9,988,381.	0.	-53,580.	
100 Shs Valueclick, Inc	2,636.	2,656.	0.	-20.	
6521.03 Shs Vanguard Total	200,000.	224,128.	0.	-24,128.	
40 Shs BMC Software Inc	1,315.	1,315.	0.	0.	
To Form 990, Part I, line 8	10,278,180.	10,356,433.	0.	-78,253.	

Form 990 Gain (Loss) From Non-publicly Traded Securities Statement 2

<u>Description</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Method Acquired</u>	
Mortgage Pools	07/01/06	06/30/07	DONATED	
<u>Name of Buyer</u>	<u>Gross Sales Price</u>	<u>Cost or Other Basis</u>	<u>Expense of Sale</u>	<u>Net Gain or (Loss)</u>
	0.	23,063.	0.	-23,063.
Total to Fm 990, Part I, ln 8		23,063.	0.	-23,063.

Form 990 Other Changes in Net Assets or Fund Balances Statement 3

<u>Description</u>	<u>Amount</u>
Returned/Losses on contributions	-107,256.
Net unrealized gains on investments	393,528.
Total to Form 990, Part I, line 20	286,272.

Form 990	Cash Grants and Allocations to Others	Statement	4
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Class of Activity/Donee's Name and Address	Amount
A Program to Prevent Smoking Among Urban Youth Jewish Community Center of Staten Island 475 Victory Boulevard Staten Island, NY 10301	85,451.
A Program to Prevent Smoking Among Urban Youth Centro Hispano Daniel Torres 501 Washington St. PO Box 8652 Reading, PA 19603	77,124.
A Program to Prevent Smoking Among Urban Youth Contra Costa Health Services 597 Center Avenue Suite 365 Martinez, CA 94553	68,532.
A Program to Prevent Smoking Among Urban Youth Emory University 1599 Clifton Rd NE Atlanta, GA 30322	20,019.
A Program to Prevent Smoking Among Urban Youth Montgomery County Public Schools 850 Hungerford Dr Rockville, MD 20850	3,353.
A Program to Prevent Smoking Among Urban Youth Orange County Health Department 6101 Lake Ellenor Dr Orlando, FL 32803	69,841.
McDonalds French Fry Settlement Trust Anne B. Hardison 203 E Terminal Blvd Atlantic Beach, NC 28512	6,500.
McDonalds French Fry Settlement Trust Calibre Sales and Marketing 8210 Creedmor Rd Suite 101 Raleigh, NC 27613	13,000.
McDonalds French Fry Settlement Trust North Carolina State University Campus Box 7605 Raleigh, NC 27695	99,360.

McDonalds French Fry Settlement Trust Portico Research, Inc. 134 West 26th Street Suite 750 New York, NY 10001	57,500.
McDonalds French Fry Settlement Trust RBL Communications, LLC 228 Shoreline Dr Columbia, SC 29212	30,997.
McDonalds French Fry Settlement Trust SHS Design 4132 Trotter Ridge Rd Durham, NC 27707	10,200.
McDonalds French Fry Settlement Trust Surabhi Aggarwal 3321 Princeton Mill Pkwy Apt 207 Raleigh, NC 27612	2,000.
McDonalds French Fry Settlement Trust The Trustees of the University of Pennsylvania 3620 Walnut Street Philadelphia, PA 19104	2,000.
Gilial Fibrillay Active Protein Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	42,771.
Get Smart - Antibiotic Work Campaign Catalina Health Resources, Inc. P O Box 915194 Orland, FL 32891-5194	25,000.
Get Smart - Antibiotic Work Campaign Children's Hospital of Pittsburg 3705 Fifth Avenue Pittsburg, PA 15213	50,000.
Get Smart - Antibiotic Work Campaign Continental Airlines P O Box 0201970 Houston, TX 77216-1970	4,842.
Get Smart - Antibiotic Work Campaign Darcia Johnson 1600 Clifton Rd, NE MS-C23 Atlanta, GA 30333	1,262.

Get Smart - Antibiotic Work Campaign Harris Interactive, Inc. P O Box 8000 Buffalo, NY 14267	50,750.
Emergency Preparedness & Response Fund Family Service of Greater New Orleans 2515 Canol St Suite 201 New Orleans, LA 70119	88,318.
Emergency Preparedness & Response Fund Mary Platek University of Buffalo 15 Farber Hall Buffalo, NY 14214	1,029.
Marcus Emergency Operation Center Baker Audio 2195 N Norcross Tucker Rd Columbus, OH 30071	65,411.
Marcus Emergency Operation Center OCE 12379 Collections Center Dr Chicago, IL 60693	3,783.
Marcus Emergency Operation Center Insight Public Sector P O Box 713096 Columbus, OH 43271	539,019.
Avon/CDC Foundation Mobile Access Program Christus Santa Rosa Healthcare 333 N Santa Rosa St San Antonio, TX 78207	66,063.
Avon/CDC Foundation Mobile Access Program Continental Airlines P O Box 0201970 Houston, TX 77216-1970	2,908.
Avon/CDC Foundation Mobile Access Program Rachel Barron-Simpson 821 Ralph McGill Blvd Unit 3323 Atlanta, GA 30306	19,740.
Avon/CDC Foundation Mobile Access Program St Barbabas Hospital Third Ave & 183 Street Bronx, NY 10457	23,330.

