

1023

(Rev. July 1993)  
Department of the Treasury  
Internal Revenue Service

# Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0056  
Expires 5-31-96

If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.

A User Fee must be attached to this application.

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

Complete the Procedural Checklist on page 7 of the instructions.

## Part I Identification of Applicant

1a Full name of organization (as shown in organizing document)  
National Foundation for the Centers for Disease Control and Prevention, Inc.\*

2 Employer identification number (If none, see instructions.)  
58:2106707

1b c/o Name (if applicable)

3 Name and telephone number of person to be contacted if additional information is needed  
Stephanie B. Casteel  
c/o King & Spalding  
191 Peachtree Street  
Atlanta, GA 30303-1763  
(404) 572-3555

1c Address (number, street, and room or suite no.)  
1149 Ponce deLeon  
The Carter Center, Kirbo Building

1d City or town, state, and ZIP code  
Atlanta, Georgia 30306

4 Month the annual accounting period ends  
June 30

5 Date incorporated or formed  
10-26-93

6 Activity codes (See Instructions.)  
603 | 161 | 165

7 Check here if applying under section:  
a  501(e) b  501(G) c  501(C)

8 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? . . . . .  Yes  No  
If "Yes," attach an explanation.

9 Is the organization required to file Form 990 (or Form 990-EZ)? . . . . .  N/A  Yes  No  
If "No," attach an explanation (see Instructions).

10 Has the organization filed Federal income tax returns or exempt organization information returns? . . . . .  Yes  No  
If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.

11 Check the box for the type of organization. BE SURE TO ATTACH A CONFORMED COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING (See Specific Instructions, Part I, Line 11.) Get Pub. 557, Tax-Exempt Status for Your Organization, for examples of organizational documents.)

- a  Corporation—Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws. See Exhibit A
- b  Trust—Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c  Association—Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see Instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here William C. Watson, Jr. Chair and Chief Executive Officer 6-17-94  
(Signature) (Title or authority of signer) (Date)

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Cat. No. 17133K

\* Referred to in the application materials as the "Corporation" or the "Applicant"

**Part II** Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in the organizational document. Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

The Corporation is established pursuant to Section 399F of Part N of Title III of the Public Health Service Act, as amended by the Preventive Health Amendments of 1992 (the "Act"). The Corporation is organized to support the mission of the United States Center for Disease Control and Prevention ("CDC") primarily by supporting and carrying out activities in conjunction with the CDC for the prevention and control of diseases, disorders, injuries and disabilities and for promotion of public health. The CDC is an agency of the United States, based in Atlanta, Georgia, which carries on public health programs throughout the world. To support the mission of the CDC, the Corporation expects to engage in programs such as the following:

- (1) programs of fellowships for state and local public health officials to work and study in association with the CDC;
- (2) exchange programs associated with the CDC between U.S. and foreign public health officials,
- (3) Support for research at the CDC or at universities or federal laboratories,
- (4) Forums for the exchange of information between people in government and in the private sector engaged in the field of public health or related medical and scientific disciplines.
- (5) Meetings, conferences, courses and training workshops,
- (6) Programs to improve data collection and analysis on the health status of various populations, and
- (7) Programs to support writing and publishing books and other materials on matters having significance to public health.
- (8) Endowment fund to provide endowments for positions that are associated with the CDC.

Pursuant to the Act, one of the first priorities of the Corporation is to establish a fund for endowments to support fellowship positions at the CDC. This will enable scientists and other researchers from other governmental agencies and the private sector to work and study at the CDC.

As further described in part II, question 4a, subsection j of the Act establishes a Committee to carry out the organization of the Corporation, including the appointment of the initial members of the permanent Board of Directors of the Corporation. The Corporation has been created and is functioning with a temporary officer and Board, who will be replaced by the first members permanent Board and the officers they will elect when the organization of the Corporation has been completed. Such organization is to be completed not later than September 30, 1994.

- 2 What are or will be the organization's sources of financial support? List in order of size.
- Grants from the U.S. Department of Health and Human Services will fund the expenses of organizing and administering the Corporation and annual grants, donations, and contracts are expected to be made for administrative expenses of the Corporation. The fund for CDC fellowships will consist of donations by non-federal entities and of non-federal assets of the Corporation as the Corporation may elect to transfer to such fund. Funds for the Corporation's other purposes will be obtained through donations made to the Corporation from other publicly supported organizations, foundations, corporations and individuals.
- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

The Corporation will solicit prospective contributors through personal contacts. Currently, the Corporation will not use professional fundraisers or mass marketing techniques, but may do so in the future.

**Part II** Activities and Operational Information (Continued)

4 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.

