

Form **990**

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) Room/suite 55 Park Place 400		E Telephone number (404) 653-0790
		City or town, state or country, and ZIP + 4 Atlanta, GA 30303		G Gross receipts \$ 23,549,295.
		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) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: <u>www.cdcfoundation.org</u>				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1993 M State of legal domicile: GA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>see Schedule O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	42
	6 Total number of volunteers (estimate if necessary)	6	23
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	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)	56,406,274.	22,096,581.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	849,646.	795,748.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	340,022.	58,713.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,595,942.	22,951,042.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,942,908.	11,607,704.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,673,048.	3,373,676.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,316,837.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,888,285.	11,325,541.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,504,241.	26,306,921.
19 Revenue less expenses. Subtract line 18 from line 12	27,091,701.	-3,355,879.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	76,851,023.	74,521,205.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,689,140.	13,405,719.
		64,161,883.	61,115,486.

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 Date: 5-13-11
 Type or print name and title: Charles Stokes, President/CEO

Paid Preparer's Use Only
 Preparer's signature: Susan Hill Date: 05/12/11 Check if self-employed: Preparer's identifying number (see instructions): P00846200
 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

1 Briefly describe the organization's mission:
The CDC Foundation helps the Centers for Disease Control and
Prevention (CDC) do more, faster by forging effective partnerships
between CDC and others to fight threats to health and safety.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 7,310,448, including grants of \$ 4,840,348.) (Revenue \$)
Bloomberg Initiative to Reduce Tobacco Use

See Schedule O for description

4b (Code:) (Expenses \$ 2,802,124, including grants of \$ 1,501,244.) (Revenue \$)
Strengthening Disease Surveillance and Response in Central Africa

See Schedule O for description

4c (Code:) (Expenses \$ 1,694,804, including grants of \$ 492,822.) (Revenue \$)
Meta-Leadership Initiative

See Schedule O for description

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 11,010,710, including grants of \$ 4,773,290.) (Revenue \$ 795,748.)

4e Total program service expenses \$ 22,818,086.

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>	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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>		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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>		
6	Did the organization maintain any donor advised funds or any similar funds or 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>		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>		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>		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>		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	x	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	x	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	x	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? <i>If "Yes," complete Schedule F, Part I</i>	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>	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>		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		x
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		x

Part IV Checklist of Required Schedules (continued)

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

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		
	1a 156		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	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		
	2a 42		
b	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
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
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
b	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			17
b	Enter the number of voting members that are independent		
1b			17
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:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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.
 Own website Another's website 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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	2.00	X		X				0.	0.	0.
Philip Jacobs Chair	4.00	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	0.50	X						0.	0.	0.
Douglas Nelson Director	0.20	X						0.	0.	0.
Gary Cohen Director	1.40	X						0.	0.	0.
James Hagedorn Director	0.10	X						0.	0.	0.
Jim Down Director	0.50	X						0.	0.	0.
Marni Vliet Secretary	0.70	X						0.	0.	0.
Michele Hooper Director	0.20	X						0.	0.	0.
Robert Jeffrey Director	0.70	X						0.	0.	0.
Robert Yellowlees Director	0.90	X						0.	0.	0.
Amy Robbins Director	0.20	X						0.	0.	0.
Colleen Goggins Director	0.10	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				256,427.	0.	53,300.
Kelley T. Mouchabeck CFO	35.00			X				126,970.	0.	17,500.
Chloe Tonney VP for Advancement	55.00				X	X		167,967.	0.	25,500.
William Parra COO Bloomberg Initiative	55.00					X		118,110.	0.	18,100.
Kathryn Ruddon VP for Communications	32.00					X		104,770.	0.	15,300.
1b Total								774,244.	0.	129,700.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