Joint Global Field Epidemiology & Laboratory Training Program in Kenya AGS Frasers International Removals	9,488.
Joint Global Field Epidemiology & Laboratory Training Program in Kenya Centers for Disease Control & Prevention 1600 Clifton Rd, NE Atlanta, GA 30333	113,423.
Joint Global Field Epidemiology & Laboratory Training Program in Kenya CDW Direct, LLC P O Box 75723 Chicago, IL 60675-5723	1,337.
Joint Global Field Epidemiology & Laboratory Training Program in Kenya Christopher Tetteh (Fellow) 1778 Westwind Way McLean, VA 22102	66,786.
Joint Global Field Epidemiology & Laboratory Training Program in Kenya Continental Airlines P O Box 0201970 Houston, TX 77216-1970	3,971.
Joint Global Field Epidemiology & Laboratory Training Program in Kenya Dell Marketing L.P. P O Box 676021 Dallas, TX 75267-6021	22,617.
Joint Global Field Epidemiology & Laboratory Training Program in Kenya Doug Klaucke 337 Talala Ridge Brastown, NC 28902	54,841.
Joint Global Field Epidemiology & Laboratory Training Program in Kenya Guinness World Travel, Inc. 7405 Mid Broadwell Trace Alpharetta, GA 30004-6705	32,049.
Joint Global Field Epidemiology & Laboratory Training Program in Kenya Hillcrest Secondary School	9,286.

Joint Global Field Epidemiology & Laboratory Training Program in Kenya Mimosa Court Management	10,554.
Joint Global Field Epidemiology & Laboratory Training Program in Kenya St. Paul Travelers CL & Specialty Remittance Center Hartford, CT 06183-1008	1,368.
Applied Epidemiology Fellowship Aaron Kusano 1831 N Salem Dr Anchorage, AK 99508	21,858.
Applied Epidemiology Fellowship Adrian Flores 317 Royal St. Apt 4 New Orleans, LA 70130	21,707.
Applied Epidemiology Fellowship Andrea Hoopes 900 Peachtree St NE #361 Atlanta, GA 30309	21,304.
Applied Epidemiology Fellowship Catherine Reinkemeyer Piper 3967 Chapel Grove Dr Marietta, GA 30062	78,446.
Applied Epidemiology Fellowship Catherine S. McCarroll 3238 Chinquapin Ct Marietta, GA 30066	15,799.
Applied Epidemiology Fellowship Continental Airlines P O Box 0201970 Houston, TX 77216-1970	18,953.
Applied Epidemiology Fellowship Emily Petersen 900 W Benton St Apt C313 Iowa City, IA 52246	22,022.
Applied Epidemiology Fellowship John Openshaw 2205 Spruce St #2 Rear Philadelphia, PA 19103	22,446.

Applied Epidemiology Fellowship Jonathan Neyer 736 Fern Glenn LaJolla, CA 92037	21,702.
Applied Epidemiology Fellowship Kevin Brady 50 Hurt Plaza Suite 765 Atlanta, GA 30303-2946	2,613.
Applied Epidemiology Fellowship Lesley Brooks 2353 High Street Denver, CO 80205	22,084.
Applied Epidemiology Fellowship Marriott International P O Box 402642 Atlanta, GA 30384-2642	10,415.
Applied Epidemiology Fellowship Susan Brim 317 Royal St Apt 4 New Orleans, LA 70130	22,049.
Applied Epidemiology Fellowship Taylor Wofford 1723 Peachtree St Jackson, MS 39202	3,725.
Applied Epidemiology Fellowship Teresa Dean 3117 South Flowers Rd South Apt 5 Atlanta, GA 30341	1,955.
Applied Epidemiology Fellowship Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	15,000.
Applied Epidemiology Fellowship Terre Des Hommes Foundation	34,998.
Global Health Odyssey Eva Kwong 216 Harris St Kent, OH 44240-3734	11,500.

Global Health Odyssey Ink Enterprises, Inc. 400 casey Dr Maumelle, AR 72113	1,358.
Global Health Odyssey ILC Dover LP One Moonwalker Rd Frederica, DE 19946-2080	15,071.
Global Health Odyssey J. Mike Jensen 363 Georgia Ave Se #3 Atlanta, GA 30312	2,130.
Knight Public Health Journalism Fellowship Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	1,285.
Knight Public Health Journalism Fellowship Charles Haddad 986 Greenwood Ave #6 Atlanta, GA 30306	75,297.
Knight Public Health Journalism Fellowship Continental Airlines P O Box 0201970 Houston, TX 77216-1970	8,455.
Knight Public Health Journalism Fellowship Dacia LaDonis 3681 Thurman Rd College Park, GA 30349	3,135.
Knight Public Health Journalism Fellowship Guinness World Travel, Inc. 7405 Mid Broadwell Trace Alpharetta, GA 30004-6705	18,500.
Knight Public Health Journalism Fellowship Tsinghua University Education Foundation	28,620.
Emerging Infectious Diseases - International Laboratory Fellow Allison Taylor 3562 Piedmont Rd Apt #305 Atlanta, GA 30305	13,049.

