

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc. Doing Business As CDC Foundation		D Employer identification number 58-2106707
		Number and street (or P.O. box if mail is not delivered to street address) 55 Park Place	Room/suite 400	E Telephone number (404) 653-0790
		City or town, state or country, and ZIP + 4 Atlanta, GA 30303		G Gross receipts \$ 58,369,035.
F Name and address of principal officer: Charles Stokes same as C above				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶
J Website: www.cdcfoundation.org				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1993	M State of legal domicile: GA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	12,606,265.	56,406,274.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	575,288.	849,646.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	968,876.	340,022.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-13,156.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,137,273.	57,595,942.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	12,937,491.	14,942,908.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,334,557.	2,673,048.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,228,328.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,678,546.	12,888,285.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,950,594.	30,504,241.
19 Revenue less expenses. Subtract line 18 from line 12	-9,813,321.	27,091,701.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	43,620,266.	76,851,023.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,048,664.	12,689,140.
		37,571,602.	64,161,883.

Part II Signature Block

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

Sign Here

Signature of officer: Charles Stokes, President/CEO
Date: _____
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Susan Hill
Date: 05/13/10
Check if self-employed:
Preparer's identifying number (see instructions): _____
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
EIN: _____
Phone no.: (404) 264-1700

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

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

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

Yes No

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

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

Yes No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

See Schedule O for Continuation(s)

4a (Code:) (Expenses \$ 11,651,492. including grants of \$ 8,639,701.) (Revenue \$) Bloomberg Initiative to Reduce Tobacco Use

See Schedule O for description

4b (Code:) (Expenses \$ 1,874,597. including grants of \$ 1,784,628.) (Revenue \$) Strengthening Disease Surveillance and Response in Central Africa

See Schedule O for description

4c (Code:) (Expenses \$ 1,428,318. including grants of \$ 234,448.) (Revenue \$) Meta-Leadership Initiative

See Schedule O for description

4d Other program services. (Describe in Schedule O.) (Expenses \$ 12,685,744. including grants of \$ 4,284,131.) (Revenue \$)

4e Total program service expenses \$ 27,640,151. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Andrew Klepchick Treasurer	1.00	X		X				0.	0.	0.
Philip Jacobs Chair	2.30	X		X				0.	0.	0.
Ruth Katz Secretary	0.70	X		X				0.	0.	0.
Charles "Pete" McTier Director	0.80	X						0.	0.	0.
David Ratcliff Director	0.30	X						0.	0.	0.
David Satcher, M.D. Director	0.10	X						0.	0.	0.
Donald R. Hopkins, M.D. Director	0.70	X						0.	0.	0.
Douglas Nelson Director	0.60	X						0.	0.	0.
Gary Cohen Director	1.40	X						0.	0.	0.
Jack Bovender Director	0.00	X						0.	0.	0.
James Hagedorn Director	0.00	X						0.	0.	0.
Jim Down Director	0.50	X						0.	0.	0.
Marni Vliet Director	0.70	X						0.	0.	0.
Michele Hooper Director	0.20	X						0.	0.	0.
Richard Edelman Director	0.40	X						0.	0.	0.
Robert Jeffrey Director	0.70	X						0.	0.	0.
Robert Yellowlees Director	0.90	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Charles Stokes President & CEO	60.00			X				249,020.	0.	29,222.
Kelley T. Mouchabeck CFO	35.00			X				113,176.	0.	15,278.
Chloe Tonney VP for Advancement	55.00					X		136,818.	0.	18,022.
William Parra COO Bloomberg Initiative	55.00					X		108,035.	0.	10,804.
1b Total								607,049.	0.	73,326.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Research Triangle Institute, 3040 Cornwallis Rd., Research Triangle PK, NC	Training Materials, Obesity Calculators	1,479,578.
Macro Int'l, Inc., 11785 Beltsville Dr. Ste 300, Calverton, MD 20705	Environmental scans for Obesity Project	992,974.
Porter Novelli 3500 Lenox Rd. Ste 1400, Atlanta, GA 30326	Research and Planning for MRSA	465,607.
Science Applications Int'l, 3395 NE Expressway Ste 300, Atlanta, GA 30341	Survey/Statistics for Tobacco Survey	371,553.
TransPerfect Translations Int'l, Inc., 3 Park Avenue, 39th Floor, New York, NY	Translation of Manual for Tobacco Survey	369,059.
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		12