	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
Macro International Inc., 15292 Collection Center Drive, Chicago, IL 60693	Childhood Obesity Assessment/Prevention.	630,780.
Voxiva, Inc., 1990 K Street NW, Suite 400, Washington, DC 20006	Professional Fees - Phones for Health.	545,486.
Science Applications, International Corporation, PO Box 223058, Pittsburgh, PA	Professional Fees - Freedom from Smoking	456,962.
Center for Health Services Research, Henry Ford Health System, One Ford Place-3-A,	Chronic Hepatitis Study	418,159.
McKing Consulting Corporation, 2810 Old Lee Highway, Suite 300, Fairfax, VA	Professional Fees - Freedom from Smoking	327,287.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **19**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,043,334.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,053,247.			
	g Noncash contributions included in lines 1a-1f: \$		112,330.			
	h Total. Add lines 1a-1f		22,096,581.			
	Program Service Revenue	2 a <u>Data Collect/Research</u>	Business Code 541700	417,894.	417,894.	
		b <u>Lab Research Agreement</u>	541900	289,210.	289,210.	
c <u>Health Training</u>		611600	60,590.	60,590.		
d <u>Health Surveillance</u>		541900	28,054.	28,054.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			795,748.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		151,940.		151,940.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	505,026.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	598,253.			
		c Gain or (loss)	-93,227.			
	d Net gain or (loss)		-93,227.		-93,227.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b			
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		22,951,042.	795,748.	0.	58,713.	

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	6,389,365.	6,389,365.		
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	5,218,339.	5,218,339.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	769,383.	66,327.	419,838.	283,218.
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	2,042,520.	828,408.	675,827.	538,285.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	185,697.	79,526.	59,024.	47,147.
9 Other employee benefits	216,393.	92,362.	68,513.	55,518.
10 Payroll taxes	159,683.	66,810.	52,219.	40,654.
11 Fees for services (non-employees):				
a Management				
b Legal	63,055.	1,191.	59,989.	1,875.
c Accounting	44,100.		44,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	380.		380.	
g Other	7,775,032.	7,509,759.	258,199.	7,074.
12 Advertising and promotion	22,623.	7,863.	14,760.	
13 Office expenses	430,948.	184,795.	161,329.	84,824.
14 Information technology	211,547.	58,910.	134,558.	18,079.
15 Royalties				
16 Occupancy	365,142.	177,362.	123,085.	64,695.
17 Travel	1,185,854.	1,065,722.	27,836.	92,296.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	142,485.	142,485.		
19 Conferences, conventions, and meetings	779,433.	691,098.	27,062.	61,273.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,515.	28,749.	28,338.	16,428.
23 Insurance	18,371.	1,430.	16,941.	
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 <u>Scientific Supplies</u>	166,801.	166,801.		
b <u>Miscellaneous</u>	46,255.	40,784.		5,471.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	26,306,921.	22,818,086.	2,171,998.	1,316,837.
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	34,219,739.	2	45,561,395.
	3 Pledges and grants receivable, net	36,966,771.	3	26,216,193.
	4 Accounts receivable, net	438,262.	4	332,679.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	3,076,623.	9	137,016.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 476,396.		
	b Less: accumulated depreciation	10b 269,912.	210,093.	10c 206,484.
	11 Investments - publicly traded securities	1,939,535.	11	2,067,438.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	76,851,023.	16	74,521,205.	
Liabilities	17 Accounts payable and accrued expenses	466,588.	17	684,965.
	18 Grants payable	2,311,729.	18	1,996,412.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	491,308.	21	421,677.
	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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	9,419,515.	25	10,302,665.
	26 Total liabilities. Add lines 17 through 25	12,689,140.	26	13,405,719.
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	7,008,918.	27	8,247,332.
	28 Temporarily restricted net assets	54,785,233.	28	50,427,194.
	29 Permanently restricted net assets	2,367,732.	29	2,440,960.
	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	64,161,883.	33	61,115,486.
	34 Total liabilities and net assets/fund balances	76,851,023.	34	74,521,205.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		x
2b	x	
2c	x	
3a	x	
3b	x	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,674,272.	34,471,854.	12,606,265.	57,288,392.	22,096,581.	138,137,364.
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 ...	467,896.	613,114.	652,091.	498,406.	478,546.	2,710,053.
4 Total. Add lines 1 through 3	12,142,168.	35,084,968.	13,258,356.	57,786,798.	22,575,127.	140,847,417.
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)						77,686,507.
6 Public support. Subtract line 5 from line 4.						63,160,910.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	12,142,168.	35,084,968.	13,258,356.	57,786,798.	22,575,127.	140,847,417.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	706,411.	1,068,365.	968,876.	355,276.	151,940.	3,250,868.
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						144,098,285.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	43.83 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	40.49 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

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

Employer identification number

58-2106707

Organization type(check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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		\$ 3,051,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 3,021,183.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 2,965,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,967,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 1,300,000.	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		\$ 587,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 468,960.	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.)