Emerging Infectious Diseases - International Laboratory Fellow Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	48,371.
Emerging Infectious Diseases - International Laboratory Fellow Heather L. Alexander, Ph. D. 1151 Dell Ave Smyrna, GA 30080	3,591.
Emerging Infectious Diseases - International Laboratory Fellow Mospromstroy Hotel Management	5,779.
Emerging Infectious Diseases - International Laboratory Fellow Tech Trans International, Inc. 2200 Space Park Dr Suite 410 Houston, TX 77058	29,048.
Young Investigators in Public Health Emory University 1599 Clifton Rd NE Atlanta, GA 30322	513,846.
Healthy Swimming in the US Continental Airlines P O Box 0201970 Houston, TX 77216-1970	1,121.
Healthy Swimming in the US Joan Marie Shield 3242 Oakwood Village Lane Apt B Chamblee, GA 30341	52,456.
Sharps Safety Program Angela Laramie 23 Day Street Somerville, MA 02144	3,375.
Sharps Safety Program Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	1,104.
Sharps Safety Program Detroit Medical Center 4201 St. Antoine UHC 2B Detroit, MI 48201	250,000.

Sharps Safety Program Emory University Hospital 1364 Clifton Rd NE, Suite B705 Atlanta, GA 30322	200,000.
Sharps Safety Program Scott Grytdal 2720 Laurel Ridge Dr Decatur, GA 30033	32,165.
Combating Dengue Fever in Indonesia Andres Jose Garcia 3928 NW 23rd circle Gainesville, FL 32605	14,592.
Combating Dengue Fever in Indonesia Audrey Lenhart	2,500.
Combating Dengue Fever in Indonesia Dana A. Focks 7409 NW 23rd Ave Gainesville, FL 32606	83,611.
Combating Dengue Fever in Indonesia Dr. Vu Sinh Nam	3,766.
Combating Dengue Fever in Indonesia Duane Gubler 1930 Laukahi Street Honolulu, HI 96821	2,934.
Combating Dengue Fever in Indonesia Guinness World Travel, Inc. 7405 Mid Broadwell Trace Alpharetta, GA 30004	44,848.
Combating Dengue Fever in Indonesia Melia Purosani	3,017.
Training in Bleeding Disorders for Healthcare Providers Christine Guelcher 9709 Brixton Lane Bethesda, MD 20817	1,500.

Training in Bleeding Disorders for Healthcare Providers Indiana Hemophilia and Thrombosis Center, Inc. 8402 Hanourt Rd Suite 500 Indianapolis, IN 46260	188,240.
Training in Bleeding Disorders for Healthcare Providers James E. Munn 10251 Lee Rd Grass Lake, MI 49240	1,500.
Training in Bleeding Disorders for Healthcare Providers Jennifer LaFranco 468 Thume drive Webster, NY 19580	1,500.
Training in Bleeding Disorders for Healthcare Providers Marilyn Blumenstein 1501 Buck creek Dr Yardley, PA 19067-4053	1,500.
Workforce Intervention for Weight & Tobacco Control RTI International P O Box 900002 Raleigh, NC 27675-9000	149,979.
Study of Blood Inhibitors in Hemophilia Patients Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	87,123.
Study of Blood Inhibitors in Hemophilia Patients Comprehensive Bleeding Disorders Program 5019 N Executive Dr Peoria, IL 61614	39,366.
Study of Blood Inhibitors in Hemophilia Patients Emory University Clifton Rd NE Atlanta, GA 30322	20,574.
Study of Blood Inhibitors in Hemophilia Patients Grant Accounting Office 85 Jessup Hall Iowa City, IA 52242	39,366.
Study of Blood Inhibitors in Hemophilia Patients Ground Zero Software 777 East Tahquitz Canyon Way Palm Springs, CA 92262	110,000.

Study of Blood Inhibitors in Hemophilia Patients Hemophilia & Coagulation Disorders Program 1500 E Medical Center Drive Ann Arbor, MI 48109-0235	33,005.
Study of Blood Inhibitors in Hemophilia Patients Indiana Hemophilia and Thrombotic Center, Inc. 8402 Harcourt Rd Suite 500 Indianapolis, IN 46260	54,466.
Study of Blood Inhibitors in Hemophilia Patients Mountain States Hemophilia and Thrombotic Center 13601 East 17th Place Aurora, CO 80045	21,967.
Study of Blood Inhibitors in Hemophilia Patients The Children's Mercy Hospital 2401 Gilham Road Kansas City, MO 64108	39,366.
Study of Blood Inhibitors in Hemophilia Patients The Regents of the University of Michigan Box 223131 Pittsburgh, PA 15251-2131	6,111.
Study of Blood Inhibitors in Hemophilia Patients The University of Massachusetts Medical School 55 Lake Avenue N Worcester, MA 01655	34,576.
Study of Blood Inhibitors in Hemophilia Patients UMASS Medical School 55 Lake Avenue N Worcester, MA 01655	4,790.
Study of Blood Inhibitors in Hemophilia Patients Vanderbilt University Medical Center Dept AT 40303 Atlanta, GA 31192-0303	45,927.
Study of Blood Inhibitors in Hemophilia Patients Virginia Commonwealth University P O Box 843039 Richmond, VA 23284-3039	39,366.
Emerging Infectious Diseases - International Laboratory Fellowship Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	65,135.