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	9,908.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,250,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	55,146,366.				
	g	Noncash contributions included in lines 1a-1f: \$		2,674.				
	h	Total. Add lines 1a-1f			56,406,274.			
	Program Service Revenue			Business Code				
2 a		Data Collect/Research		541700	348,071.	348,071.		
b		Lab Research Agreement		541900	226,686.	226,686.		
c		Health Surveillance		541900	187,680.	187,680.		
d		Health Training		611600	87,209.	87,209.		
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			849,646.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			355,276.		355,276.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
					757,839.			
	7 b	Less: cost or other basis and sales expenses						
					773,093.			
7 c	Gain or (loss)							
				-15,254.			-15,254.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	b					
8 b	Less: direct expenses							
8 c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a	b					
9 b	Less: direct expenses							
9 c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	b					
10 b	Less: cost of goods sold							
10 c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a								
11 b	All other revenue							
11 c	Total. Add lines 11a-11d							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			57,595,942.	849,646.	0.	340,022.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,909,082.	5,909,082.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	9,033,826.	9,033,826.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	422,173.	76,712.	284,293.	61,168.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,805,733.	723,567.	517,857.	564,309.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	150,079.	61,638.	42,492.	45,949.
9 Other employee benefits	157,002.	69,607.	28,420.	58,975.
10 Payroll taxes	138,061.	54,730.	39,977.	43,354.
11 Fees for services (non-employees):				
a Management				
b Legal	47,055.	1,360.	45,537.	158.
c Accounting	35,700.		35,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	9,527,676.	9,368,329.	158,672.	675.
12 Advertising and promotion	84,911.	200.	10,191.	74,520.
13 Office expenses	312,789.	129,463.	100,702.	82,624.
14 Information technology	198,771.	59,457.	130,370.	8,944.
15 Royalties				
16 Occupancy	427,687.	215,830.	105,028.	106,829.
17 Travel	1,116,337.	1,038,583.	13,876.	63,878.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	68,840.	68,840.		
19 Conferences, conventions, and meetings	867,509.	752,247.	26,630.	88,632.
20 Interest	1,185.		1,185.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,917.	26,926.	19,067.	12,924.
23 Insurance	53,352.	5,368.	47,984.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Scientific Supplies	41,377.	41,377.		
b Dues and Subscriptions	21,526.	254.	15,938.	5,334.
c				
d				
e				
f All other expenses	24,653.	2,755.	11,843.	10,055.
25 Total functional expenses. Add lines 1 through 24f	30,504,241.	27,640,151.	1,635,762.	1,228,328.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	30,893,525.	2	34,219,739.
	3 Pledges and grants receivable, net	8,924,752.	3	36,966,771.
	4 Accounts receivable, net	451,820.	4	438,262.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	52,272.	9	3,076,623.
	10a Land, buildings, and equipment: cost basis ... 10a 406,490.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 196,397.	179,981.	10c	210,093.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3,117,916.	12	1,939,535.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,620,266.	16	76,851,023.	
Liabilities	17 Accounts payable and accrued expenses	519,229.	17	466,588.
	18 Grants payable	1,929,205.	18	2,311,729.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	491,308.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	3,600,230.	25	9,419,515.
	26 Total liabilities. Add lines 17 through 25	6,048,664.	26	12,689,140.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,943,302.	27	7,008,918.
	28 Temporarily restricted net assets	28,233,724.	28	54,785,233.
	29 Permanently restricted net assets	2,394,576.	29	2,367,732.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	37,571,602.	33	64,161,883.
	34 Total liabilities and net assets/fund balances	43,620,266.	34	76,851,023.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		x
2b	Were the organization's financial statements audited by an independent accountant?	x	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	x	
3b	If "Yes," did the organization undergo the required audit or audits?	x	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,835,470.	11,674,272.	34,471,854.	12,606,265.	57,288,392.	125,876,253.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	283,045.	467,896.	613,114.	652,091.	498,406.	2,514,552.
4 Total. Add lines 1 - 3	10,118,515.	12,142,168.	35,084,968.	13,258,356.	57,786,798.	128,390,805.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						74,980,569.
6 Public Support. Subtract line 5 from line 4.						53,410,236.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	10,118,515.	12,142,168.	35,084,968.	13,258,356.	57,786,798.	128,390,805.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	428,860.	706,411.	1,068,365.	968,876.	355,276.	3,527,788.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						131,918,593.
12 Gross receipts from related activities, etc. (see instructions)					12	1,640,662.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	40.49 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	62.25 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 18,171,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,226,179.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,518,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,360,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 26,281,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 1,614,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____ 0.
- 3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	706,813.	767,022.	1,000,000.	0.	2,473,835.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,710,753.
c Total lobbying expenditures	29,211.	22,691.	14,091.	0.	65,993.
d Grassroots non-taxable amount	176,703.	191,756.	250,000.	0.	618,459.
e Grassroots ceiling amount (150% of line 2d, column (e))					927,689.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

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

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part II-B, Line 1(i), Other Lobbying Activities:

The President/CEO spent about 1% of his time helping the Friends of

CDC, a group that advocates before Congress, to help CDC get the

funding it needs for buildings and equipment.