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

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

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Open to Public Inspection

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
---	--

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

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

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

- A** Check if the filing organization belongs to an affiliated group.
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 (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	767,022.	1,000,000.	0.	0.	1,767,022.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,650,533.
c Total lobbying expenditures	22,691.	14,091.	0.	0.	36,782.
d Grassroots nontaxable amount	191,756.	250,000.	0.	0.	441,756.
e Grassroots ceiling amount (150% of line 2d, column (e))					662,634.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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

	(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 similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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 (see instructions)	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.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,934,568.	2,482,206.			
b Contributions	112,868.	62,808.			
c Net investment earnings, gains, and losses	202,929.	-469,792.			
d Grants or scholarships					
e Other expenditures for facilities and programs	187,565.	124,074.			
f Administrative expenses	19,121.	16,580.			
g End of year balance	2,043,679.	1,934,568.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Term endowment %

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		31,711.	9,187.	22,524.
d Equipment		126,558.	108,825.	17,733.
e Other		318,127.	151,900.	166,227.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				206,484.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,951,042.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,306,921.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,355,879.
4	Net unrealized gains (losses) on investments	4	309,482.
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 through 8	9	309,482.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-3,046,397.

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	23,739,070.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	309,482.
b	Donated services and use of facilities	2b	478,546.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	788,028.
3	Subtract line 2e from line 1	3	22,951,042.
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 must equal Form 990, Part I, line 12.)	5	22,951,042.

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

1	Total expenses and losses per audited financial statements	1	26,785,467.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	478,546.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	478,546.
3	Subtract line 2e from line 1	3	26,306,921.
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 must equal Form 990, Part I, line 18.)	5	26,306,921.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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: Income Taxes - The Foundation is recognized as an

Part XIV Supplemental Information (continued)

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

The Foundation's policy is to record a liability for any tax position taken that is beneficial to the Foundation, including any related interest and penalties, when it is more likely than not the position taken by management with respect to a transaction or class of transactions will be overturned by a taxing authority upon examination. Management believes there are no such positions as of June 30, 2010 and 2009 and, accordingly, no liability has been accrued.

Generally the IRS may examine a tax return for three years from the date it is filed. At June 30, 2010, tax years ended June 30, 2007, 2008 and 2009 remained open for possible examination by the IRS.

Part X, Refundable Advances: During a prior year the Foundation 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. At June 30, 2010 \$4,974,976 remained available to be expended in future years.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2009

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 for region
Central America/Caribbean	0	0	Prog. Service	Consulting	145,560.
East Asia and Pacific	0	0	Grantmaking		164,348.
East Asia and Pacific	0	0	Prog. Service	Consulting	2,950.
East Asia and Pacific	0	0	Prog. Service	Travel Reim.	34,535.
East Asia and Pacific	0	0	Prog. Service	Supplies	81,682.
East Asia and Pacific	0	0	Prog. Service	Conference	874.
Europe	0	0	Grantmaking		4,676,799.
Europe	0	0	Prog. Service	Conference	93,547.
Totals	0	0			6,573,785.

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

Schedule F (Form 990) 2009

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 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)
			East Asia and the Pacific	Combating Dengue Fever in Indonesia - Phase II	0.		81,682.	05Gsumilary 1,760 kg insect growth regulator	Cost
			Europe	Strengthening Surveillance Response in Central Africa (Gates)	1,501,244.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	1,543,525.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	0.		47,765.	110 IPAQ 210 hand helds and AC Adapters	cost
			Europe	Freedom from Smoking Initiative	65,766.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	64,800.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	1,356,000.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	33,900.	Wire Transfer	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 18

3 Enter total number of other organizations or entities 3

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any 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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
▶ See instructions for Schedule F (Form 990).