Healthy Lifestyles for Children University of Michigan 1500 E Medical Center Dr Ann Arbor, MI 48109-2029	88,106.
Cargill - International Flour Fortification Academy of Macroeconomic Research	22,593.
Cargill - International Flour Fortification Alp Royal Turizm & Ticaret A. S.	1,500.
Cargill - International Flour Fortification Continental Airlines P O Box 0201970 Houston, TX 77216-1970	3,903.
Cargill - International Flour Fortification Cristea Bogden	2,321.
Cargill - International Flour Fortification David McKee 6533 36th Avenue NE Seattle, WA 98115	3,200.
Cargill - International Flour Fortification Emory University 1599 Clifton Rd NE Atlanta, GA 30322	5,343.
Cargill - International Flour Fortification Frits van der Haar 2700 Evans Dale Circle Atlanta, GA 30340	10,000.
Cargill - International Flour Fortification Holiday Inn Kansas City Northwest 7333 NE Parvin Rd Kansas City, MO 64117	1,680.
Cargill - International Flour Fortification Huseyin Dogan 3336 Effington Manhattan, KS 66503	5,000.

Cargill - International Flour Fortification Jeffrey A. Gwirtz 1600 Beechwood Terrace Manhattan, KS 66502	3,747.
Cargill - International Flour Fortification Joachim Bagrian 606 Park Lane Decatur, GA 30033	54,437.
Cargill - International Flour Fortification Kansas State University 203 Shellenberger Hall Manhattan, KS 66506	3,425.
Cargill - International Flour Fortification Melinda Farris 12196 S Valley Rd Olatha, KS 66061	5,042.
Cargill - International Flour Fortification Nicolas Tsikhlakis	1,372.
Cargill - International Flour Fortification Quentin Johnson	23,356.
Cargill - International Flour Fortification Robert Baldwin 525 Highland Overlook Roswell, GA 30075	9,012.
Cargill - International Flour Fortification Robert Hill 612 Clearview Dr Charleston, SC 29412	16,171.
Cargill - International Flour Fortification Scott Outman 787 Houston Mill Rd Apt 3 Atlanta, GA 30339	7,750.
Cargill - International Flour Fortification Sylvia Alford 2445 Dooley Dr E305A Decatur, GA 30033	1,870.

Cargill - International Flour Fortification Timothy Burleig 1620 Pennsylvania St #1B Denver, CO 80203	22,656.
Cargill - International Flour Fortification Tver Intercontract Group USA, Inc. 268 Bush St #2647 San Francisco, CA 94104	1,519.
Cargill - International Flour Fortification University Inn at Emory 1767 North Decatur Rd Atlanta, GA 30307	1,380.
Cargill - International Flour Fortification Vilma Tyler 1325 Kilian Shoals Way SW Lilburn, GA 30047	7,079.
Cargill - International Flour Fortification Yanki Seyahat Ve Turizm Acentasi Ltd-	1,430.
Immune Biomarkers in Serum & Newborn Dried Blood Bala, LLC 495 Rams Way NW Tucker, GA 30084	45,000.
Tsunami - Long Term Relief Efforts Tropical & Environmental Disease (TEDHA)	44,545.
Meningococcal Vaccine Study Alexander High School 4500 Alexander Pkwy Douglasville, GA 30135	10,000.
Meningococcal Vaccine Study Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	199,306.
Meningococcal Vaccine Study Chapel Hill High School 4899 Chapel Hill Rd Douglasville, GA 30135	10,000.

Meningococcal Vaccine Study Douglas County High School 8705 Campbellton St Douglasville, GA 30134	10,000.
Meningococcal Vaccine Study Integrated Management Resources Group, Inc. 4640 Forbes Boulevard #200 Lanham, MD 20706	112,455.
Meningococcal Vaccine Study Lithia Springs High School 2520 East County Line Rd Lithia Springs, GA 30122	10,000.
Improvement of Organ & Tissue Allograft Safety United Network for Organ Sharing (UNOS) P O Box 2484 Richmond, VA 23218	44,883.
Organ Transplant Infection Project Study Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	40,582.
Innovative Uses of Technology in Existing Child Abuse Prevention Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	807,200.
Innovative Uses of Technology in Existing Child Abuse Prevention Shannon Self-Brown, Inc. 421 Moore Lane Norcross, GA 30071	78,814.
Kismu Project Juliana Akinyi Otieno	54,022.
Newborn Screening Initiative (NSTRI) Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	64,838.
Newborn Screening Initiative (NSTRI) Continental Airlines P O Box 0201970 Houston, TX 77216-1970	9,032.