Schedule D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,482,206.				
b Contributions	62,808.				
c Investment earnings or losses	-469,792.				
d Grants or scholarships					
e Other expenditures for facilities and programs	124,074.				
f Administrative expenses	16,580.				
g End of year balance	1,934,568.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 100.00 %
 - c Term endowment .00 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				0.
c Leasehold improvements		14,226.	2,845.	11,381.
d Equipment		122,710.	92,173.	30,537.
e Other		269,554.	101,379.	168,175.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				210,093.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	57,595,942.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,504,241.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	27,091,701.
4	Net unrealized gains (losses) on investments	4	-501,420.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-501,420.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	26,590,281.

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

1	Total revenue, gains, and other support per audited financial statements	1	57,592,928.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-501,420.
b	Donated services and use of facilities	2b	498,406.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-3,014.
3	Subtract line 2e from line 1	3	57,595,942.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	57,595,942.

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

1	Total expenses and losses per audited financial statements	1	31,002,647.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	498,406.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	498,406.
3	Subtract line 2e from line 1	3	30,504,241.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	30,504,241.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part IV, line 2b: The funds held in custodial accounts are for CDC

programs for conferences and management training courses.

Part V, line 4: The endowment funds are used for programs such as a

global health fellowships, scientific lectures, safe water and hospital

based infections.

Part X, Refundable Advances: During the current year the Foundation

Part XIV Supplemental Information (continued)

received \$5,000,000 in refundable advances to be used for Emergency Preparedness and Response which includes severe future national level emergencies. Recognition as revenue is contingent upon the Foundation using these funds for their intended purpose by November 14, 2011. Any amounts not used by this date must be returned to the donor. At June 30, 2009 \$4,976,032 remained available to be expended in future years.

Lined area for supplemental information.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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

Employer identification number
58-2106707

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

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

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America/Caribbean	0	0	Prog. Service	Travel Reim.	1,477.
East Asia and Pacific	0	0	Grantmaking		115,703.
East Asia and Pacific	0	0	Prog. Service	Consulting	53,313.
East Asia and Pacific	0	0	Prog. Service	Travel Reim.	18,369.
Europe	0	0	Grantmaking		5,933,369.
Europe	0	0	Prog. Service	Consulting	177,473.
Europe	0	0	Prog. Service	Travel Reim.	6,114.
Europe	0	0	Prog. Service	Conference	246,040.
Totals					9,847,526.

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

Schedule F (Form 990) 2008

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 X
Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe	Freedom from Smoking Initiative--Global Anti-Tobacco Surveys	5,507,509	Wire Transfer	0.		
			Sub-Saharan Africa	Bed Nets for Children	25,000	Wire Transfer	0.		
			South America	Freedom from Smoking Initiative	2,000,000	Wire Transfer	0.		
			South Asia	School Hand Hygiene	40,486	Wire Transfer	0.		
			South America	Freedom from Smoking Initiative	285,913	Wire Transfer	0.		
			North America	Freedom from Smoking Initiative	32,590	Wire Transfer	0.		
			East Asia and the Pacific	Freedom from Smoking Initiative	0.		12,815	Handhelds, accessories, batteries, memory, cases	Cost
			Europe	Freedom from Smoking Initiative	0.		146,572	Handhelds, accessories, batteries, memory, cases	Cost

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 5

3 Enter total number of other organizations or entities 3

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

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

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

SCHEDULE F-1
(Form 990)

Continuation Sheet for Schedule F (Form 990)

OMB No. 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Part I, line 3; Part II, line 1; or Part III.

