

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable: C Name of organization: NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC. D Employer identification number: 58-2106707
E Telephone number: (404) 653-0790
G Gross receipts \$: 61,426,331.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: WWW.CDCFOUNDATION.ORG
K Form of organization: X Corporation
L Year of formation: 1993
M State of legal domicile: GA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... SEE SCHEDULE O; 2 Check this box if the organization discontinued its operations...; 3-7a Activities & Governance; 7b Net unrelated business taxable income; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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 DR. JUDITH MONROE, PRESIDENT/CEO Date 4/8/19
Paid: Print/Type preparer's name M. SUSAN HILL Preparer's signature Date 04/04/19 Check if self-employed PTIN P00846200
Preparer Use Only: Firm's name WARREN AVERETT, LLC Firm's EIN 45-4084437
Firm's address SIX CONCOURSE PARKWAY, SUITE 600 ATLANTA, GA 30328 Phone no. 770-396-1100

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
THE CDC FOUNDATION HELPS THE CENTERS FOR DISEASE CONTROL AND  
PREVENTION (CDC) DO MORE, FASTER BY FORGING EFFECTIVE PARTNERSHIPS  
BETWEEN CDC AND OTHERS TO FIGHT THREATS TO HEALTH AND SAFETY.

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

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

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 6,448,810. including grants of \$ 6,438,390. ) (Revenue \$ \_\_\_\_\_ )  
EXPANDING THE IMMUNIZATION DATA SYSTEM IN NIGERIA

SEE SCHEDULE O FOR DESCRIPTION

**4b** (Code: \_\_\_\_\_) (Expenses \$ 5,984,070. including grants of \$ 1,407,095. ) (Revenue \$ \_\_\_\_\_ )  
DATA FOR HEALTH

SEE SCHEDULE O FOR DESCRIPTION

**4c** (Code: \_\_\_\_\_) (Expenses \$ 5,171,242. including grants of \$ 1,026,065. ) (Revenue \$ \_\_\_\_\_ )  
MALARIA ZERO

SEE SCHEDULE O FOR DESCRIPTION

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 42,523,102. including grants of \$ 15,424,717. ) (Revenue \$ 2,750,130. )

**4e** Total program service expenses **▶** 60,127,224.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> 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> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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> .....		X
<b>d</b> 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> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 13		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **CULLEN BRYENTON - 404-523-1872**  
**600 PEACHTREE STREET NE, NO. 1000, ATLANTA, GA 30308**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUGLAS W. NELSON CHAIR	2.80	X		X				0.	0.	0.
(2) DAVID S. ALDRIDGE TREASURER	3.00	X		X				0.	0.	0.
(3) DAVID M. RATCLIFFE SECRETARY	1.00	X		X				0.	0.	0.
(4) GARY M. COHEN DIRECTOR	1.00	X						0.	0.	0.
(5) DR. LEAH DEVLIN DIRECTOR	2.50	X						0.	0.	0.
(6) RAYMOND J. BAXTER, PH.D. DIRECTOR	2.50	X						0.	0.	0.
(7) MATT JAMES DIRECTOR	0.82	X						0.	0.	0.
(8) RUTH J. KATZ DIRECTOR	1.00	X						0.	0.	0.
(9) PHIL KENT DIRECTOR	0.50	X						0.	0.	0.
(10) BETTY E. KING DIRECTOR	0.82	X						0.	0.	0.
(11) DIKEMBE MUTOMBO DIRECTOR	0.50	X						0.	0.	0.
(12) JOHN G. RICE DIRECTOR	0.50	X						0.	0.	0.
(13) JAMES S. MARKS, MD DIRECTOR	0.25	X						0.	0.	0.
(14) MONIQUE PATRICK COO	50.00			X				201,315.	0.	38,468.
(15) JUDITH MONROE PRESIDENT & CEO	52.00			X				335,155.	0.	48,438.
(16) PAULA JASINA CFO	53.00			X				175,193.	0.	34,461.
(17) CHLOE TONNEY CHIEF INNOVATION AND STRATEGY OFFICE	52.00					X		260,404.	0.	45,435.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAURA ANGEL VP FOR ADVANCEMENT	53.00					X		154,719.	0.	32,938.
(19) PIERCE NELSON VP FOR COMMUNICATIONS	50.00					X		208,342.	0.	40,214.
(20) MICHAEL BRANDON TALLEY VP FOR PROGRAMS	50.00					X		149,156.	0.	31,860.
(21) LINDA MCGEHEE TEAM LEAD	43.00					X		131,178.	0.	30,001.
<b>1b Sub-total</b> .....								1,615,462.	0.	301,815.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,615,462.	0.	301,815.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **15**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RESEARCH TRIANGLE INSTITUTE PO BOX 900002, RALEIGH, NC 27675-9000	FEES - FREEDOM FROM SMOKING INIATIVE	2,008,751.
DAVCAS CONSULTING, RUE 9.95, GOUGHIN, OUAGADOUGOU, BURKINA FASO	FEES - VACCINE RESEARCH AND SURVEILLANCE	1,972,323.
PROTEUS ON DEMAND FACILITIES, LLC, 6727 OAK RIDGE COMMERCE WAY, AUSTELL, GA 30168	CONSTRUCTION SERVICES - EBOLA RESPONSE	1,325,192.
MARKETVISION, 8647 WURZBACH ROAD SUITE J100, SAN ANTONIO, TX 78240	ZIKA CONTRACEPTIVE ACCESS NETWORK	1,001,495.
DELOITTE CONSULTING, LLP 4022 SELLS DRIVE, HERMITAGE, TN 37076	TECHNOLOGY IMPLEMENTATION & DEVELOPMENT	765,066.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **24**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,946,965.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	52,872,451.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		570,968.				
	<b>h Total.</b> Add lines 1a-1f .....		57,819,416.				
<b>Program Service Revenue</b>	<b>2 a</b> DATA COLLECTION RESEAR	<b>Business Code</b> 541700	1,240,278.	1,240,278.			
	<b>b</b> HEALTH TRAINING	541900	597,330.	597,330.			
	<b>c</b> LAB RESEARCH AGREEMENT	541900	576,780.	576,780.			
	<b>d</b> HEALTH SURVEILLANCE	541900	335,742.	335,742.			
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		2,750,130.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		856,785.			856,785.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	20.				
		<b>c</b> Gain or (loss) .....	-20.				
		<b>d</b> Net gain or (loss) .....		-20.			-20.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions. ....			61,426,311.	2,750,130.	0.	856,765.	