Newborn Screening Initiative (NSTRI) Victor De Jesus 1217 McLendon Dr Powder Springs, GA 39933	107,618.
CDC - GM Global Fleet Chevrolet Sales Thailand	135,942.
CDC - GM Global Fleet General Motors East Africa	82,453.
National Violent Death Reporting System Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	80,000.
National Model Pool Code Continental Airlines P O Box 0201970 Houston, TX 77216-1970	1,087.
National Model Pool Code Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	62,545.
Initiative to Reduce Tobacco Use A Legendary Event, Inc. 1119 Logan Circle NW Atlanta, GA 30318	8,068.
Initiative to Reduce Tobacco Use Areerat Lohtongmongkol	6,187.
Initiative to Reduce Tobacco Use Ayda A Dok (Ayda A Yurekli) 145 Snyder Hill Rd Washington, DC 14850	1,830.
Initiative to Reduce Tobacco Use Bhavani Thyagarajan	4,558.

Initiative to Reduce Tobacco Use Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	114,944.
Initiative to Reduce Tobacco Use Claxton Printing Company 1835 MacArthur Blvd Atlanta, GA 30318	15,823.
Initiative to Reduce Tobacco Use Connie L. Granoff 821 Ivy Ridge Dr Loganville, GA 30052	10,512.
Initiative to Reduce Tobacco Use Continental Airlines P O Box 0201970 Houston, TX 77216-1970	143,053.
Initiative to Reduce Tobacco Use Daniel Ferrante	2,115.
Initiative to Reduce Tobacco Use Diane S. Holley 3990 Governors Circle Loganville, GA 30052	33,754.
Initiative to Reduce Tobacco Use Dr. Khalilur Rahman	4,447.
Initiative to Reduce Tobacco Use Dr. Leo Morris 3232 Leslie Lane NE Atlanta, GA 30345-1537	16,605.
Initiative to Reduce Tobacco Use Dr. Prakash Chandra Gupta	6,133.
Initiative to Reduce Tobacco Use Dr. Vera da Costa e silva 525 23rd St. NW Ste 525 Washington, DC 20037	1,143.

Initiative to Reduce Tobacco Use Frank Chaloupka 5N853 Weber Drive St Charles, IL 60174	1,260.
Initiative to Reduce Tobacco Use Gary Giovino 756 Main St East Aurora, NY 14052	1,260.
Initiative to Reduce Tobacco Use Gran Corp Inc 821 Ivy Ridge Dr Loganville, GA 30052	13,737.
Initiative to Reduce Tobacco Use Grand Hyatt Atlanta P O Box 100871 Atlanta, GA 30384-0871	97,557.
Initiative to Reduce Tobacco Use Guinness World Travel, Inc. 7405 Mid Broadwell Trace Alpharetta, GA 30004-6705	79,071.
Initiative to Reduce Tobacco Use Jonathan M Samet 615 N Wolfe St Suite W6041 Baltimore, MD 21205	1,830.
Initiative to Reduce Tobacco Use Jonathan Santos 710 Old Bridge Town Rd East Brunswick, NJ 08816	2,115.
Initiative to Reduce Tobacco Use Kari Kuulasmaa	1,545.
Initiative to Reduce Tobacco Use Kerstin Schotte	4,071.
Initiative to Reduce Tobacco Use Khalilur Rahman 820 Second Ave, 12th Floor New York, NY 10017	7,405.

Initiative to Reduce Tobacco Use Liz Maria de Almeida	1,830.
Initiative to Reduce Tobacco Use Mari Bhat	2,674.
Initiative to Reduce Tobacco Use Martin Raw	1,260.
Initiative to Reduce Tobacco Use McKing Consulting Corporation 2810 Old Lee Hwy Suite 250 Fairfax, VA 22031-4376	10,235.
Initiative to Reduce Tobacco Use Michael Thun Wachovia Bank Atlanta, Ga 30303-2946	2,115.
Initiative to Reduce Tobacco Use Mostafa K. Mohamed	3,045.
Initiative to Reduce Tobacco Use Partha Chattapadhyay	4,697.
Initiative to Reduce Tobacco Use Prakash Chandra Gupta	6,982.
Initiative to Reduce Tobacco Use Research Triangle Institute P O Box 900002 Raleigh, NC 27675-9000	123,497.
Initiative to Reduce Tobacco Use Ron Borland	9,103.

Initiative to Reduce Tobacco Use Ron Brookmeyer 1409 Malvern Ave Baltimore, MD 21204	3,881.
Initiative to Reduce Tobacco Use University of North Carolina at Chapel Hill 104 Airport Dr Suite 2200 CB#1350 Chapel Hill, NC 27599-1350	12,335.
Initiative to Reduce Tobacco Use Vera Luiza da Costa e Silva	1,830.
Initiative to Reduce Tobacco Use Verla Neslund 50 Hurt Plaza Suite 765 Atlanta, GA 30303-2946	4,825.
Initiative to Reduce Tobacco Use William D. Kalsbeek 1323 Lutz Ave Raleigh, NC 27607	1,732.
Initiative to Reduce Tobacco Use William Parra 10364 Stephens Chapel Hill, NC 27517	5,401.
Initiative to Reduce Tobacco Use World Health Organization 1166 Avenue of the Americas 17th Floor New York, NY 10036-2708	2,128,896.
Initiative to Reduce Tobacco Use Xenlogic, LLC 5579B Chamblee Dunwoody #518 Atlanta, GA 30338	3,157.
Initiative to Reduce Tobacco Use Yang Gonghuan	2,115.
Meta-Leadership Program Alpha Graphics 34 Peachtree St NW Atlanta, GA 30303-2946	9,518.