Department of the Treasury
Internal Revenue Service

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Middle East and North Africa	0	0	Grantmaking		64,004.
Middle East and North Africa	0	0	Prog. Service	Consulting	5,625.
Middle East and North Africa	0	0	Travel	Travel Reim.	1,969.
North America	0	0	Grantmaking		96,560.
North America	0	0	Prog. Service	Consulting	21,097.
North America	0	0	Prog. Service	Travel Reim.	15,895.
Russia and the Newly Independent States	0	0	Grantmaking		154,794.
South America	0	0	Grantmaking		2,295,680.
South Asia	0	0	Grantmaking		320,967.
South Asia	0	0	Prog. Service	Consulting	6,338.
Totals					

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

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Russia and the Newly Independent States	Freedom from Smoking Initiative	0.		154,794.	Handhelds, accessories, batteries, memory, cases	Cost
			East Asia and the Pacific	Freedom from Smoking Initiative	0.		70,362.	Handhelds, accessories and cases purchased for WHO Geneva	Cost
			Europe	Freedom from Smoking Initiative	0.		202,211.	Handhelds, accessories and cases purchased for WHO Geneva	Cost
			Middle East and North Africa	Freedom from Smoking Initiative	0.		59,804.	Handhelds, accessories and cases purchased for WHO Geneva	Cost
			North America	Freedom from Smoking Initiative	0.		63,970.	Handhelds, accessories and cases purchased for WHO Geneva	Cost
			South America	Freedom from Smoking Initiative	0.		9,767.	Handhelds, accessories and cases purchased for WHO Geneva	Cost
			South Asia	Freedom from Smoking Initiative	0.		280,481.	Handhelds, accessories and cases purchased for WHO Geneva	Cost
			Sub-Saharan Africa	Joint Global Field Epidemiology and Laboratory Training Program	0.		25,620.	14 laptops to Kenya Ministry of Public Health	Cost
			East Asia and the Pacific	Global Disaster Response Fund	0.		27,988.	60 Dopod P660 mobile phones	Cost

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	Alabama Coalition Against Domestic Violence - PO Box 4762 - Montgomery, AL 36101	63-0907890	501 (c) (3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
	Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106-4984	34-1018992	501 (c) (3)	13,444.	0.			Treatment of Tuberculosis with Prifitin
	Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	54,895.	0.			Meta-Leadership Summits
	Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,064.	0.			Mobile Tech. to fight HIV/AIDS, TB, Malaria and other diseases
	Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	588.	0.			Dengue Fever - controlling mosquitoes to reduce disease
	Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,238.	0.			MRSA Surveillance, measuring MRSA prevention efforts

2 Enter total number of section 501(c)(3) and government organizations **45.**

3 Enter total number of other organizations **1.**

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: The CDC Foundation monitors grant funds in many

ways. All programs are implemented in collaboration with the Centers for

Disease Control and Prevention, an agency of the Federal Government. The

CDC works closely with Foundation personnel to actively monitor the

grantees progress and expenditures, and both the grantee and the CDC

provide detailed information to the CDC Foundation's program officers who

are assigned to the project. Often, the Foundation program officer will

make site visits to ensure that the program is proceeding as agreed and

that the funds are properly spent.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public Inspection

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

Employer identification number
58-2106707

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	91.	0.			Preventing Senior Falls
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,230,378.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	43,399.	0.			Gilial Fibrillary Acidic Protein
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,000.	0.			Web based alcohol-related disease impact software
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	413,691.	0.			Joint Global Field Epidemiology & Lab Training Program
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	49,500.	0.			Study of Inhibitors In Hemophilia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Lymphatic Filariasis in Haitian Immigrants
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	399,751.	0.			Innovative Uses of Technology in Existing Child Abuse

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08

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

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

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

Employer identification number
58-21106707

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	100,138.	0.			CMV Seroprevalence Study (Cytomegalovirus)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50,000.	0.			Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	193,819.	0.			MRSA Surveillance, measuring MRSA prevention efforts
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	100,000.	0.			CDC Experience - Provides medical students hands on training in epidemiology
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	9,242.	0.			Togo Mortality Study
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	152,773.	0.			Mobilizing TB Vaccine Trials in Kenya
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	121,563.	0.			Improving Approaches to Breast Cancer Screening Treatment
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	234,449.	0.			Meta-Leadership Summits

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

Employer identification number
58-2106707

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	197,619.	0.			Inflammatory Back Pain and Spondyloarthritis
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	45,000.	0.			Understanding Immunological Responses
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	30,000.	0.			Roll of cell-type specific neutralizing antibodies
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50,000.	0.			Structural studies of Hepatitis B virus surface antigen
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	34,000.	0.			Capsule based reverse vaccinology for N meningitides
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	15,000.	0.			Nasal aerosol delivery of influenza VLP vaccines
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50,000.	0.			New Generation Mucosal Subunit Vaccine
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	283,385.	0.			Strengthening Surveillance & Response in Central Africa