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 for region
Europe	0	0	Prog. Service	Consulting	236,073.
Europe	0	0	Prog. Service	Travel Reim.	12,199.
Europe	0	0	Prog. Service	Printing	41,205.
Europe	0	0	Prog. Service	Supplies	148.
Middle East and North Africa	0	0	Grantmaking		19,662.
Middle East and North Africa	0	0	Prog. Service	Consulting	30,500.
North America	0	0	Grantmaking		0.
North America	0	0	Prog. Service	Advertising	21,500.
North America	0	0	Prog. Service	Consulting	64,018.
North America	0	0	Prog. Service	Travel Reim.	1,765.
Totals					

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

Schedule F-1 (Form 990) 2009

SCHEDULE F-1
(Form 990)

Continuation Sheet for Schedule F (Form 990)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
▶ See instructions for Schedule F (Form 990).

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 for region
North America	0	0	Prog. Service	Conference	110.
North America	0	0	Prog. Service	Supplies	495.
Russia and the Newly Independent States	0	0	Prog. Service	Conference	618.
Russia and the Newly Independent States	0	0	Prog. Service	Travel Reim.	901.
South America	0	0	Prog. Service	Consulting	238,345.
South America	0	0	Prog. Service	Travel Reim.	704.
South America	0	0	Prog. Service	Conference	2,090.
South Asia	0	0	Grantmaking		16,950.
South Asia	0	0	Prog. Service	Consulting	26,639.
South Asia	0	0	Prog. Service	Conference	8,134.
Totals					

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

Schedule F-1 (Form 990) 2009

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Freedom from Smoking Initiative	25,352	Wire Transfer	0		
		Europe	Freedom from Smoking Initiative	38,447	Wire Transfer	0		
		Middle East and North Africa	Freedom from Smoking Initiative	8,362	Wire Transfer	0		
		Middle East and North Africa	Freedom from Smoking Initiative	11,300	Wire Transfer	0		
		South Asia	Freedom from Smoking Initiative	16,950	Wire Transfer	0		
		Sub-Saharan Africa	Spinkles in Kenya	15,542	Wire Transfer	0		
		Sub-Saharan Africa	Tuberculosis Trials Consortium Study	9,516	Wire Transfer	0		
		Sub-Saharan Africa	Tuberculosis Trials Consortium Study	12,164	Wire Transfer	0		
		Sub-Saharan Africa	Tuberculosis Trials Consortium Study	12,164	Wire Transfer	0		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			Sub-Saharan Africa	Freedom from Smoking Initiative	282,500.	Wire Transfer	0.			
			East Asia and the Pacific	Mobilizing CDC's Global Health Force	82,666.		0.			
			Sub-Saharan Africa	Global Health		Wire Transfer	5,500.			
			Sub-Saharan Africa	Louise Martin - Memorial Scholarship	3,195.	Wire Transfer	0.			

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

2009

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		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 ...							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Alabama Coalition Against Domestic Violence - P O Box 4762 - Montgomery, AL 36103	63-0907890	501 (c)(3)	23,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence		
Alaska Native Tribal Health Consortium - 4141 Ambassador Drive - Anchorage, AK 99508	92-0162721	501 (c)(3)	30,000.	0.			Chronic Hepatitis B and Cohort Study		
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106-4984	34-1018992	501 (c)(3)	27,760.	0.			Treatment of Tuberculosis with Prifitin		
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	7,087.	Cost	Monitors, GPS Units, and Data Loggers	Bed Nets Study - Togo		
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,990.	Cost	Brochures, Lanyards	CDC Visitor/Education Center		
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	196.	Cost	Equipment repair	Combating Dengue Fever in Indonesia		

2 Enter total number of section 501(c)(3) and government organizations 32.

3 Enter total number of other organizations 0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part IV for Column (g) descriptions

(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.

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 United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	62,500.	Cost	Blackberry devices	Emergency Preparedness and Response Fund
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	151,546.	Cost	IPAQ devices and adaptors, flashdrives, software,	Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	6,299.	Cost	Flashlights and t-shirts	HCV Education
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	53,394.	Cost	FAST license and exchange license	Mobile Surveillance for the Hajj - Saudi Arabia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	6,561.	Cost	Pulmonary hardware, plethmograph, nebulizers	Nasal aerosal delivery of influenza VLP vaccines
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,296.	Cost	DVDs	National Campaign Appropriate Antibiotic - Get Smart
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	27,344.	Cost	Brochures, factsheets, and flashdrives	National Initiative to Address MRSA in Healthcare
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,736.	Cost	Flashdrives	Preventing Infections in Cancer Patients