See attached.

b Annual compensation

None.

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials?  Yes  No  
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See Specific Instructions, Part II, Line 4d.)  Yes  No  
If "Yes," explain.

5 Does the organization control or is it controlled by any other organization?  Yes  No  
Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors?  Yes  No

The Corporation has a special relationship with the CDC. As described in part II, Question 1, the Corporation supports the mission of the CDC and is required to create an endowment fund for positions associated with the CDC. The Corporation may also conduct other programs in support of the CDC, including fundraising for CDC programs and providing services to the CDC. The Director of the CDC is specified as the liaison representative between the CDC and the Corporation in subsection (h)(8) of the Act.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees?  Yes  No  
If "Yes," explain fully and identify the other organizations involved.

7 Is the organization financially accountable to any other organization?  Yes  No  
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

Pursuant to subsection (h)(6) of the Act, the Corporation must provide for biennial audits and make the audits and "all other records, documents and other papers" available to the Secretary of the U.S. Department of Health and Human Services and the Comptroller General for examination or audit. Also, by February 1 of each fiscal year, the Corporation must publish a financial report for the preceding year, which must be available to the public.

The Task Force for Child Survival and Development, Inc., a Georgia nonprofit corporation, was awarded a grant by the Department of Health and Human Services for the task of organizing and establishing the Corporation. Pursuant to Subsection j of the Act, a Committee has been established by The Task Force for Child Survival and Development, Inc. to carry out the organization of the Corporation. In order to assist with the organization of the Corporation, the Committee has appointed William C. Watson, Jr., Project Director of the Task Force for Child Survival and Development, Inc. to serve as the sole member and Chair of the interim Board of Directors of the Corporation and as its interim Chief Executive Officer. The interim Board of Directors, on the advice of the Committee, will elect the initial seven members of the permanent Board of Directors of the Corporation, which will in turn elect the first full slate of officers of the Corporation. Once the Secretary of the Department of Health and Human Services determines that the Committee's functions have been completed, the Committee and the interim Board of Directors of the Corporation will cease to serve.

At the present time, the Committee members are as follows:

Ruby Puryear Hearn, Ph.D.  
Vice President  
The Robert Wood Johnson Foundation  
P. O. Box 2316  
Princeton, New Jersey 08543-2316

Donald R. Hopkins, M.D.  
Senior Consultant  
Global 2000, Carter Center  
1840 North Hudson  
Chicago, Illinois 60614

Joyce C. Lashof, M.D. (Chairperson)  
Professor, School of Public Health  
University of California at Berkeley  
19 Earl Warren Hall  
Berkeley, California 94720

David J. Sencer, M.D.  
1097 Mason Woods Drive  
Atlanta, Georgia 30329

John L. Temple  
Executive Vice President  
Emory University  
409 Administration Building  
1380 South Oxford Road  
Atlanta, Georgia 30322

Although candidates are currently being evaluated, the initial members of the permanent Board of Directors of the Corporation have not yet been elected.

**Part II** Activities and Operational Information (Continued)

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If "None," indicate "N/A."

N/A

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years?  Yes  No

10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement?  Yes  No

b Is the organization a party to any leases?  Yes  No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

11 Is the organization a membership organization?  Yes  No

If "Yes," complete the following:

a Describe the organization's membership requirements, and attach a schedule of membership fees and dues.

b Describe the organization's present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.

c What benefits do (or will) the members receive in exchange for their payment of dues?

12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them?  N/A  Yes  No

If "Yes," explain how the charges are determined, and attach a copy of the current fee schedule.

To the extent that the Corporation sponsors seminars and symposia, it may charge fees for attendance. Fees will be set at levels intended to cover the Corporation's costs and will not generate profit. The Corporation would generally charge on the same basis for any scientific or scholarly books or publications it may underwrite.

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals?  N/A  Yes  No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

13 Does or will the organization attempt to influence legislation?  Yes  No

If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements?  Yes  No

If "Yes," explain fully.

**Part III** Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed?  Yes  No  
If you answer "Yes," do not answer questions on lines 2 through 7.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 8. N/A

Exceptions—You are not required to file an exemption application within 15 months if the organization:

- a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church (see instructions);
- b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If the organization does not meet any of the exceptions on line 2, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed?  Yes  No

N/A

If "Yes," your organization qualifies under section 4.01 of Rev. Proc. 92-85, 1992-42 I.R.B. 32, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 7.

If "No," answer question 4.