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08

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

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

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

Employer identification number
58-2106707

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	501,860.	0.			Oregon Healthcare Lottery (Oregon NHANES Study)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	6,000.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30322	58-6051157	Govt	7,937.	0.			Unrestricted Gift
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30322	58-6051157	Govt	0.	13,263.	Cost	H1N1 preparedness	Emergency preparedness and response
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30322	58-6051157	Govt	0.	4,330.	Cost	Flyers for hurricane response (Gustav)	Emergency preparedness and response
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30322	58-6051157	Govt	0.	284.	Cost	Thermometer for site	Emergency preparedness and response
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30322	58-6051157	Govt	0.	16,785.	Cost	Scientific supplies, and software, and hardware	Nasal aerosol delivery of influenza VLP vaccines
Centro Hispano Daniel Torres 501 Washington Street Reading, PA 19601	23-2041081	501 (c) (3)	34,156.	0.			Youth Smoking reduction and prevention programs

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Beaumont 950 Washington Blvd Beaumont, TX 77705	74-6000278	Govt	14,100.	0.			Emergency Preparedness & Response Hurricane Gustav response
Comprehensive Bleeding Disorders Center - 4727 N Sheridan Road - Peoria, IL 61614	37-1361264	501 (c)(3)	39,907.	0.			Study of Inhibitors In Hemophilia
Connecticut Coalition Against Domestic Violence - 90 Pitkin Street - East Hartford, CT 06108	06-0985675	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Council of State and Territorial Epidemiologists - 2872 Woodstock Blvd., Ste 303 - Atlanta, GA 30341-4015	23-7410799	501 (c)(6)	64,589.	0.			Alcohol Related Disease Impact Software
Crohn's & Colitis Foundation of America, Inc. - 386 Park Avenue South - New York, NY 10016-8804	13-6193105	501 (c)(3)	10,104.	0.			Inflammatory Bowel Disease (IBD)
DC Coalition Against Domestic Violence - 5 Thomas Circle, NW - Washington, DC 20005	52-1515600	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	2,400.	0.			Atlanta Int'l Health Fellowship
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	239,622.	0.			Project to attract young scientists to public health research

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public Inspection

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

Employer identification number
58-2106707

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	16,254.	0.			Youth Smoking reduction and prevention programs
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	121,765.	0.			Study of Inhibitors In Hemophilia
Galveston County Coordinated Community Clinics - PO Box 939; 1207 Oak Street - La Marque, TX 77568	74-1665318	Govt	65,000.	0.			Emergency Preparedness & Response Hurricane Gustav response
Goshen Medical Center, Inc. PO Box 187, 444 Southwest Center S Faison, NC 28341	56-1209062	501 (c)(3)	0.	11,646.	Cost	Posters/banners medical supplies, and t-shirts	Avon-Mobile Access Initiative
Goshen Medical Center, Inc. PO Box 187, 444 Southwest Center S Faison, NC 28341	56-1209062	501 (c)(3)	121,765.	0.			Study of Inhibitors In Hemophilia
Grant Accounting Office University of Iowa - B5 Jessup Hall - Iowa City, IA 52242	42-6004813	501 (c)(3)	8,445.	0.			Study of Inhibitors In Hemophilia
Idaho Coalition Against Sexual & Domestic Violence, Inc. - 300 E Mallard Drive, Suite 130 - Boise, ID 83706	82-0410899	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Indiana Coalition Against Domestic Violence - 1915 West 18th Street Suite B - Indianapolis, IN 46202	31-1009769	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
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OMB No. 1545-0047
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Name of the organization National Foundation for the Centers for
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Employer identification number
58-2106707

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Indiana Hemophilia and Thrombocic Center, Inc. - 8402 Harourt Rd, Suite 500 - Indianapolis, IN 46260	35-2047838	501 (c)(3)	123,229.	0.			Training in Bleeding Disorders for Healthcare Providers
International Center for Research on Women - 1120 20th St NW Suite 500 North - Washington, DC 20036	52-1081455	501 (c)(3)	8,370.	0.			Intimate Partner Violence Prevention in Southeast Asia
Iowa Coalition Against Domestic Violence - 515 28th Street - Des Moines, IA 50312	42-1285094	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Jane Doe, Inc., The Massachusetts Coalition Against SA & DV - 14 Beacon Street Suite 507 - Boston, MA 02108	04-2676138	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Kentucky Domestic Violence Association - 111 Darby Shire Circle, PO Box 356 - Frankfort, KY 40602	61-1110432	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Maryland Department of Health & Mental Hygiene (DHMH) - 300 West Preston Street Suite 410 - Baltimore, MD 21201	52-6002033	Govt	11,636.	0.			Youth Smoking reduction and prevention programs
Minnesota Coalition for Battered Women - 590 Park Street, Suite 410 - St. Paul, MN 55103	41-1381433	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Missouri Coalition Against Domestic and Sexual Violence - 217 Oscar Drive, Suite A - Jefferson City, MO 65101	43-1479799	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2008