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

Name of the organization		Employer identification number					
National Foundation for the Centers for Disease Control and Prevention, Inc.		58-2106707					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	14,477.	Cost	Generator and equipment repair	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	74,052.	0.			Addressing Sexual Violence Against Girls
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	42,742.	0.			CDC Experience
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	20,000.	0.			Chronic Hepatitis B and Cohort Study
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,070.	0.			Combating Dengue Fever in Indonesia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	712.	0.			Early Assessment Childhood Obesity
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	960.	0.			Emergency Preparedness and Response Fund
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	15,138.	0.			Environmental Legionella Recovery Proficiency Testing

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

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 United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	9,333.	0.			Evaluation Resources for Health-related Nonprofits
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,157,318.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	83,497.	0.			Global Disaster Response Fund
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	66,000.	0.			Immune-Potentiation of Pneumococcal
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	14,190.	0.			Improving Approaches to Breast Cancer Screening and Treatment
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,656.	0.			Inflammatory Back Pain and Spondyloarthritis
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	436,191.	0.			Innovative Uses of Technology in Existing Child Abuse
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	167,650.	0.			Joint Global Field Epidemiology & Laboratory Training Program

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

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 United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	73,678.	0.			Kemri Vehicle Purchase
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	46,000.	0.			Measles and Polio Vaccination
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	32,164.	0.			Meta-Leadership Summits
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	405,618.	0.			Meta-Leadership Summits
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	185,950.	0.			Mobile Surveillance for the Hajj - Saudi Arabia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	119,410.	0.			MRSA Surveillance-Supplemental Evaluations
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,051.	0.			Nasal aerosol delivery of influenza VLP vaccine
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50,000.	0.			Next Generation Vaccines for Hepatitis

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Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	36,000.	0.			O.C. Hubert International Fellowship
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	55,095.	0.			Oregon NHANES Study
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	309.	0.			Phones 4 Health
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	827.	0.			Phones for Health: PEPFAR Supported Countries
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	280.	0.			Preventing Infections in Cancer Patients
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	26,300.	0.			Public Health Program Specialist
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50,000.	0.			RBL Proteins and Malaria Vaccines
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	36,634.	0.			Reverse Vaccinology for Neisseria

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

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 United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50,000.	0.			Schistosomiasis Vaccine Development
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	827,940.	0.			Strengthening Surveillance Response in Central Africa
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	203,086.	0.			Study of Inhibitors In Hemophilia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	22,482.	0.			Trypanosoma cruzi Mouse Screening Study
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50,000.	0.			Vaccine Developmnet for Novel H1N1 Influenza
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,053.	0.			Viral Hepatitis Action Coalition (VHAC)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	48,700.	0.			Viral Variants for Rabies Research and Interventions
Comprehensive Bleeding Disorders Center - 4727 N Sheridan Road - Peoria, IL 61614	37-1361264	501 (c)(3)	40,956.	0.			Study of Inhibitors In Hemophilia

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

Name of the organization		Employer identification number					
National Foundation for the Centers for Disease Control and Prevention, Inc.		58-2106707					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Coalition Against Domestic Violence - 90 Pitkin Street - East Hartford, CT 06108	06-0985675	501 (c)(3)	23,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
DC Coalition Against Domestic Violence - 5 Thomas Circle, NW - Washington, DC 20005	52-1515600	501 (c)(3)	23,000.	0.			National Initiative to Address MRSA in Healthcare
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)	3,378.	0.			Study of Inhibitors In Hemophilia
Foundation for NIH 9650 Rockville Pike Bethesda, MD 20814	52-1986675	501 (c)(3)	25,000.	0.			Phones for Health: PEPFAR Supported Countries
Grant Accounting Office University of Iowa - B5 Jessup Hall - Iowa City, IA 52242	42-6004813	501 (c)(3)	33,552.	0.			Study of Inhibitors In Hemophilia
Harvard University PO Box 415649 Boston, MA 02241-5649	04-2103580	501 (c)(3)	55,040.	0.			Meta-Leadership Summits
Henry Ford Health System One Ford Place, Suite 3A Detroit, MI 48202	38-1357020	501 (c)(3)	534,325.	0.			Chronic Hepatitis B and Cohort Study