Meta-Leadership Program Aramark 3150 Paradise Rd Las Vegas, NV 89109	6,666.
Meta-Leadership Program Bearing Point Management & Technology Consultants 1640 Phoenix Blvd Suite 110 College Park, GA 30349	70,828.
Meta-Leadership Program Columbus Marriott 800 Front Ave Columbus, GA 31901	1,814.
Meta-Leadership Program Constance Noonan Hadley 79 John F Kennedy St Cambridge, GA 92138	1,121.
Meta-Leadership Program Cvent, Inc. P O Box 822699 McLean, VA 19182-2699	2,800.
Meta-Leadership Program Harvard University 1350 Massachusetts Ave Cambridge, MA 02138	240,598.
Meta-Leadership Program Lucid Partners, Inc. 4045 Devereux Chase Roswell, GA 30075	14,800.
Meta-Leadership Program Oliver Wyman P O Box 3800-28 Boston, MA 02241	40,000.
Meta-Leadership Program Paces Legal Group, Inc. P O Box 720477 Atlanta, GA 30358	1,234.
Meta-Leadership Program Prographics Communications, Inc. 5664 New Peachtree Rd NW Atlanta, GA 30341	7,776.

Meta-Leadership Program Southern Tailors 1862 Marietta Blvd NW Atlanta, GA 30318	1,796.
Meta-Leadership Program The Chattahoochee River Club P O Box 1238 Columbus, GA 31902	1,516.
Meta-Leadership Program The Edison Group 1708 Peachtree St Suite 100 Atlanta, GA 30309	25,000.
Early Assessment on Programs & Policies on Childhood Obesity Holly R. Wethington 5276 Pounds Dr South Stone Mountain, GA 30087	27,448.
Early Assessment on Programs & Policies on Childhood Obesity Macro International, Inc. P O Box 7777 W516546 Philadelphia, PA 19175-0546	124,281.
Early Assessment on Programs & Policies on Childhood Obesity Seraphine Ann Pitt Barnes 10720 Mortons circle Alpharetta, GA 30022	32,593.
Periodontal Disease Assessment Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	43,250.
Vehicular Telemetry for Injury Response Applied Measure Professionals, Inc. 18000 W 105th St Olathe, KS 66061-7543	4,959.
Vehicular Telemetry for Injury Response Bob Bailey Inc 10605 Hanarry Court Raleigh, NC 27614	21,126.
Vehicular Telemetry for Injury Response Hilton Chicago O'Hare P O Box 92681 Chicago, IL 60675-2681	19,427.

Testosterone Measurement Harmonization Abbott Laboratories P O Box 100997 Atlanta, GA 30384-0997	5,683.
Testosterone Measurement Harmonization Boston Medical Center P O Box 845700 Boston, MA 02284-5700	162,500.
Testosterone Measurement Harmonization Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	158,000.
Testosterone Measurement Harmonization Fisher Scientific Company 3790 Johns Creek Ct Suite 500 Suwanee, GA 30024	21,113.
Testosterone Measurement Harmonization Raj Razdan 4059 Keswick Dr Atlanta, GA 30339	23,439.
Testosterone Measurement Harmonization RTC 2931 Soldier Springs Rd Laramie, WY 82070	3,232.
Testosterone Measurement Harmonization Solomon Park Research Laboratories 12815 NE 12th Street Suite I Kirkland, WA 98034	9,250.
Other Activities under \$40,000 Miscellaneous	638,425.
Total Included on Form 990, Part II, line 22b	<u>11,615,820.</u>

Form 990

Statement of Program Service Accomplishments

Statement 5

Description of Program Service OneBloomberg Initiative to Reduce Tobacco Use's Global Adult Tobacco Survey

Tobacco is the world's leading killer, causing more than 5 million deaths each year. The CDC Foundation and its partners in the Bloomberg Initiative to Reduce Tobacco Use are working on many fronts to prevent tobacco-related deaths and disability worldwide. One of the first steps in the initiative's multi-faceted approach is to design a standard survey, called the Global Adult Tobacco Survey (GATS), that can be used to gather a standard set of tobacco-use-related data from different countries. Data collected through GATS will help health experts design and implement appropriate strategies to reduce tobacco use in participating countries and will establish a baseline for evaluating future initiative activities.

The CDC Foundation has worked with CDC and the World Health Organization (WHO) to convene health experts to collaboratively develop a standard survey questionnaire and pilot test, evaluate and refine the survey. The Foundation is now working with partners to conduct the final survey in the 15 middle- and low-income countries that account for two-thirds of the world's smokers.

Since February 2007, CDC and CDC Foundation staff visited eight of the 15 countries Bangladesh, Brazil, Egypt, India, Mexico, Russian Federation, Thailand and Turkey twice. The first time to establish relationships with Ministries of Health and other agencies, providing an opportunity for GATS partners in each country to discuss the details of implementing the door-to-door survey. The second time to help health experts in each country develop sampling methods for the survey, review budgets, select and test software and hardware for data management, and conduct any necessary pre-testing activities.

Funded by Bloomberg Philanthropies, the Bloomberg Initiative to Reduce Tobacco Use is a multi-partner initiative of the CDC Foundation, Campaign for Tobacco-Free Kids, the World Lung Foundation, the Johns Hopkins Bloomberg School of Public Health and the World Health Organization.

