

Form 990

Return of Organization Exempt From Income Tax

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

Form header section containing organization name (National Foundation for the Centers for Disease Control and Prevention, Inc.), EIN (58-2106707), address (55 Park Place, Atlanta, GA 30303), and principal officer (Charles Stokes).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown (Total: 26,990,766), expense breakdown (Total: -2,530,019), and net assets (Total: 51,955,577).

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.

Signature block containing signatures and dates for Charles Stokes (President/CEO), Susan Hill (Preparer), and Metcalf Davis, CPAs (Firm).

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 to any question in this Part III [X]

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 [X] No

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

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 \$ 4,061,687. including grants of \$ 3,012,020.) (Revenue \$) Strengthening Disease Surveillance and Response in Central Africa

See Schedule O for description

4b (Code:) (Expenses \$ 3,906,053. including grants of \$ 1,137,795.) (Revenue \$) Freedom from Smoking Initiative

See Schedule O for description

4c (Code:) (Expenses \$ 3,761,603. including grants of \$ 259,400.) (Revenue \$) PEPFAR Public Private Partnership Cooperative Agreement

See Schedule O for description

4d Other program services (Describe in Schedule O.) (Expenses \$ 13,444,712. including grants of \$ 6,374,429.) (Revenue \$ 1,142,360.)

4e Total program service expenses 25,174,055.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	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
6	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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, 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	
10	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	
11	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.		
a	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	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
c	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
d	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
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	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	
12a	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	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (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
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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 to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 179		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 49		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	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).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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, AZ, AR, CA, CT, DC, FL, GA, IL, KS, KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, physical address, and telephone number of the person who possesses the books and records of the organization: Paula Jasina - (404) 653-0790 55 Park Place, Suite 400, Atlanta, GA 30303-2915

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

Check if Schedule O contains a response to any question 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) Gary Cohen Chair	2.80	X		X				0.	0.	0.
(2) Andrew R. Klepchick, Jr. Treasurer	2.20	X		X				0.	0.	0.
(3) David M. Ratcliffe Secretary	2.20	X		X				0.	0.	0.
(4) Dr. Leah Devlin Director	1.30	X						0.	0.	0.
(6) Carlos Dominguez Director	1.30	X						0.	0.	0.
(6) James W. Down Director	1.30	X						0.	0.	0.
(7) Philip S. Jacobs Director	1.30	X						0.	0.	0.
(8) Matt James Director	1.30	X						0.	0.	0.
(9) Bob Jeffrey Director	1.30	X						0.	0.	0.
(10) Charles H. "Pete" McTier Director	2.20	X						0.	0.	0.
(11) Douglas W. Nelson Director	2.20	X						0.	0.	0.
(12) John G. Rice Director	1.30	X						0.	0.	0.
(13) Amy Robbins Towers Director	1.30	X						0.	0.	0.
(14) David Satcher, M.D., Ph.D. Director	1.30	X						0.	0.	0.
(15) Robert A. Yellowlees Director	2.20	X						0.	0.	0.
(16) Charles Stokes President & CEO	60.00			X				363,020.	0.	45,950.
(17) Paula Jasina CFO	60.00			X				151,359.	0.	23,400.

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) Chloe Tonney Executive VP of External Affairs	60.00				X			216,077.	0.	29,900.
(19) Alan D. Harrison VP for Administration	40.00					X		107,043.	0.	19,267.
(20) Darlene Honaman VP for Advancement	50.00					X		108,773.	0.	19,579.
(21) William Parra COO Bloomberg Initiative	50.00					X		121,168.	0.	20,300.
(22) Kelley T. Mouchabeck Assoc. VP of Finance/Former CFO	35.00						X	111,638.	0.	19,300.
1b Sub-total								1,179,078.	0.	177,696.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,179,078.	0.	177,696.

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 7

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 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
Fintech Kenya Limited, 16 Fl. Ambank House, Univ. Way, Nairobi, KENYA	Prof. Fees - Phones for Health	509,105.
McKing Consulting Corporation, 2810 Old Lee Highway, Ste 300, Fairfax, VA 22031	Prof. Fees - Freedom from Smoking	279,583.
AKESCO Associates 1136 8th Ave West, Seattle, WA 98119	Prof. Fees - SURVAC	212,192.
Weber Shandwick Box 7247-6593, Philadelphia, PA 19170	Prof. Fees - Nat'l Hepatitis Educational	210,341.
Science Applications 1710 SAIC Drive, McLean, VA 22102	Prof. Fees - Freedom from Smoking	186,905.