Schedule I-1 (Form 990) 2009

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

Name of the organization		National Foundation for the Centers for Disease Control and Prevention, Inc.		Employer identification number			
Part I		Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Idaho Coalition Against Sexual & Domestic Violence, Inc. - 300 E Mallard Drive, Suite 130 - Boise, ID 83706	82-0410899	501 (c)(3)	23,000.	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)	23,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Indiana Hemophilia and Thrombosis Center, Inc. - 8402 Harourt Rd, Suite 500 - Indianapolis, IN 46260	35-2047838	501 (c)(3)	33,552.	0.			Training in Bleeding Disorders for Healthcare Providers
Iowa Coalition Against Domestic Violence - 515 28th Street - Des Moines, IA 50312	42-1285094	501 (c)(3)	23,000.	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)	23,000.	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)	23,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Minnesota Coalition for Battered Women - 590 Park Street, Suite 410 - St. Paul, MN 55103	41-1381433	501 (c)(3)	23,000.	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)	23,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence

Name of the organization		National Foundation for the Centers for Disease Control and Prevention, Inc.		Employer identification number			
Part I		Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nebraska Domestic Violence Sexual Assault Coalition, Inc. - 1000 "O" Street, Suite 102 - Lincoln, NE 68508	47-0606289	501 (c)(3)	23,000.	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)	1,689.	0.			Study of Inhibitors In Hemophilia
New Hampshire Coalition Against Domestic Violence - PO Box 353 - Concord, NH 03302-0353	02-0360151	501 (c)(3)	23,000.	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)	23,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
NorthShore University HealthSystem 1001 University Place Evanston, IL 60201	36-2167060	501 (c)(3)	38,500.	0.			12 Step - Phase II
Oklahoma Coalition Against Domestic Violence - 3815 N. Santa Fe Ave, Suite 124 - Oklahoma City, OK 73118	73-1131211	501 (c)(3)	23,000.	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)	23,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Pan American Health and Education Foundation - 525 23rd Street NW - Washington, DC 20037	23-7072046	501 (c)(3)	0.	36,817.	Cost	IPAQ devices, cases, adaptors and stylus kits	Freedom from Smoking Initiative

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 United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pennsylvania Coalition Against Domestic Violence - 6400 Flank Drive, Suite 1300 - Harrisburg, PA 17112-2778	23-2052886	501 (c)(3)	23,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
South Carolina Coalition Against Domestic Violence & Sexual Assault - PO Box 7776 - Columbia, SC 29202	57-0760811	501 (c)(3)	23,000.	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)	16,497.	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)	79,490.	0.			12 Step - Phase II
The Regents of the University of Michigan - 3003 S. State Street - Ann Arbor, MI 48109	38-6006309	501 (c)(3)	10,782.	0.			Study of Inhibitors In Hemophilia
The Texas Council on Family Violence, Inc. - PO Box 26219 - Austin, TX 78716	74-2848462	501 (c)(3)	23,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
United Nations Foundation 1800 Massachusetts Avenue NW Washington, DC 20036	58-2368165	501 (c)(3)	93,364.	0.			Phones for Health: PEPPAR Supported Countries
University of Colorado Denver Hemophilia & Thrombosis - 13001 E 17th Place Bldg 500; PO Box 6507 - Aurora, CO 80045	84-6000555	501 (c)(3)	34,677.	0.			Study of Inhibitors In Hemophilia

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

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 United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Massachusetts Medical School - 55 Lake Avenue, North - Worcester, MA 01655	04-3167352	501 (c)(3)	31,863.	0.			Study of Inhibitors in Hemophilia
Vanderbilt University Medical Center - VU Station B, Box 356310 - Nashville, TN 37235-6310	62-0476822	501 (c)(3)	16,497.	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)	33,552.	0.			Study of Inhibitors In Hemophilia
Washington State Coalition Against Domestic Violence - 711 Capitol Way #702 - Olympia, WA 98501	91-1507028	501 (c)(3)	23,000.	0.			Integrating Prevention Strategies into Organizations - Intimate Partner Violence
Partners in Health 888 Commonwealth Avenue, 3rd floor Boston, MA 02215	04-3567502	501 (c)(3)	5,000.	0.			Haiti relief

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number	58-2106707
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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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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, with respect to the filing organization or a related organization: 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	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
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Electronics)	X	3	63,499.	Fair Market Value
26 Other ▶ (Electronics)	X	2	48,831.	Fair Market Value
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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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

Tobacco use is a major preventable cause of premature death and disease
worldwide. Approximately 5.4 million people die each year due to
tobacco-related illnesses—a figure expected to increase to more than 8
million a year by 2030. The vast majority of these deaths are projected
to occur in the developing world.