**Part IX Statement of Functional Expenses**

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

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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	14,912,017.	14,912,017.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	9,384,250.	9,384,250.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,374,539.	369,545.	727,835.	277,159.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	8,581,988.	6,233,371.	1,333,715.	1,014,902.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	680,161.	470,437.	120,869.	88,855.
<b>9</b> Other employee benefits .....	553,231.	394,471.	79,701.	79,059.
<b>10</b> Payroll taxes .....	704,947.	496,811.	122,176.	85,960.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	15,755.	4,026.	10,114.	1,615.
<b>c</b> Accounting .....	108,718.		108,718.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	22,388,542.	22,034,761.	330,266.	23,515.
<b>12</b> Advertising and promotion .....	54,585.	813.	53,408.	364.
<b>13</b> Office expenses .....	2,405,792.	2,285,951.	60,001.	59,840.
<b>14</b> Information technology .....	122,078.	19,073.	90,192.	12,813.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	691,211.	323,705.	221,868.	145,638.
<b>17</b> Travel .....	2,626,553.	2,585,486.	21,151.	19,916.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....	538,409.	482,659.	46,346.	9,404.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	295,133.	112,432.	103,062.	79,639.
<b>23</b> Insurance .....	82,411.	12,912.	69,499.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	69,276.	4,504.	53,436.	11,336.
<b>25</b> Total functional expenses. Add lines 1 through 24e	65,589,596.	60,127,224.	3,552,357.	1,910,015.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	56,018,812.	<b>2</b>	16,208,921.
	<b>3</b> Pledges and grants receivable, net .....	41,222,931.	<b>3</b>	24,785,390.
	<b>4</b> Accounts receivable, net .....	725,475.	<b>4</b>	1,764,539.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,177,697.	<b>9</b>	942,790.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,041,542.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 657,196.		
	<b>11</b> Investments - publicly traded securities .....	2,132,814.	<b>10c</b>	2,384,346.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	19,171,568.	<b>11</b>	69,931,674.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	121,449,297.	<b>15</b>		
		<b>16</b>	116,017,660.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,310,814.	<b>17</b>	1,368,434.
	<b>18</b> Grants payable .....	3,492,599.	<b>18</b>	2,471,842.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	80,894.	<b>21</b>	92,789.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	15,684,264.	<b>25</b>	15,367,551.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	20,568,571.	<b>26</b>	19,300,616.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	9,251,553.	<b>27</b>	10,529,669.
	<b>28</b> Temporarily restricted net assets .....	87,492,567.	<b>28</b>	81,961,198.
	<b>29</b> Permanently restricted net assets .....	4,136,606.	<b>29</b>	4,226,177.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	100,880,726.	<b>33</b>	96,717,044.	
<b>34</b> Total liabilities and net assets/fund balances .....	121,449,297.	<b>34</b>	116,017,660.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	61,426,311.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	65,589,596.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-4,163,285.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	100,880,726.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-397.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	96,717,044.

**Part XII Financial Statements and Reporting**

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

- 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? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

**Name of the organization** NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC. **Employer identification number** 58-2106707

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	42,589,150.	143,653,366.	33,358,186.	80,687,702.	57,819,416.	358,107,820.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...	240,971.	235,516.	29,262.	192,126.	198,274.	896,149.
<b>4 Total.</b> Add lines 1 through 3 .....	42,830,121.	143,888,882.	33,387,448.	80,879,828.	58,017,690.	359,003,969.
<b>5</b> 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) .....						180,981,832.
<b>6 Public support.</b> Subtract line 5 from line 4.						178,022,137.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	42,830,121.	143,888,882.	33,387,448.	80,879,828.	58,017,690.	359,003,969.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	163,405.	293,426.	413,449.	456,063.	856,785.	2,183,128.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						361,187,097.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,835,450.

**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**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	49.29 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	47.52 %

**16a 33 1/3% support test - 2017.** 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

**b 33 1/3% support test - 2016.** 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

**17a 10% -facts-and-circumstances test - 2017.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2016.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			



# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2017

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<b>Name of organization</b> NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	<b>Employer identification number</b> 58-2106707
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 8,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 4,517,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 6,141,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 11,562,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 3,343,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	<b>Employer identification number</b> 58-2106707
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 1,508,347.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 3,577,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 1,809,984.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 1,496,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	<b>Employer identification number</b> 58-2106707
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



<b>Name of organization</b> NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	<b>Employer identification number</b>  58-2106707
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

Name of organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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**Part I-A 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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		0.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		0.													
<b>d</b> Other exempt purpose expenditures		65,589,596.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		65,589,596.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	3,342.	1,117.	0.	0.	4,459.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> 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? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-8. Monitoring and enforcement details (states, policy, hours, expenses, requirements). 9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with 2 main sections: 1a. Reporting requirements for works of art, historical treasures, etc. 1b. Amounts relating to these items (revenue, assets). 2. Reporting requirements for financial gain (revenue, assets).

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

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

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

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

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

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	5,019,488.	4,573,784.	4,278,646.	3,971,135.	3,151,940.
<b>b</b> Contributions	71,631.	20,707.	327,144.	327,765.	356,688.
<b>c</b> Net investment earnings, gains, and losses	103,655.	463,085.	1,739.	25,904.	491,183.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	43,443.	38,088.	33,745.	46,158.	28,676.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	5,151,331.	5,019,488.	4,573,784.	4,278,646.	3,971,135.

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

- a** Board designated or quasi-endowment  .00 %
- b** Permanent endowment  82.05 %
- c** Temporarily restricted endowment  17.95 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		2,120,065.	363,183.	1,756,882.
<b>d</b> Equipment		129,500.	83,471.	46,029.
<b>e</b> Other		791,977.	210,542.	581,435.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,384,346.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONTRACTS PAYABLE	10,478,069.
(3) DEFERRED RENT	1,492,617.
(4) UNAMORTIZED LEASEHOLD ALLOWANCE	1,810,889.
(5) REFUNDABLE ADVANCES	1,585,976.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,367,551.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	61,624,188.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-397.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	198,274.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	197,877.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	61,426,311.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	61,426,311.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	65,787,870.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	198,274.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	198,274.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	65,589,596.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	65,589,596.

**Part XIII Supplemental Information.**

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

PART IV, LINE 2B:

THE FUNDS HELD IN CUSTODIAL ACCOUNTS ARE FOR CDC PROGRAMS FOR CONFERENCES  
AND MANAGEMENT TRAINING COURSES.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 16 INDIVIDUAL FUNDS  
ESTABLISHED BY DONORS FOR A VARIETY OF PURPOSES, INCLUDING PROGRAMS,  
AWARDS, RESEARCH AND OPERATIONS.

PART X, LINE 1, 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



**Part XIII** Supplemental Information *(continued)*

SEVERE AND/OR INFREQUENT NATIONAL LEVEL EMERGENCIES. RECOGNITION AS  
REVENUE WAS CONTINGENT UPON THE FOUNDATION USING THESE FUNDS FOR THEIR  
INTENDED PURPOSE, WITH ANY AMOUNTS NOT USED TO BE RETURNED TO THE DONOR.  
AS OF JUNE 30, 2017, \$3,474,976 WAS STILL AVAILABLE TO BE EXPENDED. DURING  
THE YEAR ENDED JUNE 30, 2018, THE DONOR AUTHORIZED THE FOUNDATION TO USE,  
AND THE FOUNDATION USED, \$1,889,000 OF THIS FUNDING AS A PART OF THE  
FOUNDATION'S RESPONSE TO THE EFFECTS OF DEVASTATING HURRICANES IN PUERTO  
RICO, LEAVING \$1,585,976 REMAINING AS OF JUNE 30, 2018. A FINANCIAL REPORT  
WILL BE SUBMITTED TO THIS DONOR IN JANUARY 2019, AND AT THIS TIME THE  
DONOR WILL DETERMINE WHETHER UNSPENT FUNDS WILL BE RETURNED OR CAN  
CONTINUE TO BE HELD BY THE FOUNDATION FOR A FUTURE EMERGENCY RESPONSE.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AM. & CARIBBEAN		9	PROGRAM SERVICES	PROFESSIONAL FEES	390,978.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	TRAVEL	38,546.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	OCCUPANCY	42,600.
CENTRAL AM. & CARIBBEAN			GRANT MAKING	AWARD	775,465.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	CONFERENCES, MEETINGS	7,555.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	SUPPLIES	1,389.
EAST ASIA & PACIFIC			GRANT MAKING	AWARD	340,505.
EAST ASIA & PACIFIC			PROGRAM SERVICES	CONFERENCES, MEETINGS	670.
<b>3 a</b> Sub-total .....	0	9			1,597,708.
<b>b</b> Total from continuation sheets to Part I .....	0	118			17,131,214.
<b>c Totals</b> (add lines 3a and 3b) .....	0	127			18,728,922.