	<u>Grants</u>	<u>Expenses</u>
To Form 990, Part III, line a	2,941,708.	2,941,708.

Description of Program Service TwoInnovative Uses of Technology in Existing Child Abuse Prevention Programs

The goal of this project is to determine whether or not adding technology to an existing child maltreatment prevention program improves the outcome. Researchers hope to find out if simply including a technology component (such as a cell phone, video conferencing, or online interactive training) as part of a parenting program is enough to increase the number of parents who enroll in and complete the program, if counselors will be consistent in implementing the therapy, and if adding the technology is cost-effective. The project is administered by the CDC Foundation in conjunction with staff from the National Center for Injury Prevention and Control, Division of Violence Prevention, at the Centers for Disease Control and Prevention (CDC).

In 2006, the CDC accepted and reviewed applications from a number of potential child maltreatment programs. Applicants were required to have previously participated in at least one funded study, published at least one paper on violence prevention in a peer-reviewed publication and have a pre-existing relationship with an ongoing and effective parenting program partner. In July 2006, three grantees were selected by CDC to receive funding—two of these programs were chosen to receive funding provided by the Doris Duke Charitable Foundation to the CDC Foundation. The two programs funded through Doris Duke are the Carta program (University of Kansas and University of Notre Dame) and the Funderburk program (University of Oklahoma and Harborview Medical Center through the University of Washington.)

The Carta program will test whether or not giving a cell phone to parents who are participating in a child maltreatment prevention program known as Project SafeCare helps keep families engaged enough to successfully complete the program. During the past year, the first year of the project, the primary focus was on preparing to incorporate the cell phones into the existing program. Various requirements and activities had to be met before program implementation could begin. The Carta program was required

to obtain approval of the project from its Institutional Review Board (IRB) prior to beginning program activities related to this funding, and worked to develop the study protocol, framework and parenting program activities that will be included once parents are recruited and cell phones are distributed. Currently, 48 parents have been enrolled in the program and enrollment is continuing.

The goal of the Funderburk program is to determine if using real-time, internet-based telemedicine as part of an existing coaching program for parents is effective, as compared to traditional coaching which is conducted by phone. During the past year, the first year of the program, the primary focus was on obtaining the necessary Institutional Review Board approval of the project, along with developing the materials that will be needed to incorporate telemedicine into the existing program. Some of the materials created include a training manual, surveys to determine the reactions of therapists and parents to the program, a user guide for the telemedicine equipment, and a database to store data related to the study sites. The program has been recruiting agencies to participate in the study, and so far eight agencies in Washington and four agencies in Oklahoma have been signed-up.

Both the Carta and Funderburk programs received IRB approval. The next year of the program will focus on continuing participant recruitment and program implementation activities.

	Grants	Expenses
To Form 990, Part III, line b	886,843.	886,843.

Form 990

Statement of Program Service Accomplishments

Statement 7

Description of Program Service Three

The Marcus Emergency Operations Center (EOC) at the Centers for Disease Control and Prevention (CDC) is CDC's command center in Atlanta for the coordination of emergency response to domestic and international public health threats. It is staffed 24 hours a day, 365 days a year. The Marcus EOC is equipped with state-of-the-art communications technologies to support information pipelines with state, federal and international partners, including the Department of Homeland Security and state and local health departments. Since its opening in 2003, the Marcus EOC has been activated to respond to crises such as the SARS outbreak, the Southeast Asia tsunami, Hurricane Katrina and E.coli outbreaks linked to the nation's spinach supply.

During an emergency event, it is critical that backup connectivity is available to ensure that staff in the Marcus EOC can communicate with CDC Continuity of Operations (COOP) facilities and other partners. In 2007, the CDC Foundation expended funds received from the Marcus Foundation to purchase new equipment that will provide the recommended redundant network connectivity with significantly increased capacity. The new equipment will help CDC experts in the Marcus EOC stay connected to vital colleagues and partners during an emergency event if traditional networks are down.

	Grants	Expenses
To Form 990, Part III, line c	608,213.	608,213.

Form 990

Statement of Program Service Accomplishments

Statement 8

Description of Program Service Four

Universal Data Collection Project for Blood Inhibitor Study

This pilot program is a multi-state collaborative study to help identify factors that might put people with hemophilia at risk for developing an inhibitor, an antibody that prevents drugs that treat hemophilia from working effectively. The CDC Foundation administers this program in conjunction with the Division of Blood Disorders, National Center for Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention (CDC).

The goals of this program include collecting information on potential risk factors for developing antibodies to hemophilia treatment products, centralizing the data collected, and determining the type of antibodies people are developing. Patients enrolled give informed consent, then provide a detailed history on their use of hemophilia products and keep monthly records of any infusions they receive. Coordinators at the study sites collect data from patients who are enrolled in the study, and plasma and cells are shipped from the sites to CDC for antibody testing.