The Global Adult Tobacco Survey (GATS), helps countries monitor adult
tobacco use, exposure to second-hand smoke, quit attempts and the
effectiveness of tobacco control measures among adults. Data for the
survey are collected through face-to-face interviews using electronic
data collection.

The goals of the CDC Foundation's Bloomberg Initiative to Reduce
Tobacco Use are to implement the Global Adult Tobacco Survey (GATS);
ensure the use of Tobacco Questions for Survey: A Subset of Key

Questions from the GATS (TOS); and disseminate tobacco use data in

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

Schedule O (Form 990) 2009

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various low-, middle-, and high-income countries throughout the world.

To achieve these goals, the CDC Foundation collaborated with the

Centers for Disease Control and Prevention (CDC), the World Health

Organization (WHO), and various other partners. By the conclusion of

the reporting period, all fourteen Phase 1 GATS countries completed the

survey. Eight of these fourteen had also disseminated data collected

from GATS. In addition to completing Phase 1 surveys, six new Phase 2

countries were identified for survey implementation, and the TQS was

formally released to various global partners for inclusion into ongoing

national/international 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 on project within three selected

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

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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.

From 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 eleven
months of the project.

Project activities for the period of October 2009 through September
2010 included the development and approval of a detailed Global Plan of
Action and three Country Plans of Action that identify the project
priorities and activities to be implemented in each selected country.
Once the three Country Plans of Action were approved in March 2010,
project implementation began. 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 occurred during this timeframe.

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

Meta-Leadership Initiative

This funding period represents the second full year of the

Meta-Leadership Initiative. The Meta-Leadership Initiative provides

Meta-Leadership Summits for Preparedness across the country, with a

focus on the largest Metropolitan Statistical Areas. Summits are

thought-provoking learning and networking opportunities designed to

create a national cadre of leaders in the business, government and

nonprofit sectors who share the same vocabulary and approach to

providing leadership in crisis situations

Through participation in the Summit, leaders:

-Learn to reach decisions in the face of uncertainty, fear and stress,

-Practice skills and behaviors necessary for effective action in times

of crisis.

-Gain the confidence needed to lead up and across organizational

lines.

-Identify partnerships that can be leveraged before, during and after a

crisis.

-Become part of a network of individuals committed to enhancing

community readiness for an emergency.

Eleven Summits were held during this period, serving approximately

1,500 local leaders:

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-Lexington, Kentucky, October 2009

-North Carolina, November 2009

-Minneapolis, Minnesota, November 2009

-Coastal Georgia, December 2009

-Atlanta, Georgia, February 2010

-Phoenix, Arizona, February 2010

-St. Louis, Missouri, March 2010

-New Mexico, April 2010

-Columbus, Ohio, May 2010

-Southeastern Louisiana, June 2010

-California (state level) , June 2010

Much of the planning for the first eight of the fifteen summits for

Phase 2C was accomplished during this reporting period as well. In

addition, the Post Summit Activity phase for the previous nine summits

(2008-2009 year) and several of those listed above were completed.

After each Summit, a dedicated CDC team works with state and local

leaders to organize a post-summit activity to continue the momentum of

meta-leadership efforts begun at the Summit. The activity, offered

within three to six months of the Summit, reconvenes participants and

other community leaders, addresses preparedness gaps identified at the

Summit and is unique to each community's needs.

Immediate evaluation results demonstrate that 93% of respondents report

the Summit as a valuable use of their time and 88% intend to apply what

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

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they've learned to their work. Intermediate evaluations reveal that 85%
of respondents actually do use meta-leadership concepts or principles
after the Summit; of these, 94% reported that practicing
meta-leadership has made a positive difference for them or their
organization.