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

Schedule F (Form 990) 2017

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

Schedule F (Form 990)

58-2106707 Page 1

**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
EAST ASIA & PACIFIC		22	PROGRAM SERVICES	PROFESSIONAL FEES	335,576.
EAST ASIA & PACIFIC			PROGRAM SERVICES	SUPPLIES	28,745.
EAST ASIA & PACIFIC			PROGRAM SERVICES	TRAVEL	284,870.
EAST ASIA & PACIFIC			PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	57,087.
EAST ASIA & PACIFIC			PROGRAM SERVICES	DUES AND SUBSCRIPTIONS	750.
EUROPE			GRANT MAKING	AWARD	4,309,848.
EUROPE			PROGRAM SERVICES	CONFERENCES, MEETINGS	9,169.
EUROPE			PROGRAM SERVICES	PRINTING, PROMOTION	5,050.
EUROPE		13	PROGRAM SERVICES	PROFESSIONAL FEES	560,664.
EUROPE			PROGRAM SERVICES	SUPPLIES	3,024.
<b>Totals</b> .....					

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

Schedule F (Form 990)

**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			PROGRAM SERVICES	TRAVEL	276,630.
MIDDLE EAST & N. AFRICA		9	PROGRAM SERVICES	PROFESSIONAL FEES	241,125.
MIDDLE EAST & N. AFRICA			PROGRAM SERVICES	TRAVEL	33,138.
MIDDLE EAST & N. AFRICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	2,700.
MIDDLE EAST & N. AFRICA			GRANT MAKING	AWARD	100,000.
MIDDLE EAST & N. AFRICA			PROGRAM SERVICES	SUPPLIES	9,936.
MIDDLE EAST & N. AFRICA			PROGRAM SERVICES	DUES AND SUBSCRIPTIONS	15,990.
MIDDLE EAST & N. AFRICA			PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	16,100.
NORTH AMERICA			PROGRAM SERVICES	PRINTING, PROMOTION	347.
NORTH AMERICA		3	PROGRAM SERVICES	PROFESSIONAL FEES	166,308.
<b>Totals</b> .....					

**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			PROGRAM SERVICES	TRAVEL	27,258.
RUSSIA & IND. STATES		10	PROGRAM SERVICES	PROFESSIONAL FEES	236,476.
RUSSIA & IND. STATES			PROGRAM SERVICES	TRAVEL	36,764.
RUSSIA & IND. STATES			PROGRAM SERVICES	CONFERENCES, MEETINGS	337.
SOUTH AMERICA		5	PROGRAM SERVICES	PROFESSIONAL FEES	183,151.
SOUTH AMERICA			PROGRAM SERVICES	TRAVEL	33,098.
SOUTH ASIA			GRANT MAKING	AWARD	567,948.
SOUTH ASIA		18	PROGRAM SERVICES	PROFESSIONAL FEES	1,005,221.
SOUTH ASIA			PROGRAM SERVICES	TRAVEL	192,423.
SOUTH ASIA			PROGRAM SERVICES	SUPPLIES	21,446.
<b>Totals</b> .....					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			GRANT MAKING	AWARD	3,290,484.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	46,014.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	EQUIPMENT, REPAIRS , MAINTENANCE	9,633.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	POSTAGE AND SHIPPING	2,560.
SUB-SAHARAN AFRICA		38	PROGRAM SERVICES	PROFESSIONAL FEES	4,256,334.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	SUPPLIES	84,082.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	TRAVEL	665,497.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	DUES AND SUBSCRIPTIONS	15,431.
<b>Totals</b> .....		118			17,131,214.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	30,000.	WT	0.		
		SUB-SAHARAN AFRICA	POLIO ERAD HEROES FUND	4,060.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	49,750.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	37,300.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	20,730.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	65,527.	WT	0.		
		SUB-SAHARAN AFRICA	PREVENTING MATERNAL DEATHS IN TANZANIA	42,547.	WT	0.		
		SUB-SAHARAN AFRICA	PREVENTING MATERNAL DEATHS IN TANZANIA	60,933.	WT	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **22**

3 Enter total number of other organizations or entities ..... **9**

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PREVENTING MATERNAL DEATHS IN TANZANIA	103,930.	WT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI MALARIA ELIMINATION CONSORTIUM	40,000.	WT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI MALARIA ELIMINATION CONSORTIUM	80,000.	WT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI MALARIA ELIMINATION CONSORTIUM	85,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	56,351.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	56,351.	WT	0.		
		SOUTH ASIA	IMPACT STUDY OF ROTAVIRUS VACCINE IN INDIA	31,882.	WT	0.		
		SOUTH ASIA	IMPACT STUDY OF ROTAVIRUS VACCINE IN INDIA	159,412.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	51,799.	WT	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVELLANCE IN AFRICA	51,693.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVELLANCE IN AFRICA	135,004.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	75,000.	WT	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING GLOBAL EMERGENCY MANAGEMENT CAPACITY	465,637.	WT	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING GLOBAL EMERGENCY MANAGEMENT CAPACITY	250,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVELLANCE IN AFRICA	54,237.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVELLANCE IN AFRICA	126,894.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVELLANCE IN AFRICA	210,876.	WT	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING GLOBAL EMERGENCY MANAGEMENT CAPACITY	255,193.	WT	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	STRENGTHENING GLOBAL EMERGENCY MANAGEMENT CAPACITY	298,538.	WT	0.		
		SUB-SAHARAN AFRICA	LABS FOR LIFE FELLOWSHIP	8,847.	WT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI MALARIA ELIMINATION CONSORTIUM	76,083.	WT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI MALARIA ELIMINATION CONSORTIUM	73,753.	WT	0.		
		EAST ASIA AND THE PACIFIC	PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV AND HBV	12,000.	WT	0.		
		EAST ASIA AND THE PACIFIC	EVALUATION OF ROTAVIRUS VACCINE IN VIETNAM	17,816.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	200,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	40,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	40,000.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	122,791.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	120,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	126,956.	WT	0.		
		MIDDLE EAST AND NORTH AFRICA	DATA FOR HEALTH	100,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	122,791.	WT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI MALARIA ELIMINATION CONSORTIUM	119,415.	WT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI MALARIA ELIMINATION CONSORTIUM	161,064.	WT	0.		
		SUB-SAHARAN AFRICA	CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA	15,431.	WT	0.		
		EAST ASIA AND THE PACIFIC	EVALUATION OF ROTARVIRUS VACCINE IN VIETNAM	183,281.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI MALARIA ELIMINATION CONSORTIUM	39,550.	WT	0.		
		EUROPE	LEVERAGING ROTAVIRUS NETWORKS	34,600.	WT	0.		
		SUB-SAHARAN AFRICA	MARTIN ENDOWMENT	4,911.	WT	0.		
		SOUTH ASIA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	67,851.	WT	0.		
		SOUTH ASIA	IMPACT ASSESSMENT OF ROTAVIRUS VACCINE IN PAKISTAN	190,784.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVELLANCE IN AFRICA	46,840.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVELLANCE IN AFRICA	8,200.	WT	0.		
		SUB-SAHARAN AFRICA	LEVERAGING ROTAVIRUS NETWORKS	37,483.	WT	0.		
		SUB-SAHARAN AFRICA	ROTAVIRUS INTUSSUSCEPTION STUDY IN SOUTH AFRICA	40,000.	WT	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	63,987.	WT	0.		
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	45,200.	WT	0.		
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	47,005.	WT	0.		
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	54,099.	WT	0.		
		EUROPE	DATA TO ACTION & MONITORING TOBACCO USE IN ASIA	1,356,000.	WT	0.		
		EUROPE	GLOBAL CERVICAL CANCER SCREENING & TREATMENT	69,286.	WT	0.		
		EUROPE	TOBACCO CONTROL SURVEILLANCE IN AFRICA	190,070.	WT	0.		
		EUROPE	DATA FOR HEALTH	320,000.	WT	0.		
		EUROPE	DATA FOR HEALTH	400,000.	WT	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	35,000.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	360,000.	WT	0.		
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	144,414.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	100,000.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVELLANCE IN AFRICA	200,000.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	5,605.	WT	0.		
		SOUTH ASIA	FREEDOM FROM SMOKING INITIATIVE	118,019.	WT	0.		
		EAST ASIA AND THE PACIFIC	FREEDOM FROM SMOKING INITIATIVE	127,408.	WT	0.		
		SUB-SAHARAN AFRICA	FREEDOM FROM SMOKING INITIATIVE	82,231.	WT	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	FREEDOM FROM SMOKING INITIATIVE	100,600.	WT	0.		
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	447,198.	WT	0.		
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	112,988.	WT	0.		
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	96,050.	WT	0.		