4 If you answer "No" to question 3, has the organization been contacted by the IRS regarding its failure to file Form 1023 within 27 months from the end of the month in which the organization was created or formed?  Yes  No N/A

If "No," your organization qualifies for an extension of time to apply under the "reasonable action and good faith" requirements of section 5.01 of Rev. Proc. 92-85. Do not answer questions 5 through 7.

If "Yes," answer question 5.

5 If you answer "Yes" to question 4, does the organization wish to request relief from the 15-month filing requirement?  Yes  No N/A

If "Yes," give the reasons for not filing this application prior to being contacted by the IRS. See Specific Instructions, Part III, Line 5, before completing this item. Do not answer questions 6 and 7.

If "No," answer question 6.

6 If you answer "No" to question 5, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed?  Yes  No N/A

7 If you answer "Yes" to the question on line 6 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here  and attach a completed page 1 of Form 1024 to this application. N/A

**Part III** Technical Requirements (Continued)

- 8 Is the organization a private foundation?  
 Yes (Answer question on line 9.)  
 No (Answer question on line 10 and proceed as instructed.)

- 9 If you answer "Yes" to the question on line 8, does the organization claim to be a private operating foundation?  
 Yes (Complete Schedule E)  
 No

After answering the question on this line, go to Part IV.

- 10 If you answer "No" to the question on line 8, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

**THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:**

- |   |  |   |
|---|--|---|
| a | <input type="checkbox"/> As a church or a convention or association of churches<br>(CHURCHES MUST COMPLETE SCHEDULE A.)  | Sections 509(a)(1)<br>and 170(b)(1)(A)(i)                             |
| b | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.)   | Sections 509(a)(1)<br>and 170(b)(1)(A)(ii)                            |
| c | <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (MUST COMPLETE SCHEDULE C.)  | Sections 509(a)(1)<br>and 170(b)(1)(A)(iii)                           |
| d | <input type="checkbox"/> As a governmental unit described in section 170(c)(1).  | Sections 509(a)(1)<br>and 170(b)(1)(A)(v)                             |
| e | <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in a through d, g, h, or i (MUST COMPLETE SCHEDULE D.)   | Section 509(a)(3)   |
| f | <input type="checkbox"/> As being organized and operated exclusively for testing for public safety.  | Section 509(a)(4)   |
| g | <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit.  | Sections 509(a)(1)<br>and 170(b)(1)(A)(iv)                            |
| h | <input checked="" type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.   | Sections 509(a)(1)<br>and 170(b)(1)(A)(v)                             |
| i | <input type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2)   |
| j | <input type="checkbox"/> The organization is a publicly supported organization but is not sure whether it meets the public support test of block h or block i. The organization would like the IRS to decide the proper classification.  | Sections 509(a)(1)<br>and 170(b)(1)(A)(vi)<br>or<br>Section 509(a)(2) |

If you checked one of the boxes a through f in question 10, go to question 15. If you checked box g in question 10, go to questions 12 and 13. If you checked box h, i, or j, go to question 11.



**Part III** Technical Requirements (Continued)

- 11 If you checked box h, i, or j on line 10, has the organization completed a tax year of at least 8 months?  
 Yes—Indicate whether you are requesting:  
 A definitive ruling (Answer questions on lines 12 through 15.)  
 An advance ruling (Answer questions on lines 12 and 15 and attach two Forms 872-C completed and signed.)  
 No—You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the application.
- 12 If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

N/A

- 13 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here  and:  
 N/A  
 a Enter 2% of line 8, column (e) of Part IV-A \_\_\_\_\_  
 b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.
- 14 If you are requesting a definitive ruling under section 509(a)(2), check here  and: N/A  
 a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see Specific Instructions, Part II, Line 4d.)  
 b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

15 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)	Yes	No	If "Yes," complete Schedule:
	Is the organization a church? . . . . .		X
Is the organization, or any part of it, a school? . . . . .		X	B
Is the organization, or any part of it, a hospital or medical research organization? . . . . .		X	C
Is the organization a section 509(a)(3) supporting organization? . . . . .		X	D
Is the organization a private operating foundation? . . . . .		X	E
Is the organization, or any part of it, a home for the aged or handicapped? . . . . .		X	F
Is the organization, or any part of it, a child care organization? . . . . .		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.? . . . .		X	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . .		X	I