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 5

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 4,007,013.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 21,652,075.				
	g Noncash contributions included in lines 1a-1f: \$	291,000.				
	h Total. Add lines 1a-1f	▶ 25,659,088.				
	Program Service Revenue	2 a Data Collection Resear	Business Code 541700	579,277.	579,277.	
b Lab Research Agreement		541900	260,089.	260,089.		
c Health Surveillance		541900	181,900.	181,900.		
d Health Training		541900	121,094.	121,094.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 1,142,360.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 189,115.			189,115.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	203.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	0.			
		c Gain or (loss)	203.			
	d Net gain or (loss)	▶ 203.			203.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	26,990,766.	1,142,360.	0.	189,318.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,895,353.	6,895,353.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	3,888,291.	3,888,291.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	890,903.	153,517.	398,155.	339,231.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,850,168.	1,154,571.	1,052,282.	643,315.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	217,794.	67,874.	93,352.	56,568.
9 Other employee benefits	277,429.	110,028.	93,901.	73,500.
10 Payroll taxes	251,334.	94,389.	93,734.	63,211.
11 Fees for services (non-employees):				
a Management				
b Legal	90,951.	3,290.	77,108.	10,553.
c Accounting	57,600.		57,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	535.		535.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,788,509.	10,325,185.	247,750.	215,574.
12 Advertising and promotion	10,774.		10,774.	
13 Office expenses	680,714.	474,267.	92,358.	114,089.
14 Information technology	158,806.	12,399.	132,415.	13,992.
15 Royalties				
16 Occupancy	428,133.	209,234.	138,680.	80,219.
17 Travel	1,410,350.	1,338,907.	26,657.	44,786.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	65,712.	65,712.		
19 Conferences, conventions, and meetings	433,914.	345,053.	34,147.	54,714.
20 Interest	2,032.		2,032.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,332.	12,816.	18,941.	11,575.
23 Insurance	41,849.	6,623.	35,226.	
24 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.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	36,302.	16,546.	8,787.	10,969.
25 Total functional expenses. Add lines 1 through 24e	29,520,785.	25,174,055.	2,614,434.	1,732,296.
26 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 to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	39,543,452.	2	46,269,755.
	3 Pledges and grants receivable, net	24,756,393.	3	16,760,004.
	4 Accounts receivable, net	402,175.	4	1,019,475.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,635,229.	9	2,200,614.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 453,534.		
	b Less: accumulated depreciation	10b 394,667.	102,199.	10c 58,867.
	11 Investments - publicly traded securities	2,336,447.	11	2,961,078.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	68,775,895.	16	69,269,793.	
Liabilities	17 Accounts payable and accrued expenses	602,875.	17	649,839.
	18 Grants payable	1,565,771.	18	1,650,073.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	219,324.	21	180,571.
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,032,301.	25	14,833,733.
	26 Total liabilities. Add lines 17 through 25	14,420,271.	26	17,314,216.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,393,399.	27	8,522,140.
	28 Temporarily restricted net assets	43,267,508.	28	40,368,607.
	29 Permanently restricted net assets	2,694,717.	29	3,064,830.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	54,355,624.	33	51,955,577.	
34 Total liabilities and net assets/fund balances	68,775,895.	34	69,269,793.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,990,766.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,520,785.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,530,019.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,355,624.
5	Net unrealized gains (losses) on investments	5	129,972.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	51,955,577.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? 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	X	

Form **990** (2012)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,288,392.	22,096,581.	38,886,466.	17,646,412.	25,659,088.	161,576,939.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...	498,406.	478,546.	496,081.	404,991.	216,472.	2,094,496.
4 Total. Add lines 1 through 3	57,786,798.	22,575,127.	39,382,547.	18,051,403.	25,875,560.	163,671,435.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						75,598,385.
6 Public support. Subtract line 5 from line 4.						88,073,050.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	57,786,798.	22,575,127.	39,382,547.	18,051,403.	25,875,560.	163,671,435.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	355,276.	151,940.	169,564.	136,410.	189,115.	1,002,305.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						164,673,740.
12 Gross receipts from related activities, etc. (see instructions)					12	4,567,082.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	53.48	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	52.86	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2012

Name of the organization

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

Employer identification number

58-2106707

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part I Contributors (see instructions). 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	_____ _____ _____	\$ 12,343,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 3,250,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____	\$ 613,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

Name of organization	National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number	58-2106707
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