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

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 GRANTEE'S PROGRESS AND EXPENDITURES, AND BOTH THE GRANTEE AND THE CDC PROVIDE DETAILED INFORMATION TO THE CDC FOUNDATION'S PROGRAM OFFICERS WHO ARE ASSIGNED TO THE PROJECT. OFTEN, THE FOUNDATION PROGRAM OFFICER WILL MAKE SITE VISITS TO ENSURE THAT THE PROGRAM IS PROCEEDING AS AGREED AND THAT THE FUNDS ARE PROPERLY SPENT.

ALL FOREIGN PAYEES ARE CHECKED AGAINST THE TREASURY'S SPECIALLY DESIGNATED NATIONALS LIST BEFORE DISBURSEMENT IS MADE.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	0.	23,941.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	0.	14,639.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	0.	658.			MATERNAL MORTALITY REVIEW DATA
BANYAN COMMUNICATIONS 3569 NEW TOWN LAKE DRIVE ST. CHARLES, MO 63301	43-1700996	501(C)(3)	0.	4,899.			MATERNAL MORTALITY REVIEW DATA
BANYAN COMMUNICATIONS 3569 NEW TOWN LAKE DRIVE ST. CHARLES, MO 63301	43-1700996	501(C)(3)	0.	9,074.			MATERNAL MORTALITY REVIEW DATA
BANYAN COMMUNICATIONS 3569 NEW TOWN LAKE DRIVE ST. CHARLES, MO 63301	43-1700996	501(C)(3)	0.	10,715.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 25.
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

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

**Schedule I (Form 990) (2017)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BASIC HEALTH INTERNATIONAL 25 BROADWAY 9TH FLOOR NEW YORK, NY 10004	20-3408717	501(C)(3)	0.	36,353.			GLOBAL CERVICAL CANCER SCREENING & TREATMENT
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	0.	6,677.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	0.	17,128.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	0.	6,565.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	0.	8,737.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	0.	9,212.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	0.	6,096.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	30,000.			GLOBAL DISASTER RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	189,271.			BLOOMBERG FREEDOM FROM SMOKING INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	39,548.			MALARIA SPECIMEN BANK EVALUATION - PHASE II
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	60,940.			CONTROLLING VIRAL FOODBORNE DISEASE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	128,461.			CONTROLLING VIRAL FOODBORNE DISEASE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	35,000.			LEVERAGING ROTAVIRUS NETWORKS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	91,734.			SAUDI ARABIA FETP
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	25,862.			OPTIMIZING HELMETS TO REDUCE WORK-RELATED INJURIES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	20,634.			ALTERNATIVE SANITATION IN PROTRACTED EMERGENCIES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	65,000.			VIRAL HEPATITIS IN RESOURCE-LIMITED COUNTRIES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	22,431.			TOBACCO CONTROL SURVEILLANCE IN AFRICA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	81,326.			HAITI MALARIA ELIMINATION CONSORTIUM
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	4,138,392.			EXPANDING THE IMMUNIZATION DATA SYSTEM IN NIGERIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	2,299,998.			EXPANDING THE IMMUNIZATION DATA SYSTEM IN NIGERIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	98,349.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	108,689.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	10,075.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	37,944.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	92,090.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	46,645.			DATA FOR HEALTH

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	40,750.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	37,512.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	76,972.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	172,037.			PREVENTING MATERNAL DEATHS IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	1,850.			CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	125,918.			CHRONIC DISEASE PREVENTION CITY HEATH INDICATORS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	2,000.			CHRONIC DISEASE PREVENTION CITY HEATH INDICATORS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	3,000.			CHRONIC DISEASE PREVENTION CITY HEATH INDICATORS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	4,500.			MATERNAL MORTALITY REVIEW DATA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	3,259.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	8,041.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	60,032.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	48,981.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	1,307,840.			CONTRACEPTIVE USE MODULE FOR SITES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	20,000.			GLOBAL ROTAVIRUS AND IBVPD REFERENCE LABORATORIES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	3,500.			ZIKA CONTRACEPTIVE ACCESS NETWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	20,000.			PNEUMOCOCCAL CONJUGATE VACCINE IMPACT REVIEW
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	66,770.			PERSONAL PROTECTIVE EQUIPMENT LAUNDERING



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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	6,000.			PERSONAL PROTECTIVE EQUIPMENT LAUNDERING
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	75,000.			DISSOLVING MICRONEEDLE PATCH FOR MR VACCINATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	10,000.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	50,000.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	130,000.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	155,000.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	7,000.			NOVARTIS FOUNDATION PROJECT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	10,000.			VITAL STRATEGIES PROJECT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	89,858.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK

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

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	1,690.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	38,655.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	430,000.			TECHNICAL ASSISTANCE TO THE WORLD HEALTH ORG HEALTH EMERGENCIES PROGRAM
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	325,000.			TECHNICAL ASSISTANCE TO THE WORLD HEALTH ORG HEALTH EMERGENCIES PROGRAM
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	57,564.			SUPPORTING WATER & HYGIENE INFRASTRUCTURE IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	125,000.			LAW AND POLICY IMPACT FOR HEALTHY PEOPLE 2020
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	44,000.			UNDERSTANDING ANTIBIOTIC USE OF DATA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	178,942.			CLEANING PROCEDURES FOR FIRE FIGHTER PPE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	142,731.			COMBINATION HIV PREVENTION INTERVENTION IN THAILAND

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	50,000.			MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	25,000.			CRYPTOCOCCAL SCREENING AND TREATMENT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	30,000.			IMPACT STUDY OF ROTAVIRUS VACCINE IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	10,000.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	25,000.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	25,000.			ASSESSMENT OF OCCUPATIONAL FALL HAZARDS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	28,800.			MICROBICIDE INTRAUTERINE SYSTEM FOR HIV PREVENTION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	49,132.			ACCELERATING DEVELOPMENT OF GLOBAL COSTED PLANS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	55,442.			GRIFFITHSIN-BASED RECTAL MICROBICIDES STUDY

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

Schedule I (Form 990)

58-2106707

Page 1

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

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	60,000.			MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	61,345.			VITAL STRATEGIES PROJECT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	74,923.			COMBINATION HIV PREVENTION INTERVENTION IN THAILAND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	90,000.			VITAL STRATEGIES PROJECT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	95,000.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	118,073.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	133,283.			BLOOMBERG FREEDOM FROM SMOKING INITIATIVE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	158,934.			HEALTHY PEOPLE LAW AND HEALTH POLICY PROJECT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	72,065.	COST	HOUSEHOLD GOODS	HURRICANE RELIEF

Schedule I (Form 990)

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	162,059.	COST	LAB SUPPLIES	HURRICANE RELIEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	133,984.	COST	LAB SUPPLIES	HURRICANE RELIEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	221,308.	COST	LAB SUPPLIES	HURRICANE RELIEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	39,744.	COST	HOUSEHOLD GOODS	HURRICANE RELIEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	41,236.	COST	HOUSEHOLD GOODS	HURRICANE RELIEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	284,592.	COST	OFF DEEP WOODS TOWELETTES FOR HURRICANE RESPONSE	HURRICANE RELIEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	7,128.	COST	JARS OF MOSQUITO BITES	HURRICANE RELIEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	27,458.	COST	MOSQUITO DUNKS	HURRICANE RELIEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	250,950.	COST	BED NETS	HURRICANE RELIEF