**Part IV** Financial Data

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

**A. Statement of Revenue and Expenses**

	Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
	(a) From 7/1/93 to 6/30/94	(b) 197/1/94 6/30/95	(c) 197/1/95 6/30/96	(d) 19.....	
<b>Revenue</b>					
1 Gifts, grants, and contributions received (not including unusual grants—see instructions)	8,926*	1,500,000	2,200,000		
2 Membership fees received	0	0	0		
3 Gross investment income (see instructions for definition)	111	15,000	24,500		
4 Net income from organization's unrelated business activities not included on line 3	0	0	0		
5 Tax revenues levied for and either paid to or spent on behalf of the organization	0	0	0		
6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)	0	0	0		
7 Other income (not including gain or loss from sale of capital assets) (attach schedule)	0	0	0		
8 Total (add lines 1 through 7)	9,037	1,515,000	2,224,500		
9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513	0	0	0		
10 Total (add lines 8 and 9)	9,037	1,515,000	2,224,500		
11 Gain or loss from sale of capital assets (attach schedule)	0	0	0		
12 Unusual grants	0	0	0		
13 Total revenue (add lines 10 through 12)	9,037	1,515,000	2,224,500		
<b>Expenses</b>					
14 Fundraising expenses	0	75,310	80,000		
15 Contributions, gifts, grants, and similar amounts paid (attach schedule)	0	0	0		
16 Disbursements to or for benefit of members (attach schedule)	0	0	0		
17 Compensation of officers, directors, and trustees (attach schedule)	0	165,375	171,990		
18 Other salaries and wages	0	506,709	526,978		
19 Interest	0	0	0		
20 Occupancy (rent, utilities, etc.)	0	32,600	32,600		
21 Depreciation and depletion	0	0	0		
22 Other (attach schedule)	0	641,466**	937,900**		
23 Total expenses (add lines 14 through 22)	0	1,421,460	1,749,468		
24 Excess of revenue over expenses (line 13 minus line 23)	9,037*	93,540	475,032		

page 727,066 8/25/93 \*This amount is being held pending the completion of the organization by the Task Force for Child Survival and Development.

\*\*See attached schedule

FORM 1023. PART IV. A.

(b) 7/1/94 to 6/30/95  
Line 22--Other:

Recipient	Purpose	Amount
To be determined	Office Equipment	\$56,400
To be determined	Office Supplies	16,000
To be determined	Administrative Services	96,325
To be determined	Conferences/Workshops	35,000
Centers for Disease Control and Prevention	Fellowships	100,000
To be determined	Studies/Applied Research	237,741
<b>TOTAL</b>		<b>641,466</b>

(c) 7/1/95 to 6/30/96  
Line 22--Other:

Recipient	Purpose	Amount
To be determined	Office Supplies	\$12,900
To be determined	Administrative Services	40,000
To be determined	Conferences/Workshops	35,000
Centers for Disease Control and Prevention	Fellowships	250,000
To be determined	Studies/Applied Research	600,000
<b>TOTAL</b>		<b>937,900</b>

NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.

Schedule to Part IV, Part A, line 17.

	<u>7/1/94-</u> <u>6-30-95</u>	<u>7/1/95-</u> <u>6/30/96</u>
Chief Executive Officer (not yet hired)	\$165,375	\$171,990

**Part IV**

**Financial Data (Continued)**

B. Balance Sheet (at the end of the period shown)		Current tax year Date .....
<b>Assets</b>		
1	Cash . . . . .	9,037
2	Accounts receivable, net . . . . .	0
3	Inventories . . . . .	0
4	Bonds and notes receivable (attach schedule) . . . . .	0
5	Corporate stocks (attach schedule) . . . . .	0
6	Mortgage loans (attach schedule) . . . . .	0
7	Other investments (attach schedule) . . . . .	0
8	Depreciable and depletable assets (attach schedule) . . . . .	0
9	Land . . . . .	0
10	Other assets (attach schedule) . . . . .	0
11	<b>Total assets (add lines 1 through 10)</b> . . . . .	<b>9,037</b>
<b>Liabilities</b>		
12	Accounts payable . . . . .	0
13	Contributions, gifts, grants, etc., payable . . . . .	0
14	Mortgages and notes payable (attach schedule) . . . . .	0
15	Other liabilities (attach schedule) . . . . .	0
16	<b>Total liabilities (add lines 12 through 15)</b> . . . . .	<b>0</b>
<b>Fund Balances or Net Assets</b>		
17	<b>Total fund balances or net assets</b> . . . . .	<b>9,037*</b>
18	<b>Total liabilities and fund balances or net assets (add line 16 and line 17)</b> . . . . .	<b>9,037</b>

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation . . . . .

\*This amount is being held pending the completion of the organization by the Task Force for Child Survival and Development.

**Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code**

(Rev. July 1993)

Department of the Treasury  
Internal Revenue Service

(See instructions on reverse side.)