LHA

232041
01-07-13

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		3,193.	
c Total lobbying expenditures (add lines 1a and 1b)		3,193.	
d Other exempt purpose expenditures		29,517,592.	
e Total exempt purpose expenditures (add lines 1c and 1d)		29,520,785.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
c Total lobbying expenditures		17,971.	6,196.	3,193.	27,360.
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
f 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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

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

Employer identification number
58-2106707

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,602,038.	2,516,794.	2,043,679.	1,934,568.	2,482,206.
b Contributions	370,113.	409,702.	237,213.	112,868.	62,808.
c Net investment earnings, gains, and losses	220,629.	-899.	382,727.	202,929.	-469,792.
d Grants or scholarships					
e Other expenditures for facilities and programs	40,840.	323,559.	146,825.	187,565.	124,074.
f Administrative expenses				19,121.	16,580.
g End of year balance	3,151,940.	2,602,038.	2,516,794.	2,043,679.	1,934,568.

- 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 97.24 %
 - c Temporarily restricted endowment 2.76 %
- The percentages in 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment. 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
1a Land				
b Buildings				
c Leasehold improvements		37,481.	31,965.	5,516.
d Equipment		83,987.	79,870.	4,117.
e Other		332,066.	282,832.	49,234.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				58,867.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Contracts payable	9,443,290.
(3) Deferred rent	258,506.
(4) Other liabilities	656,961.
(5) Refundable advances	4,474,976.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,833,733.

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements	1	27,337,210.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	129,972.
b	Donated services and use of facilities	2b	216,472.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	346,444.
3	Subtract line 2e from line 1	3	26,990,766.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,990,766.

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

1	Total expenses and losses per audited financial statements	1	29,737,257.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	216,472.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	216,472.
3	Subtract line 2e from line 1	3	29,520,785.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	29,520,785.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, 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 endowment funds are used for programs such as a

global health fellowships, scientific lectures, safe water and hospital

based infections.

Part X, Line 2: Income Taxes - The Foundation is recognized as an

Part XIII Supplemental Information (continued)

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

The Foundation's policy is to record a liability for any tax position
taken that is beneficial to the Foundation, including any related interest
and penalties, when it is more likely than not the position taken by
management with respect to a transaction or class of transactions will be
overturned by a taxing authority upon examination. Management believes
there are no such positions as of June 30, 2013 and 2012 and, accordingly,
no liability has been accrued.

Generally the IRS may examine a tax return for three years from the date
it is filed. At June 30, 2013, tax years ended June 30, 2010, 2011 and
2012 remained open for possible examination by the IRS.

Part X, Refundable Advances: During a prior year the Foundation received
\$5,000,000 in refundable advances to be used for Emergency Preparedness
and Response which includes severe and/or infrequent national level
emergencies. Recognition as revenue is contingent upon the Foundation
using these funds for their intended purpose by November 14, 2014. Any
amounts not used by this date must be returned to the donor. At June 30,
2013 and 2012, \$4,474,976 and \$4,474,976, respectively, remained available
to be expended in future years.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2012

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" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
Central Am. & Caribbean	0	0	Program Services	Travel	8,674.
East Asia & Pacific	0	0	Grant Making	Award	206,225.
East Asia & Pacific	0	0	Program Services	Conferences, Meetings	6,794.
East Asia & Pacific	0	0	Program Services	Printing, Promotion	1,945.
East Asia & Pacific	0	0	Program Services	Professional Fees	92,111.
East Asia & Pacific	0	0	Program Services	Supplies	5,024.
East Asia & Pacific	0	0	Program Services	Travel	223,100.
Europe	0	0	Grant Making	Award	1,715,344.
3 a Sub-total	0	0			2,259,217.
b Total from continuation sheets to Part I	0	0			6,086,295.
c Totals (add lines 3a and 3b)	0	0			8,345,512.