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Inspection

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

Employer identification number
58-2106707

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mountain States Hemophilia and Thrombosis Center, Univ. of CO - 13001 East 17th Place, Bldg 500; PO Box 6507 - Aurora, CO 80045	84-6000555	501 (c)(3)	25,753.	0.			Training in Bleeding Disorders for Healthcare Providers
Nebraska Domestic Violence Sexual Assault Coalition, Inc. - 1000 "O" Street, Suite 102 - Lincoln, NE 68508	47-0606289	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
New England Hemophilia Center UMass Memorial Hospital - 119 Belmont Street - Worcester, MA 01605	04-3167352	501 (c)(3)	39,907.	0.			Study of Inhibitors In Hemophilia
New Hampshire Coalition Against Domestic Violence - PO Box 353 - Concord, NH 03302-0353	02-0360151	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
New Jersey Coalition for Battered Women - 1670 Whitehorse-Hamilton Sq Rd - Trenton, NJ 08690	22-2370010	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Northeast Texas Public Health District - 815 N. Broadway Ave - Tyler, TX 75710	75-2254544	Govt	32,903.	0.			Emergency Preparedness & Response Hurricane Gustav response
Oklahoma Coalition Against Domestic Violence - 3815 N. Santa Fe Ave, Suite 124 - Oklahoma City, OK 73118	73-1131211	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Oregon Coalition Against Domestic and Sexual Violence - 380 SE Spokane Street, Suite 100 - Portland, OR 97202	93-0739389	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Orleans Recovery Foundation 1300 Perdido Street Suite 8w03 New Orleans, LA 70112	20-8463085	501 (c)(3)	11,216.	0.			Emergency Preparedness & Response Hurricane Katrina
Pennsylvania Coalition Against Domestic Violence - 6400 Flank Drive, Suite 1300 - Harrisburg, PA 17112-2778	23-2052886	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Phoenix Children's Hospital 1919 East Thomas Road Phoenix, AR 85016	86-0422559	501 (c)(3)	29,400.	0.			Training in Bleeding Disorders for Healthcare Providers
Sequoia Foundation 2166 Avenida De La Playa Suite D La Jolla, CA 92037	33-0100208	501 (c)(3)	9,524.	0.			Newborn Screening
South Carolina Coalition Against Domestic Violence & Sexual Assault - PO Box 7776 - Columbia, SC 29202	57-0760811	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
The Children's Mercy Hospital 2401 Gilham Road Kansas City, MO 64108	44-0605373	501 (c)(3)	39,907.	0.			Study of Inhibitors In Hemophilia
The Regents of the University of Michigan - 3003 S. State Street - Ann Arbor, MI 48109	38-6006309	501 (c)(3)	39,907.	0.			Study of Inhibitors In Hemophilia
The Texas Council on Family Violence, Inc. - PO Box 26219 - Austin, TX 78716	74-2848462	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence

2 Enter total number of Section 501(c)(3) and government organizations **.....**

3 Enter total number of other organizations **.....**

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Woodrow Wilson International Center for Scholars - One Woodrow Wilson Plaza; 1300 Pennsylvania Ave NW - Washington, DC 20004-3027	52-1067541	501 (c)(3)	10,000.	0.			Citizenship Award
University of Colorado Denver Hemophilia & Thrombosis - 13001 E 17th Place Bldg 500; PO Box 5507 - Aurora, CO 80045	84-6000555	501 (c)(3)	41,434.	0.			Training in Bleeding Disorders for Healthcare Providers
University of Iowa Hemophilia Treatment Center - 2532 J.W. Colleton Pavilion - Iowa City, IA 52242	42-6004813	501 (c)(3)	31,462.	0.			Training in Bleeding Disorders for Healthcare Providers
Vanderbilt University Medical Center - VU Station B, Box 356310 - Nashville, TN 37235-6310	62-0476822	501 (c)(3)	39,907.	0.			Study of Inhibitors In Hemophilia
Virginia Commonwealth University, Grants and Contracts - P O Box 843039 - Richmond, VA 23284-3039	54-0757884	501 (c)(3)	39,907.	0.			Study of Inhibitors In Hemophilia
Washington State Coalition Against Domestic Violence - 711 Capitol Way #702 - Olympia, WA 98501	91-1507028	501 (c)(3)	15,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
a Receive a severance payment or change of control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes," to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Charles Stokes	(i) 249,020.	(ii) 0.	(iii) 0.	0.	29,222.	278,242.	121,618.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
ChLoe Tonney	(i) 136,818.	(ii) 0.	(iii) 0.	0.	18,022.	154,840.	76,134.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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Part III Supplemental Information