Since 2005, nine sites have been actively enrolling patients and collecting data for submission to CDC. These sites had exceeded patient recruitment goals for the program by June 2007, at which time more than 525 patients had been enrolled. Four additional sites were recruited to participate during 2007 with a focus on collecting data related to children under age 2. It is anticipated that an additional 50-100 patients will be recruited from these four new sites in 2008. CDC has completed testing samples from 403 patients, and reported results on 233 of them.

When the pilot phase of the study is complete and funding becomes available, more sites will be added. Researchers hope that results from the study will eventually lead to a lower rate of inhibitor development, decreased costs to the nation's public health system and new safe and effective treatment options for people with hemophilia.

	Grants	Expenses
To Form 990, Part III, line d	576,044.	576,044.

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	9
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Explanation

The primary purpose of the Foundation is to improve the health and well-being of all people by substantially enhancing the impact of CDC.

Form 990	Other Program Services	Statement	10
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Description of Other Program Services	Grants and Allocations	Expenses
Total to Form 990, Part III, line e	6,603,012.	7,327,627.

Form 990	Depreciation of Assets Not Held for Investment	Statement	11
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Office Equipment	73,296.	62,038.	11,258.
Office Furniture	24,854.	21,037.	3,817.
Software	18,000.	15,235.	2,765.
Leasehold Improvements	46,783.	39,598.	7,185.
Automobile	21,200.	17,944.	3,256.
Total to Form 990, Part IV, ln 57	184,133.	155,852.	28,281.

Form 990	Other Liabilities	Statement	12
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Description	Amount
Agency (Custodial) Funds	547,504.
Contracts Payable	1,275,697.
Total to Form 990, Part IV, line 65, Column B	1,823,201.

Form 990	Other Securities	Statement	13
<u>Security Description</u>	<u>Cost/FMV</u>	<u>Other Securities</u>	
Mortgage Pools	FMV	904,433.	
US Treasuries	FMV	1,095,202.	
Debt Security Fund	FMV	546,861.	
Equity Index Fund	FMV	1,953,832.	
To Form 990, line 54b, Col B		4,500,328.	

Form 990	Part V-A - List of Current Officers, Directors, Trustees and Key Employees	Statement	14
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<u>Name and Address</u>	<u>Title and Avg Hrs/Wk</u>	<u>Compen- sation</u>	<u>Employee Ben Plan Contrib</u>	<u>Expense Account</u>
Philip S. Jacobs 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Chair 1.92	0.	0.	0.
C. Charles Stokes 50 Hurt Plaza Suite 765 Atlanta, GA 30303	President & CEO 45.00	233,958.	44,453.	3,155.
Gary Cohen 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Jim Down 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Richard Edelman 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 0.96	0.	0.	0.
James Hagedorn 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Michele J. Hooper 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 0.77	0.	0.	0.

Donald R. Hopkins MD, MPH 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Shelia Johnson 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Robert D. Kain 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Ruth Katz 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Secretary 0.96	0.	0.	0.
Andrew Klepchick 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Treasurer 1.35	0.	0.	0.
Julius Krevans, MD 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Kent "Oz" Nelson 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 1.15	0.	0.	0.
Marni Vliet 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Robert Yellowlees 50 Hurt Plaza Suite 765 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Kelley T. Mouchabeck 50 Hurt Plaza Suite 765 Atlanta, GA 30303	CFO 32.00	94,236.	16,962.	0.
Totals Included on Form 990, Part V-A		<u>328,194.</u>	<u>61,415.</u>	<u>3,155.</u>

Form 990	List of States Receiving Copy of Return Part VI, Line 90	Statement	15
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States

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

Form 990 Part VIII - Relationship of Activities to Statement 16
 Accomplishment of Exempt Purposes

<u>Line</u>	<u>Explanation of Relationship of Activities</u>
93a	Allows CDC to collect data, help with vaccine development and do field studies. Also allows CDC to convene scientists to discuss issues and set guidelines for the prevention and control of diseases. Includes community research programs to determine best health practices.
93b	Allows CDC to support education (via major universities) by running lab analysis that only CDC has the equipment or personnel to perform.
93c	Allows CDC to educate foreign epidemiologists in the US. They return to their home countries to practice what they have learned.

Schedule A	Explanation of Transactions Part III, Line 2d	Statement 17
	C. Charles Stokes, President & CEO, Travel and Meals - \$440 Kent "Oz" Nelson, Director, Corp. Roundtable Dinner - \$3691 Philip Jacobs, Director, National Advocates Dinner - \$2526 Kelley T. Mouchabeck, CFO, Travel, Office Supplies - \$214	

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return National Foundation for the CDC, Inc.	Business or activity to which this form relates Form 990 Page 2	Identifying number 58-2106707
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	28,386.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2006 tax year:

	:				
	:				

43 Amortization of costs that began before your 2006 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1646-1878

For calendar year 2006, or fiscal year beginning JUL 1, 2006, and ending JUN 30, 2007

2006

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

Return ID (20-digit number) ▶

N/A

Name of exempt organization

National Foundation for the CDC, Inc.

Employer identification number

58-2106707

Name and title of officer:

Charles Stokes
President/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>39778383</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Metcalf Davis, CPAs ERO firm name to enter my PIN 00707 do not enter all zeros as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Charles Stokes Date ▶ 4-29-08

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 58352130026
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ [Signature] Date ▶ 4-29-08

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**