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

Schedule F (Form 990) 2012

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	0	Program Services	Conferences, Meetings	383.
Europe	0	0	Program Services	Printing, Promotion	40,503.
Europe	0	0	Program Services	Professional Fees	669,084.
Europe	0	0	Program Services	Travel	190,297.
North America	0	0	Grant Making	Award	133,905.
Russia & Ind. States	0	0	Program Services	Professional Fees	14,794.
Russia & Ind. States	0	0	Program Services	Travel	1,040.
South America	0	0	Grant Making	Award	81,000.
South America	0	0	Program Services	Professional Fees	1,200.
South America	0	0	Program Services	Travel	63,852.
Totals					

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
South Asia	0	0	Grant Making	Award	144,798.
South Asia	0	0	Program Services	Conferences, Meetings	1,997.
South Asia	0	0	Program Services	Postage, Shipping	1,962.
South Asia	0	0	Program Services	Professional Fees	71,986.
South Asia	0	0	Program Services	Travel	28,299.
Sub-Saharan Africa	0	0	Grant Making	Award	1,607,019.
Sub-Saharan Africa	0	0	Program Services	Conferences, Meetings	12,985.
Sub-Saharan Africa	0	0	Program Services	Equipment, Repairs , Maintenance	135,912.
Sub-Saharan Africa	0	0	Program Services	Misc.	1,837.
Sub-Saharan Africa	0	0	Program Services	Occupancy	69,720.
Totals					

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	0	0	Program Services	Postage, Shipping	334.
Sub-Saharan Africa	0	0	Program Services	Printing, Promotion	4,434.
Sub-Saharan Africa	0	0	Program Services	Professional Fees	2,414,586.
Sub-Saharan Africa	0	0	Program Services	Supplies	58,391.
Sub-Saharan Africa	0	0	Program Services	Travel	335,977.
Totals					6,086,295.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Freedom from Smoking Initiative	2,000.	WT	0.		
		Europe	Freedom from Smoking Initiative	10,400.	WT	0.		
		Europe	Freedom from Smoking Initiative	43,223.	WT	0.		
		Europe	Freedom from Smoking Initiative	80,000.	WT	0.		
		South America	Freedom from Smoking Initiative	81,000.	WT	0.		
		Europe	Freedom from Smoking Initiative	93,790.	WT	0.		
		Europe	Freedom from Smoking Initiative	102,922.	WT	0.		
		Europe	Freedom from Smoking Initiative	123,735.	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 **51**

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Freedom from Smoking Initiative	179,670.	WT	0.		
		Europe	Rotavirus Surveillance - Global	42,767.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	11,259.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	21,018.	WT	0.		
		Europe	Strengthening Surveillance Response in Central Africa	28,250.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	49,004.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	49,004.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	50,000.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	56,164.	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	Strengthening Surveillance Response in Central Africa	58,972.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	81,522.	WT	0.		
		Europe	Strengthening Surveillance Response in Central Africa	83,529.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	235,911.	WT	0.		
		Europe	Strengthening Surveillance Response in Central Africa	1,003,520.	WT	0.		
		South Asia	Road Traffic Injury Prevention and Control in India	19,000.	WT	0.		
		South Asia	Road Traffic Injury Prevention and Control in India	31,250.	WT	0.		
		South Asia	Road Traffic Injury Prevention and Control in India	31,250.	WT	0.		
		South Asia	Road Traffic Injury Prevention and Control in India	31,250.	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)
		South Asia	Road Traffic Injury Prevention and Control in India	31,250.	WT	0.		
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	3,461.	WT	0.		
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	4,142.	WT	0.		
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	29,935.	WT	0.		
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	35,813.	WT	0.		
		Europe	Smallpox Zero Reminiscences Project	42,750.	WT	0.		
		Sub-Saharan Africa	Evaluating Safe Water Intervention (Western Kenya)	8,136.	WT	0.		
		Sub-Saharan Africa	Evaluating Safe Water Intervention (Western Kenya)	8,704.	WT	0.		
		Europe	Monitoring the Tobacco Epidemic in Africa & Southeast Asia	115,825.	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)
		Europe	Monitoring the Tobacco Epidemic in Africa & Southeast Asia	133,905.	WT	0.		
		Sub-Saharan Africa	Monitoring the Tobacco Epidemic in Africa & Southeast Asia	161,590.	WT	0.		
		Europe	Improving Disease Control by Strengthening Surveillance and	46,895.	WT	0.		
		Sub-Saharan Africa	Improving Disease Control by Strengthening Surveillance and	61,290.	WT	0.		
		Sub-Saharan Africa	Improving Disease Control by Strengthening Surveillance and	213,197.	WT	0.		
		Europe	Improving Disease Control by Strengthening Surveillance and	251,237.	WT	0.		
		Sub-Saharan Africa	Bed Nets for Children	0.		8,000.	Bednets	Cost
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	0.		5,453.	Office Equipment	Cost
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	0.		30,952.	HP Servers	Cost

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	Phones for Health: PEPFAR Supported Countries	0.		4,234.	IT supplies	Cost
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	0.		28,750.	IT supplies	Cost
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	0.		17,407.	IT supplies	Cost
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	0.		590.	Installation Charges	Cost
		Sub-Saharan Africa	International Flour Fortification - Phase II - New	0.		798.	Printing Brochures	Cost
		Sub-Saharan Africa	Evaluating Safe Water Intervention (Western Kenya)	0.		74.	Lab Supplies	Cost
		Sub-Saharan Africa	Evaluating Safe Water Intervention (Western Kenya)	0.		3,444.	Lab Supplies	Cost
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries (Year 4)	0.		40,050.	Manotebooks	Cost

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 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)* 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to 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.