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

3. The Foundation follows IRS prescribed procedures for establishing a rebuttable presumption of reasonableness of all compensation paid to "disqualified persons" (as detailed in Section 4958 of The Internal Revenue Code of 1986) The Foundation hires an independent, international human resources firm to provide market data for all staff positions. This firm uses a variety of surveys and using these and their expertise, it recommends market values and salary ranges for staff positions. The Executive Committee of the Foundation which is comprised of the Chair, Treasurer, Secretary, and the Chairs of the Advancement and Nominating Committees are independent, voting members of the Board of Directors. The Committee reviews the data, evaluates the performance of the President/CEO and votes on his and the CFO's compensation. These actions are documented in accordance with the regulations under Section 4958 of the Code.

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Form 990, Part I, Line 1, Description of Organization Mission:

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

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

Bloomberg Initiative to Reduce Tobacco Use

The goal of the Bloomberg Initiative to Reduce Tobacco Use is to implement the Global Adult Tobacco Survey (GATS) in 14 high tobacco-use countries. These 14 countries represent a substantial portion of the world's smokers. The GATS is a nationally representative household survey that samples at least 8,000 households per country. In addition, the survey seeks to determine national estimates of tobacco use by sampling male/female and urban/rural populations equally.

The GATS is designed to produce national and sub-national estimates on tobacco use, exposure to secondhand smoke, and quit attempt among adults across countries. Moreover, the survey indirectly measures the impact of various tobacco control and prevention initiatives at the country level. The GATS, a component of Global Tobacco Surveillance System (GTSS), is intended to enhance the capacity of countries to design, implement, and evaluate tobacco control and prevention programs.

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The CDC Foundation collaborated with the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and various other partners to implement the survey throughout the world. During the reporting period, the following countries completed full survey implementation: Bangladesh, Brazil, Egypt, Mexico, Thailand, and Turkey. In addition to completing the full survey, the following countries formally released their GATS data to the public and scientific community: Bangladesh, Brazil, Thailand, and Turkey. The remaining countries will release their data in future reporting periods.

In the coming reporting period, the CDC Foundation will continue to work with CDC and other partners to fully implement GATS. Full implementation includes pre-testing of the survey questionnaire as well as collecting, analyzing, and disseminating GATS data in all 14 countries. Also, the partner organizations will continue to develop plans for expanding GATS into new countries, which includes developing a set of Core Tobacco Questions that can be included in other non-GATS surveys.

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

Strengthening Disease Surveillance and Response in Central Africa

Strengthening Disease Surveillance and Response in Central Africa is a

five-year surveillance demonstration project within three selected

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countries of the Central African sub-region: Cameroon, the Democratic Republic of the Congo, and the Central African Republic. The countries were selected due to their epidemiologic importance related to disease outbreaks, emerging infections, and gaps in current surveillance. The goal of the project is to effectively use available resources to support in-country surveillance functions in order to yield reliable epidemiologic data for detecting, monitoring, and evaluating outbreaks, diseases, and resulting control activities. The goal of the project will be accomplished through three primary objectives: 1) strengthening surveillance and response capacity and quality through training and infrastructure improvements, 2) implementing a quality surveillance and response program for Vaccine Preventable Diseases/syndromes, including laboratory capacity, networks, and data management systems, and 3) strengthening communications infrastructure and developing capacity for advocacy to ensure these efforts are assumed by the Ministries of Health in the selected countries.

Since the project's inception in November of 2008 until September 2009, the primary objective was to support administrative functions necessary for developing strategies that would enable project partners to work collaboratively on accomplishing overall goals. Funds during this period primarily supported administrative function costs associated with the startup of the project. Pre- and full assessments of the three selected countries were also conducted during the initial nine months of the project.

Numerous activities are underway and planned for the period of October

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2009 through September 2010. Of particular importance is the development and approval of detailed National Plans of Action that will identify the project priorities and activities to be implemented in each selected country. Once the three National Plans of Action are in place, a Global Project Plan will be compiled that will guide the implementation of activities. Additionally, ongoing activities such as project management team meetings, the selection and identification of various personnel and laboratory facilities, and the initiation of training courses for public health professionals are also planned during this timeframe. At the conclusion of this period, a review of the project's progress will be conducted and activities for implementation for the next phase of the project will be reviewed/planned.