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
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 \$ 11010710. including grants of \$ 4773290. Revenue \$ 795748.

Form 990, Part VI, Section B, line 11: The Form 990 was prepared by the
Foundation's public accounting firm in conjunction with key accounting
staff of CDC Foundation. Subsequently, the Form 990 was reviewed by 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

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

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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 descriptions and

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

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

consisting of the Chair, Treasurer, 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 the 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: The Foundation posts the prior

three years of audits on its website. Governing documents and the conflict

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

Schedule O (Form 990) 2009

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(Form 990)

Department of the Treasury
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Complete to provide information for responses to specific questions on
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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

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 current

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

Schedule O (Form 990) 2009

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SCHEDULE O
(Form 990)

Department of the Treasury
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Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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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 variance in prepaid expenses
year over year.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization National Foundation for the Center of Disease Control and Prevention, Inc.	Employer identification number 58-2106707
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. Metcalf Davis, 3340 Peachtree Road, NE Suite 2600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Atlanta, Georgia 30326-1089	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

Kelley Mouchabeck

- The books are in the care of ▶ 55 Park Place, Suite 400 - Atlanta, GA 30303-2915
Telephone No. ▶ (404) 653-0790 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until February 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization		Employer identification number
	National Foundation for the Center for Disease Control and Prevention, Inc.		58-2106707
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	C/O Metcalf Davis, 3340 Peachtree Road, #2600		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
Atlanta, Georgia 30326-1089			

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of 55 Park Place, Suite 400 - Atlanta, GA 30303-2915
Telephone No. (404) 653-0790 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until May 15, 2011.
- 5 For calendar year , or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension _____
Additional time needed to prepare and complete an accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature C Crane Williams Title CPA Date 2/11/2011

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2009

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) National Foundation for the Centers for Disease Control and Prevention, Inc.	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 58-2106707
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 55 Park Place, No. 400	E Unrelated business activity codes (See instructions for Block E on page 9.)
		City or town, state, and ZIP code Atlanta, GA 30303	
C Book value of all assets at end of year 74,521,205.	F Group exemption number (See instructions for Block F.) ▶		
	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **Kelley Mouchabeck** Telephone number ▶ **(404) 653-0790**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
		22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35c** 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**
37 Proxy tax. See instructions **37**
38 Alternative minimum tax **38**
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**
b Other credits (see instructions) **40b**
c General business credit. Attach Form 3800 **40c**
d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**
e Total credits. Add lines 40a through 40d **40e**
41 Subtract line 40e from line 39 **41** 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**
43 Total tax. Add lines 41 and 42 **43** 0.
44a Payments: A 2008 overpayment credited to 2009 **44a**
b 2009 estimated tax payments **44b**
c Tax deposited with Form 8868 **44c**
d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**
e Backup withholding (see instructions) **44e**
f Other credits and payments: Form 2439 Form 4136 Other _____ Total **44f**
45 Total payments. Add lines 44a through 44f **45**
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.
49 Enter the amount of line 48 you want: **Credited to 2010 estimated tax** **49** **Refunded**

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				<input checked="" type="checkbox"/>
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Charles Stokes Date: 5-13-11 Title: President/CEO
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No
Paid Preparer's Use Only
 Preparer's signature: Susan Hill Date: 05/12/11 Check if self-employed Preparer's SSN or PTIN: P00846200
 Firm's name (or yours if self-employed), address, and ZIP code: Metcalfe Davis, CPAs
3340 Peachtree Road, NE, Suite 2600
Atlanta Georgia 30326-1089
 EIN: 58-1729751
 Phone no.: (404) 264-1700

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 18)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals 0.		Enter here and on page 1, Part I, line 7, column (A) 0.		Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8 0.			0.	

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals 0.				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14			0.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). ▶

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization National Foundation for the Center of Disease Control and Prevention, Inc.	Employer identification number 58-2106707
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. Metcalf Davis, 3340 Peachtree Road, NE Suite 2600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Atlanta, Georgia 30326-1089	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

Kelley Mouchabeck

- The books are in the care of ▶ 55 Park Place, Suite 400 - Atlanta, GA 30303-2915
Telephone No. ▶ (404) 653-0790 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until May 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.