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	600.	COST	GAUZE DRESSINGS	HURRICANE RELIEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	240.	COST	HAND SANITIZER	HURRICANE RELIEF
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424	23-7069236	501(C)(3)	0.	2,911.			GANGEROSA ENDOWMENT
COLUMBIA DRIVE UNITED METHODIST CHURCH - 2067 COLUMBIA DRIVE - DECATUR, GA 30032	23-7105663	501(C)(3)	0.	1,416.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
DC TREASURER - BRFS CONNECTICUT 899 N. CAPITOL STREET, NE WASHINGTON, DC 20002	53-6001131	GOVT	0.	10,415.			WEARABLE DEVICE DATA FOR POPULATION HEALTH
EMORY UNIVERSITY P.O. BOX 935084 ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	0.	5,705.			INTERNATIONAL FLOUR FORTIFICATION - PHASE LL - (NEW)
EMORY UNIVERSITY P.O. BOX 935084 ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	0.	2,524.			INTERNATIONAL FLOUR FORTIFICATION - PHASE LL - (NEW)
EMORY UNIVERSITY P.O. BOX 935084 ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	0.	8,527.			INTERNATIONAL FLOUR FORTIFICATION - PHASE LL - (NEW)
GEORGIA STATE UNIVERSITY P.O. BOX 3971 ATLANTA, GA 30302-3971	58-6002050	501(C)(3)	0.	6,300.			DATA COLLECTION SYSTEM FOR SICKLE CELL DISEASE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA STATE UNIVERSITY P.O. BOX 3971 ATLANTA, GA 30302-3971	58-6002050	501(C)(3)	0.	8,400.			DATA COLLECTION SYSTEM FOR SICKLE CELL DISEASE
GEORGIA TECH RESEARCH CORPORATION 505 TENTH STREET, NW ATLANTA, GA 30318	58-0603146	501(C)(3)	0.	40,000.			DISSOLVING MICRONEEDLE PATCH FOR MR VACCINATION
GLOBAL CENTER FOR MEDICAL INNOVATION - 574 14TH STREET, NW SUITE 100 - ATLANTA, GA 30318	26-4723391	501(C)(3)	0.	4,144.			GLOBAL DISASTER RESPONSE FUND
GLOBAL CENTER FOR MEDICAL INNOVATION - 574 14TH STREET, NW SUITE 100 - ATLANTA, GA 30318	26-4723391	501(C)(3)	0.	3,340.			GLOBAL DISASTER RESPONSE FUND
GLOBAL CENTER FOR MEDICAL INNOVATION - 574 14TH STREET, NW SUITE 100 - ATLANTA, GA 30318	26-4723391	501(C)(3)	0.	19,244.			GLOBAL DISASTER RESPONSE FUND
GRADY HEALTH SYSTEM 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303	26-2037695	501(C)(3)	0.	3,202.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
GRADY HEALTH SYSTEM 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303	26-2037695	501(C)(3)	0.	4,477.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
GRADY HEALTH SYSTEM 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303	26-2037695	501(C)(3)	0.	2,442.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE, NW SUITE 1 WASHINGTON, DC 20036	13-3206571	501(C)(3)	0.	3,334.			ACCELERATING IMPLEMENTATION OF THE 61 18 INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE, NW SUITE 1 WASHINGTON, DC 20036	13-3206571	501(C)(3)	0.	1,553.			ACCELERATING IMPLEMENTATION OF THE 61 18 INITIATIVE
IQ SOLUTIONS, INC. 11300 ROCKVILLE PIKE SUITE 901 ROCKVILLE, MD 20852	52-1840355	501(C)(3)	0.	19,946.			DATA FOR HEALTH
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION - 3339 WARD STREET - PITTSBURGH, PA 15213	25-1462312	501(C)(3)	0.	33,339.			OPT-OUT CHLAMYDIA SCREENING EFFECTIVENESS
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION - 3339 WARD STREET - PITTSBURGH, PA 15213	25-1462312	501(C)(3)	0.	5,705.			OPT-OUT CHLAMYDIA SCREENING EFFECTIVENESS
MASSACHUSETTS GENERAL HOSPITAL P.O. BOX 3829 BOSTON, MA 02241-3829	04-2697983	501(C)(3)	0.	13,344.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION
MASSACHUSETTS GENERAL HOSPITAL P.O. BOX 3829 BOSTON, MA 02241-3829	04-2697983	501(C)(3)	0.	12,418.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION
MASSACHUSETTS GENERAL HOSPITAL P.O. BOX 3829 BOSTON, MA 02241-3829	04-2697983	501(C)(3)	0.	61,865.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310-1495	58-1438873	501(C)(3)	0.	61,398.			SPONSORSHIP FOR THE PAN AMERICAN HEALTH ORGANIZATION
OREGON DEPARTMENT OF HUMAN SERVICES - P.O. BOX 4325 - PORTLAND, OR 97208-9992	93-6001958	GOVT	0.	12,500.			WEARABLE DEVICE DATA FOR POPULATION HEALTH



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARAS HOSPITALITY INC 2945 GUS PL DECATUR, GA 30034	26-3888510	501(C)(3)	0.	2,500.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	0.	27,102.			DATA COLLECTION SYSTEM FOR SICKLE CELL DISEASE
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	0.	28,560.			HOUSEHOLD AIR POLLUTION
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	0.	30,426.			DATA COLLECTION SYSTEM FOR SICKLE CELL DISEASE
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	0.	20,758.			DATA COLLECTION SYSTEM FOR SICKLE CELL DISEASE
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	0.	19,769.			DATA COLLECTION SYSTEM FOR SICKLE CELL DISEASE
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	0.	16,082.			DATA COLLECTION SYSTEM FOR SICKLE CELL DISEASE
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	0.	53,551.			HOUSEHOLD AIR POLLUTION
PUERTO RICO DEPARTMENT OF HEALTH 1111 CALLE TENIENTE CESAR LUIS GONZ SAN JUAN, PR 00927	66-0437470	GOVT	0.	80,000.			HURRICANE RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUERTO RICO DEPARTMENT OF HEALTH 1111 CALLE TENIENTE CESAR LUIS GONZ SAN JUAN, PR 00927	66-0437470	GOVT	0.	60,000.			HURRICANE RELIEF
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 9500 GILMAN DRIVE , MC 0824 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	0.	25,000.			FRIES PRIZE FOR HEALTH
SHAH HOSPITALITY LLC 3700 FLAT SHOALS ROAD DECATUR, GA 30034	81-0922594	501(C)(3)	0.	2,500.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	0.	18,363.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	0.	752.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION
TOGETHER FOR GIRLS, INC. 1889 F STREET, N.W. SUITE 350 WASHINGTON, DC 20006	45-4664343	501(C)(3)	0.	15,000.			VIOLENCE AGAINST CHILDREN SURVEY FOR DOMESTIC USE
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	0.	1,292.			GLOBAL DISASTER RESPONSE FUND
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	0.	54,128.			LEVERAGING ROTAVIRUS NETWORKS
VOCES COALICION DE VACUNACION PMB 290, 35 JUAN C. BORBON SUITE 67 GUAYNABO, PR 00969	66-0798610	501(C)(3)	0.	120,000.			HURRICANE RELIEF

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

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

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

PART I, LINE 2:

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 GRANTEE'S PROGRESS AND  
 EXPENDITURES, AND BOTH THE GRANTEE AND THE CDC PROVIDE DETAILED INFORMATION  
 TO THE CDC FOUNDATION'S PROGRAM OFFICERS WHO ARE ASSIGNED TO THE PROJECT.  
 OFTEN, THE FOUNDATION PROGRAM OFFICER WILL MAKE SITE VISITS TO ENSURE THAT  
 THE PROGRAM IS PROCEEDING AS AGREED AND THAT THE FUNDS ARE PROPERLY SPENT.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.**

Employer identification number  
**58-2106707**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MONIQUE PATRICK COO	(i)	201,315.	0.	0.	0.	38,468.	239,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUDITH MONROE PRESIDENT & CEO	(i)	335,155.	0.	0.	0.	48,438.	383,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAULA JASINA CFO	(i)	175,193.	0.	0.	0.	34,461.	209,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHLOE TONNEY CHIEF INNOVATION AND STRATEGY OFFICE	(i)	260,404.	0.	0.	0.	45,435.	305,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAURA ANGEL VP FOR ADVANCEMENT	(i)	154,719.	0.	0.	0.	32,938.	187,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PIERCE NELSON VP FOR COMMUNICATIONS	(i)	208,342.	0.	0.	0.	40,214.	248,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL BRANDON TALLEY VP FOR PROGRAMS	(i)	149,156.	0.	0.	0.	31,860.	181,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LINDA MCGEHEE TEAM LEAD	(i)	131,178.	0.	0.	0.	30,001.	161,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

ALL EMPLOYEES WHO WORK 30 HOURS OR MORE ARE PROVIDED DISABILTY INSURANCE.