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

Meta-Leadership Initiative

The Meta-Leadership Summit for Preparedness is a unique national initiative to better prepare business, government and nonprofit leaders to work effectively together during a public health or safety crisis. Summits have been hosted by the states of Illinois, North Carolina and Maryland, the cities of Dallas, Boston, Lexington, Minneapolis, St. Louis, Phoenix and Atlanta, and the multijurisdictional National Capital Region and Georgia Coastal Region. Four additional Summits are scheduled through June 2010, and fifteen more are planned for the 2010-2011 program year. Through the Summit, leaders learn skills needed

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for effective action during times of crisis and build organizational connections to strengthen community preparedness for responding to and recovering from emergencies. To date, over 2,000 leaders have been trained.

The Summits were launched by the Centers for Disease Control and Prevention (CDC) Foundation, CDC, the National Preparedness Leadership Initiative - Harvard School of Public Health and the Robert Wood Johnson Foundation to foster greater cross-sector collaboration during emergencies. The dynamic curriculum is designed by Harvard University faculty and tailored to the challenges business, government and nonprofit leaders face. A unique feature of the initiative is its inclusion of a three-to-six month period following the Summit during which staff work with the community to act on the commitments shared at the summit and to develop the habit of practicing meta-leadership.

Evaluations during the immediate and intermediate post summit period demonstrate important impact: 89% of respondents have used meta-leadership concepts in their work following the Summit; 81% report improvement in cross-sector relationships; 78% have shared meta-leadership concepts with others; and 74% have identified new assets or relationships to enhance preparedness.

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

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

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its exempt purposes. These disbursements are either in the form of

grants or awards or in the form of fees for services. In addition to

the programs mentioned in detail on Schedule O, the Foundation manages

a variety of programs that include such things as chronic health and

infectious diseases, global health priorities such as safe water and

programs for environmental health and occupational health and safety.

Expenses \$ 12685744. including grants of \$ 4284131. Revenue \$ 0.

Form 990, Part VI, Section A, line 10: The Form 990 was prepared by key

accounting staff of CDC Foundation and reviewed by the Foundation's public

accounting firm. Subsequently, the Form 990 was reviewed by the Finance

Committee of the Board of Directors and by legal counsel. Prior to

electronic filing, key accounting staff reviewed the Form 990 with the

Foundation's CEO/President. In addition, the Form 990 was sent to the

Board of Directors for their review, comments, and questions.

Form 990, Part VI, Section B, Line 12c: All members of the Board and all

senior staff are required to sign the conflict of interest policy annually.

The Foundation maintains a copy of the signature indicating compliance with

the rules. Legal counsel reviews the policy annually with all Board

members.

Form 990, Part VI, Section B, Line 15: An independent, international human

resources consulting firm is provided with all position description and

that firm prepares a salary study including market values for each position

and ranges for every grade. The Executive Committee of the Board,

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consisting of the Chair, Treasurer, Secretary, Nominating Chair, and

Advancement Chair are provided with the information from the consultant.

This Committee reviews the performance of the President/CEO, sets goals and

objectives for the following year and determines the President's

compensation package for the following year. Based upon the review of the

CFO by the President, the Executive Committee also sets that compensation

package of the CFO for the following year.

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

AL, AK, AZ, AR, CA, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NH, NJ, NM, NY

NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Form 990, Part VI, Section C, Line 18: The Foundation posts the prior

three years of 990's and Form 1023 on its website.

Form 990, Part VI, Section C, Line 19: Audits are available upon request.

Governing documents and the conflict of interest policy are not made

public.

Form 990, Part VI, Section B, Line 14

Document retention policy

The Foundation has document retention and destruction policies, but

they have not yet been approved by the Board.

Form 990, Part IX, Line 11 (g)

Fees for services

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The Foundation, working in concert with the CDC, spends the vast

majority of its funds directly for programs and projects that further

its exempt purposes. These disbursements are either in the form of

grants or awards or in the form of fees for services. Fees for services

range from translator fees for the tobacco surveys in fourteen

countries, to consultants for the production of environmental scans,

survey and statistical work, training manuals and research planning.

The authority of the Foundation to pay for these services is addressed

in the federal statute creating the Foundation and plays a vital role

in helping CDC accomplish its mission. The Foundation monitors these

fees and services to ensure that the amounts paid are reasonable and

that program goals are being met.

Form 990, Part X, Line 9

Prepaid expenses

Although not a usual practice, the Foundation agreed to prepay an

organization for personnel services to be provided during the following

fiscal year. This arrangement was made due to the legal requirements

of the provider and based upon their history of providing exceptional

performance. This explains the significant increase in prepaid expenses

year over year.