To be used with  
Form 1023. Submit  
in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

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

(Exact legal name of organization as shown in organizing document)

c/o Task Force for Child Survival, Inc.  
The Carter Center, One Copenhill,

(Number, street, city or town, state, and ZIP code)

Atlanta, Georgia 30307

and the  
District Director of  
Internal Revenue, or  
Assistant  
Commissioner  
(Employee Plans and  
Exempt Organizations)

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year June 30, 1994  
(Month, day, and year)

Name of organization (as shown in organizing document) National Foundation for the Centers for Disease Control and Prevention, Inc.	Date 6-27-94
Officer or trustee having authority to sign Signature ▶ <i>William P. Watkins</i>	Title ▶ <i>Chair and CEO</i>
<b>For IRS use only</b>	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date

By ▶

For Paperwork Reduction Act Notice, see page 1 of the Form 1023 Instructions.

Cat. No. 18905Q

Form **872-C**

**Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code**

OMB No. 1545-0056

(Rev. July 1993)

Department of the Treasury  
Internal Revenue Service

(See instructions on reverse side.)

To be used with  
Form 1023. Submit  
in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

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

(Exact legal name of organization as shown in organizing document)

c/o Task Force for Child Survival, Inc.  
The Carter Center, One Copenhill,

(Number, street, city or town, state, and ZIP code)

Atlanta, Georgia 30307

and the  
District Director of  
Internal Revenue, or  
Assistant  
Commissioner  
(Employee Plans and  
Exempt Organizations)

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year June 30, 1994  
(Month, day, and year)

Name of organization (as shown in organizing document) National Foundation for the Centers for Disease Control and Prevention, Inc.	Date 6-27-94
Officer or trustee having authority to sign Signature ▶ <i>William P. Watkins</i>	Title ▶ <i>Chair and CEO</i>
<b>For IRS use only</b>	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date

By ▶

For Paperwork Reduction Act Notice, see page 1 of the Form 1023 instructions.

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**Power of Attorney  
 and Declaration of Representative**  
 For Paperwork Reduction and Privacy Act Notice, see the Instructions.

**Part I Power of Attorney**

**1 Taxpayer Information**

Taxpayer name(s) and address (Please type or print.) National Foundation for the Centers for Disease Control and Prevention, Inc. 1149 Ponce de Leon The Carter Center, Kirbo Building Atlanta, Georgia 30306	Social security number(s)	Employer identification number <b>58-2106707</b>
	Daytime telephone number (404 ) 872-4122	Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact.

**2 Representative(s) (Please type or print.)**

Name and address George H. Lanier King & Spalding 191 Peachtree Street, Suite 4700 Atlanta, Georgia 30303-1763	CAF No. 6500-74759-R Telephone No. (404 ) 572-4600 Fax No. (404 ) 572-5147 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address Stephanie B. Casteel King & Spalding 191 Peachtree Street, Suite 4700 Atlanta, Georgia 30303-1763	CAF No. None Telephone No. (404 ) 572-3555 Fax No. (404 ) 572-5147 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. ( ) _____ Fax No. ( ) _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax Matters**

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
Income	Form 1023	1994-95

**4 Specific Use Not Recorded on Centralized Authorization File (CAF).**—If the power of attorney is for a specific use not recorded on CAF, please check this box. (See the instructions for *Specific Use Not Recorded on CAF* on page 4.)

**5 Acts Authorized.**—The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents or other documents. The authority does not include the power to receive refund checks or the power to sign certain returns. (See instructions.)

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

**Note:** The tax matters partner/person of a partnership or S corporation is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

**6 Receipt of Refund Checks.**—If you want to authorize a representative named in line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ► \_\_\_\_\_



- 7 Notices and Communications.—Notices and other written communications will be sent to the first representative listed in line 2.
- a If you want the second representative listed to receive such notices and communications, check this box
  - b If you do not want any notices or communications sent to your representative, check this box
- 8 Retention/Revocation of Prior Power(s) of Attorney.—The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

- 9 Signature of Taxpayer(s).—If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
- ▶ If this power of attorney is not signed, it will be returned.

*William C. Watson, Jr.* 6-27-94 Chair and Chief Executive Officer  
 Signature Date Title (if applicable)

William C. Watson, Jr.  
Print Name

.....  
 Signature Date Title (if applicable)  
 .....

**Part II Declaration of Representative**

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d Officer—a bona fide officer of the taxpayer organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
  - h Unenrolled Return Preparer—an unenrolled return preparer under section 10.7(a)(7) of Treasury Department Circular No. 230.

▶ If this power of attorney is not signed, it will be returned.

Designation — Insert above letter (a–h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
a	GA.		
a	GA.	<i>Stephanie B. Castel</i>	6-27-94