THE EMPLOYEE'S SALARY IS GROSSED UP FOR THE PREMIUM AND THEN THE INSURANCE

PREMIUM IS DEDUCTED AND PAID TO THE VENDOR.

PART I, LINE 3:

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 HER, THE CFO'S, THE

CHIEF INNOVATION AND STRATEGY OFFICER'S COMPENSATION. THESE ACTIONS ARE

**Part III Supplemental Information**

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

DOCUMENTED IN ACCORDANCE WITH THE REGULATIONS UNDER SECTION 4958 OF THE

CODE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**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.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization **NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.** Employer identification number **58-2106707**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	48	240.	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( OFF DEEP WOOD )	X	500,016	284,592.	COST
26 Other ▶ ( BED NETS )	X	150,000	250,950.	COST
27 Other ▶ ( MOSQUITO DUNK )	X	4,032	27,458.	COST
28 Other ▶ ( JARS OF MOSQU )	X	600	7,128.	COST

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2017



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

PART I, OTHER TYPES OF PROPERTY:

GAUZE DRESSINGS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 10000

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 600.

(D) METHOD OF DETERMINING REVENUE: COST

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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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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 FOUNDATIONS, ORGANIZATIONS, CORPORATIONS AND INDIVIDUALS TO FIGHT  
THREATS TO HEALTH AND SAFETY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SCALE UP OF THE ROUTINE IMMUNIZATION DASHBOARD ON THE DISTRICT HEALTH  
INFORMATION SYSTEM AND STRENGTHENING NIGERIA'S HEALTH MANAGEMENT  
INFORMATION AND IMMUNIZATION SYSTEMS

NIGERIA HAS AFRICA'S LARGEST POPULATION. HIGH-QUALITY ROUTINE

IMMUNIZATION (RI) DATA ARE CRUCIAL FOR TIMELY MONITORING OF RI

PERFORMANCE. IN NIGERIA, BUILDING A SYSTEM THAT SUPPORTS THE

AVAILABILITY AND USE OF HIGH-QUALITY RI DATA IS AN URGENT NATIONAL

PUBLIC HEALTH PRIORITY. DURING THE FISCAL YEAR, THE CDC FOUNDATION

CONTINUED ITS SUPPORT FOR THE PILOT AND SCALE UP OF THE RI DASHBOARD ON

THE DISTRICT HEALTH INFORMATION SYSTEM AND STRENGTHENING (DHIS2)

PROJECT. THE PROJECT HAS NOW BEEN LAUNCHED IN ALL STATES OF THE

COUNTRY. POST-LAUNCH ACTIVITIES CONTINUED IN ALL STATES WITH

OPTIMIZATION ACTIVITIES, INCLUDING ONGOING RESOLUTION OF TECHNICAL

CHALLENGES. BASED ON LESSONS LEARNED FROM THE FIRST PHASE OF THE

PROJECT, EARLY IDENTIFICATION AND PLACEMENT OF DHIS2 IMPLEMENTATION

OFFICERS WAS PRIORITIZED IN ALL STATES, ENSURING THAT OFFICERS WERE

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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PROMPTLY PLACED IN THEIR POSITIONS AT THE ONSET OF THE PROJECT.

PROJECT MAINTENANCE ACTIVITIES REMAINED A PRIORITY WHILE SCALE UP ACTIVITIES CONTINUED, AND NATIONAL-LEVEL STAFF DIVIDED THEIR TIME BETWEEN SCALE-UP ACTIVITIES IN NEW STATES AND SUPPORTING MAINTENANCE ACTIVITIES IN STATES THAT PREVIOUSLY TOOK ACTIVITIES TO SCALE. WITH THE COMPLETION OF SCALE UP IN ALL STATES, ACTIVITIES SHIFTED TO STRENGTHENING DATA QUALITY AND USE AS WELL AS SYSTEMS OPTIMIZATION. IN ADDITION TO SCALE UP, THIS PROJECT INCLUDES TRANSITIONING ACTIVITIES TO THE COUNTRY. TRANSITION ACTIVITIES TYPICALLY INCLUDED DEFINING AND AGREEING ON TRANSITION OBJECTIVES AND A PLAN WITH STATE OFFICIALS PRIOR TO IMPLEMENTATION. PROGRESS ON TRANSITION WAS ASSESSED THROUGH MULTIPLE STATE-LEVEL SITE VISITS. THE ASSESSMENTS PROVIDED THE OPPORTUNITY TO DISCUSS SPECIFIC PERFORMANCE TRANSITION ISSUES AND TO CONDUCT A FORMAL JOINT ASSESSMENT OF PROJECT IMPLEMENTATION PROGRESS WITH STATE OFFICIALS. BASED ON AN ANALYSIS OF PERFORMANCE MEASURES, MOST STATES ACHIEVED KEY TRANSITION PERFORMANCE EXPECTATIONS, INCLUDING TRAINING, STAFFING AND TOOL NEEDS.

FOLLOWING IMPLEMENTATION AND TRANSITION, THE DHIS2 RI MODULE CAN PROVIDE INCREASINGLY RELIABLE DATA TO INFORM AND SUPPORT ROUTINE IMMUNIZATION DECISION-MAKING IN THE COUNTRY. CREATING THIS FOUNDATION REQUIRES LEVERAGING AND COORDINATING THE CONSIDERABLE INVESTMENTS IN SYSTEMS AND PERSONNEL ALREADY MADE DURING THE SCALE UP PROCESS. TO SUPPORT INCREASED COORDINATION AMONG PARTNERS AND THE GOVERNMENT, THE DHIS2 PROJECT WORKED WITHIN THE CONTEXT OF THE NEWLY CREATED NATIONAL EMERGENCY ROUTINE IMMUNIZATION COORDINATING CENTER (NERICC) IN THE ANALYSIS AND USE OF RI DATA FOR DECISION-MAKING. THIS PROCESS HAS

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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HELPED SUPPORT INCREASED OWNERSHIP OF THE SYSTEM BY THE GOVERNMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DATA FOR HEALTH

THE CDC FOUNDATION CONTINUED ITS PARTNERSHIP ON THE DATA FOR HEALTH INITIATIVE. THIS INNOVATIVE EFFORT TO SOLVING THE WORLD'S MOST PRESSING PUBLIC HEALTH PROBLEMS WITH TECHNOLOGY AND DATA HELPS TO FILL MAJOR GAPS IN GLOBAL HEALTH. EACH YEAR, MORE THAN 50 MILLION PEOPLE DIE AROUND THE GLOBE. NEARLY 30 MILLION OF THESE DEATHS ARE NEVER RECORDED, WHICH IS A MAJOR OBSTACLE TO DEVELOPING DATA-DRIVEN POLICIES THAT IMPROVE PUBLIC HEALTH. THE DATA FOR HEALTH INITIATIVE ASSISTS 20 LOW- AND MIDDLE-INCOME COUNTRIES ACROSS LATIN AMERICA, ASIA AND AFRICA IN STRENGTHENING THEIR PUBLIC HEALTH DATA SYSTEMS AND USE OF DATA USE FOR CRITICAL POLICY-MAKING DECISIONS.

THE CDC FOUNDATION, WORKING WITH CDC AND OTHER PARTNERS, SUPPORTS DEDICATED COUNTRY-LEVEL GOVERNMENT STAFF TO STRENGTHEN BIRTH AND DEATH REGISTRATION SYSTEMS AND IMPROVE INFORMATION ON CAUSE OF DEATH. THE PARTNERSHIP ALSO SUPPORTS AND CONVENES EXPERTS TO CREATE THE BEST-IN-CLASS MOBILE PHONE RISK FACTOR SURVEYS FOR NONCOMMUNICABLE DISEASES. FINALLY, THE PARTNERSHIP HELPS IN-COUNTRY, CDC-SUPPORTED FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP) RESIDENTS AND NATIONAL PUBLIC HEALTH INSTITUTE STAFF IMPROVE CAPACITY IN MINISTRIES OF HEALTH TO USE HEALTH DATA TO INFORM POLICY DEVELOPMENT. MORE THAN 1 BILLION PEOPLE WILL BE IMPACTED BY THIS PROJECT, LIVING IN COUNTRIES WITH IMPROVED CAPACITY TO USE DATA TO INFORM CRITICAL PUBLIC HEALTH DECISIONS.

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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SINCE THE INITIATIVE'S LAUNCH IN 2015, EIGHT COUNTRIES WHICH WERE NOT USING THE INTERNATIONAL DEATH CERTIFICATE AT THE OUTSET OF DATA FOR HEALTH CHANGED THEIR DEATH CERTIFICATE TO ALIGN WITH INTERNATIONAL STANDARDS. DATA ON OUT-OF-HOSPITAL DEATHS, WHICH IN SOME COUNTRIES REPRESENTS MOST DEATHS, IS BEING COLLECTED BY THE GOVERNMENT FOR THE FIRST TIME IN SEVEN COUNTRIES. GOVERNMENTS ARE REALLOCATING EXISTING RESOURCES, INCLUDING STAFFING, TO IMMEDIATELY FIND SUSTAINABLE WAYS TO USE EXISTING STAFF TO COLLECT ROUTINE DEATH DATA IN VARIOUS COUNTRIES. IN ADDITION, PILOT PROJECTS TO CONDUCT NATIONAL MOBILE PHONE SURVEYS THAT COLLECT NONCOMMUNICABLE DISEASE RISK FACTOR DATA HAVE BEGUN. THIS ACHIEVEMENT IS THE FIRST TIME THAT A NATIONAL-SCALE MOBILE PHONE SURVEY OF THIS KIND HAS BEEN CONDUCTED, AND THE RESULTS ARE BEING COMPARED TO THE WORLD HEALTH ORGANIZATION'S STEPWISE SURVEY IN THE SAME COUNTRIES TO EVALUATE ACCURACY OF THIS INNOVATION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

**MALARIA ZERO**

IN NOVEMBER 2014, THE BILL AND MELINDA GATES FOUNDATION GRANTED \$29.9 MILLION TO THE CDC FOUNDATION TO SUPPORT THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) TO LEAD A CONSORTIUM OF MALARIA EXPERTS AIMING TO ELIMINATE INDIGENOUS CASES OF MALARIA ON THE ISLAND OF HISPANIOLA BY 2020. HISPANIOLA, WHICH INCLUDES THE COUNTRIES OF HAITI AND THE DOMINICAN REPUBLIC, IS THE ONLY REMAINING ISLAND IN THE CARIBBEAN WHERE MALARIA IS ENDEMIC.

THE MALARIA ZERO (MZ) PARTNERSHIP FORMED THROUGH THIS GRANT WORKS

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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CLOSELY WITH THE INTERNATIONAL COMMUNITY AND PARTNERS IN HISPANIOLA AND

ARE ALIGNED WITH HAITI'S NATIONAL STRATEGIC PLAN FOR MALARIA

ELIMINATION. MZ PARTNERS INCLUDE CDC, THE CDC FOUNDATION, THE HAITI

MINISTRY OF PUBLIC HEALTH AND POPULATION, THE DOMINICAN REPUBLIC

MINISTRY OF PUBLIC HEALTH, THE PAN AMERICAN HEALTH ORGANIZATION, THE

CARTER CENTER, THE CLINTON HEALTH ACCESS INITIATIVE, TULANE UNIVERSITY

SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE, AND THE LONDON SCHOOL OF

HYGIENE & TROPICAL MEDICINE.

MZ PARTNERS COLLECTIVELY WORK TO ASSIST THE COUNTRIES OF HISPANIOLA IN

DEVELOPING, ADOPTING, AND IMPLEMENTING AN EVIDENCE-BASED STRATEGY AND

OPERATIONAL PLAN FOR ACHIEVING MALARIA ELIMINATION; IMPROVING AND

REFINING MALARIA SURVEILLANCE SYSTEMS TO SUPPORT DECISION-MAKING AND

ACTION; AND REDUCING MALARIA TRANSMISSION THROUGH IMPLEMENTATION OF

EFFECTIVE COMMUNITY-BASED INTERVENTIONS THAT ARE TAILORED TO THE LEVEL

OF MALARIA RISK IN HIGH-PREVALENCE AREAS. MZ CURRENTLY FOCUSES EFFORTS

IN THE GRAND ANSE DEPARTMENT OF HAITI, THE AREA OF THE COUNTRY WITH THE

HIGHEST BUDGET OF CASES.

FROM JULY 2017 TO JUNE 2018, THE PROJECT SHIFTED FROM CONDUCTING

OPERATIONAL RESEARCH TO PLANNING AND PREPARING FOR IMPLEMENTATION OF

THE TARGETED PACKAGE OF INTERVENTIONS IN THE FALL OF 2018. THE PACKAGE

OF INTERVENTIONS INCLUDES SURVEILLANCE SYSTEM IMPROVEMENTS, HIRING AND

TRAINING COMMUNITY HEALTH WORKERS TO INCREASE DIAGNOSIS AND TREATMENT

FOR MALARIA IN REMOTE AREAS, A TARGETED MASS DRUG ADMINISTRATION

CAMPAIGN, AND INDOOR RESIDUAL SPRAYING OF INSECTICIDES IN HOMES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE FOUNDATION, WORKING IN COLLABORATION WITH THE CDC, SPENDS THE VAST

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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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

CONDITIONS AND INFECTIOUS DISEASES, GLOBAL HEALTH PRIORITIES SUCH AS

SAFE WATER AND PROGRAMS FOR ENVIRONMENTAL HEALTH AND OCCUPATIONAL

HEALTH AND SAFETY.

EXPENSES \$ 42,523,102. INCL GRANTS OF \$ 15,424,717. REVENUE \$ 2,750,130.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE FOUNDATION'S PUBLIC ACCOUNTING FIRM IN

CONJUNCTION WITH KEY ACCOUNTING STAFF OF CDC FOUNDATION. SUBSEQUENTLY, THE

FORM 990 WAS REVIEWED BY LEGAL COUNSEL. PRIOR TO ELECTRONIC FILING, KEY

ACCOUNTING STAFF REVIEWED THE FORM 990 WITH THE FOUNDATION'S CEO/PRESIDENT.

IN ADDITION, THE FORM 990 WAS SENT TO THE FINANCE COMMITTEE OF THE BOARD OF

DIRECTORS FOR THEIR REVIEW, COMMENTS, AND QUESTIONS AND THEN GIVEN TO THE

BOARD FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF THE BOARD ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST

POLICY ANNUALLY. THE FOUNDATION MAINTAINS A COPY OF THE SIGNATURE

INDICATING COMPLIANCE WITH THE RULES. LEGAL COUNSEL REVIEWS THE POLICY

ANNUALLY WITH ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

AN INDEPENDENT, INTERNATIONAL HUMAN RESOURCES CONSULTING FIRM IS PROVIDED

WITH ALL POSITION DESCRIPTIONS AND THAT FIRM PREPARES A SALARY STUDY

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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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 BY THE PRESIDENT, THE EXECUTIVE COMMITTEE ALSO SETS THE COMPENSATION PACKAGE OF THE CFO AND THE CHIEF INNOVATION AND STRATEGY OFFICER FOR THE FOLLOWING YEAR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, 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 TEN 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. THE FOUNDATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROGRAM SERVICES EXPENSE:

PROGRAM SERVICE EXPENSES	22,034,761.
MANAGEMENT AND GENERAL EXPENSES	330,266.
FUNDRAISING EXPENSES	23,515.
TOTAL EXPENSES	22,388,542.



Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 22,388,542.

FORM 990, PART IX, LINE 11G

THE FOUNDATION, WORKING IN CONCERT WITH THE CDC, SPENDS THE VAST MAJORITY OF ITS FUNDS DIRECTLY FOR PROGRAMS AND PROJECTS THAT FURTHER ITS EXEMPT PURPOSES. THESE DISBURSEMENTS ARE EITHER IN THE FORM OF GRANTS OR AWARDS OR IN THE FORM OF FEES FOR SERVICES. FEES FOR SERVICES RANGE FROM TRANSLATOR FEES FOR THE TOBACCO SURVEYS IN TWENTY-FOUR COUNTRIES, TO CONSULTANTS FOR THE PRODUCTION OF ENVIRONMENTAL SCANS, SURVEY AND STATISTICAL WORK, TRAINING MANUALS AND RESEARCH PLANNING. THE AUTHORITY OF THE FOUNDATION TO PAY FOR THESE SERVICES IS ADDRESSED IN THE FEDERAL STATUTE CREATING THE FOUNDATION AND PLAYS A VITAL ROLE IN HELPING CDC ACCOMPLISH ITS MISSION. THE FOUNDATION MONITORS THESE FEES AND SERVICES TO ENSURE THAT THE AMOUNTS PAID ARE REASONABLE AND THAT PROGRAM GOALS ARE BEING MET.

FORM 990, PART I, LINE 19

THE CDC FOUNDATION FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THEREFORE, IT RECOGNIZES COMMITMENTS MADE BY DONORS TO FUND PROJECTS AS CONTRIBUTIONS AT THE TIME OF THE COMMITMENT WHEREAS DISBURSEMENT OF PROJECT FUNDS MAY SPAN MULTIPLE YEARS. ACCORDINGLY, IN CERTAIN YEARS BASED ON THE TIMING OF DISBURSEMENT, PROJECT COSTS AND EXPENSES MAY EXCEED TOTAL CONTRIBUTIONS RECEIVED.

FORM 990, PART II-A, LINE 2C, LOBBYING ACTIVITIES BY ELECTING ORGANIZATIONS

THE FOUNDATION INCURRED NO LOBBYING EXPENDITURES FOR THE YEAR ENDED

JUNE 30, 2018

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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FORM 990, PART IX, LINE 11G, OTHER PROGRAM SERVICE DETAIL

PAYROLL SERVICES - \$78,979

MEDICAL PROFESSIONALS - \$1,320,307

TRANSLATION AND COMMUNICATION SERVICES - \$337,480

MANAGEMENT AND GENERAL SERVICES -\$337,887

BUILDING AND CONSTRUCTION SERVICES -\$3,101,096

TECHNOLOGY AND IT SERVICES - \$1,880,985

OTHER PROGRAM SERVICES - \$15,331,808

FORM 990, PART VIII, LINE 3, INVESTMENT INCOME

INVESTMENT EARNINGS ARE REPORTED NET OF INVESTMENT FEES OF \$21,628.57.

Form **990-T**

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

OMB No. 1545-0687

## 2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</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)</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>600 PEACHTREE STREET NE, NO. 1000</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>ATLANTA, GA 30308</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)   <b>58-2106707</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)   <b>900099</b></p>
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**C** Book value of all assets at end of year: 116,017,660.

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  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 ▶ CULLEN BRYENTON Telephone number ▶ 404-523-1872

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <u>STATEMENT 1</u>	<b>12</b>	36,956.	36,956.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	36,956.	36,956.

**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.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	0.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	36,956.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	36,956.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	35,956.

**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 SEE STATEMENT 2 **35c** 6,463.  
**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 Tax on Non-Compliant Facility Income.** See instructions **39**  
**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 6,463.

**Part IV Tax and Payments**

**41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a**  
**b** Other credits (see instructions) **41b**  
**c** General business credit. Attach Form 3800 **41c**  
**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**  
**e** Total credits. Add lines 41a through 41d **41e**  
**42** Subtract line 41e from line 40 **42** 6,463.  
**43** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **43**  
**44** Total tax. Add lines 42 and 43 **44** 6,463.  
**45 a** Payments: A 2016 overpayment credited to 2017 **45a**  
**b** 2017 estimated tax payments **45b**  
**c** Tax deposited with Form 8868 **45c**  
**d** Foreign organizations: Tax paid or withheld at source (see instructions) **45d**  
**e** Backup withholding (see instructions) **45e**  
**f** Credit for small employer health insurance premiums (Attach Form 8941) **45f**  
**g** Other credits and payments:  Form 2439  Form 4136  Other Total **45g**  
**46** Total payments. Add lines 45a through 45g **46**  
**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached  **47**  
**48** Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48** 6,463.  
**49** Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49**  
**50** Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded **50**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**51** At any time during the 2017 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  Yes  No X  
**52** 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 instructions for other forms the organization may have to file.  Yes  No X  
**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$

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: *[Signature]* Date: 4/8/19 Title: PRESIDENT/CEO  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: M. SUSAN HILL Preparer's signature: *[Signature]* Date: 04/04/19 Check  if self-employed PTIN: P00846200  
 Firm's name: WARREN AVERETT, LLC Firm's EIN: 45-4084437  
 Firm's address: SIX CONCOURSE PARKWAY, SUITE 600 ATLANTA, GA 30328 Phone no. 770-396-1100

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

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

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

**2. Rent received or accrued**

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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) ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

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)		%		
<b>Totals</b> .....		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.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

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)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

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

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)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

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)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**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)						
<b>Totals</b> (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)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

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

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

AMOUNTS PAID FOR DISALLOWED FRINGES- 01/01/2018 THROUGH  
06/30/2018

36,956.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

36,956.



FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT 2
1.	TAXABLE INCOME . . . . .	35,956
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	35,956
3.	LINE 1 LESS LINE 2 . . . . .	0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0
5.	LINE 3 LESS LINE 4 . . . . .	0
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	0
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0
8.	15 PERCENT OF LINE 2 . . . . .	5,393
9.	25 PERCENT OF LINE 4 . . . . .	0
10.	34 PERCENT OF LINE 6 . . . . .	0
11.	35 PERCENT OF LINE 7 . . . . .	0
12.	ADDITIONAL 5% SURTAX . . . . .	0
13.	ADDITIONAL 3% SURTAX . . . . .	0
14.	TOTAL INCOME TAX	<u><u>5,393</u></u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u><u>7,551</u></u>
	DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184	2,719
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	3,744
18.	TOTAL TAX PRORATED	<u><u>6,463</u></u>

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number (EIN) or  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. 600 PEACHTREE STREET NE, NO. 1000	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30308	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

CULLEN BRYENTON

• The books are in the care of ▶ 600 PEACHTREE STREET NE, NO. 1000 - ATLANTA, GA 30308  
Telephone No. ▶ 404-523-1872 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.

**1** I request an automatic 6-month extension of time until MAY 15, 2019, 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, 2017, and ending JUN 30, 2018.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.