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

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

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

The CDC works closely with Foundation personnel to actively monitor the

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

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

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

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

that the funds are properly spent.

All foreign payees are checked against the Treasury's Specially

Designated Nationals List before disbursement is made.

Part II, Column (d):

Region: Europe

(d) Purpose of Grant: Improving Disease Control by Strengthening

Surveillance and Response

Region: Sub-Saharan Africa

(d) Purpose of Grant: Improving Disease Control by Strengthening

Surveillance and Response

Region: Sub-Saharan Africa

(d) Purpose of Grant: Improving Disease Control by Strengthening

Surveillance and Response

Region: Europe

Part V Supplemental Information

Complete this part to 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.

(d) Purpose of Grant: Improving Disease Control by Strengthening

Surveillance and Response

Multiple horizontal lines for supplemental information.

**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alaska Native Tribal Health Consortium - 4000 Ambassador Drive - Anchorage, AK 99508	92-0162721	501 (c)(3)	53,481.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Bleeding and Clotting Disorders Institute - 6811 N Knoxville Ave Suite A - Peoria, IL 61614	27-2050459	501 (c)(3)	7,965.	0.			Study Of Inhibitors in Hemophilia
Blood Center of Wisconsin PO Box 2178 Milwaukee, WI 53201-2178	39-0807235	501 (c)(3)	7,965.	0.			Study Of Inhibitors in Hemophilia
Blood Center of Wisconsin PO Box 2178 Milwaukee, WI 53201-2178	39-0807235	501 (c)(3)	3,200.	0.			Study Of Inhibitors in Hemophilia
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	17,500.	0.			Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	294.	0.			Primate RETroviral Transmission

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **283.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

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	28,145.	0.			Field Epidemiology Training Program-Saudi Arabia
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	11,504.	0.			Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	28,000.	0.			Biomarker Detection of Cervical Cancer
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	15,000.	0.			Adapt of Evidence-Based Interventions in Violence Prevention
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	12,975.	0.			Inflammatory Back Pain and Spondyloarthritis
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	52,500.	0.			Emergency Obstetric Care In Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	7,500.	0.			Extension for Community Healthcare Outcomes (ECHO)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	269,920.	0.			Strengthening Surveillance Response in Central Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	53,050.	0.			Improving Disease Control by Strengthening Surveillance and Response

Schedule I (Form 990)

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	123,676.	0.			Improving Disease Control by Strengthening Surveillance and Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	264,603.	0.			Strengthening Surveillance Response in Central Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	43,250.	0.			Immunization Information Systems (IIS) Roadmap
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,500.	0.			Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	13,000.	0.			Treatment of TB with Prifitin
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	52,863.	0.			CheCS Cost-effectiveness Modeling Fellow
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	52,009.	0.			RIFAQUIN Treatment for Pulmonary Tuberculosis
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	16,118.	0.			Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	72,490.	0.			Public Finance Priorities and Tobacco Taxation

Schedule I (Form 990)

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	79,529.	0.			Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	24,329.	0.			Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	64,192.	0.			Immunogenic Mechanisms of Vaccine Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	7,151.	0.			Primate RETroviral Transmission
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	7,500.	0.			Primate RETroviral Transmission
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	40,364.	0.			Phones for Health: PEPFAR Supported Countries
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	15,000.	0.			Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	17,572.	0.			Global Hepatitis Program Fellow
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	150,000.	0.			Global Hepatitis Program Fellow

Schedule I (Form 990)

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	2,000.	0.			Birth-Cohort Evaluation (BEST-C)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Viral Hepatitis Action Coalition (VHAC)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Viral Hepatitis Action Coalition (VHAC)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	33,000.	0.			Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	337,135.	0.			Strengthening Global Tobacco Surveillance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	80,525.	0.			Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	129,264.	0.			Controlling Viral Foodborne Disease
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	18,396.	0.			Plane, Trains and Auto-mobility
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	500.	0.			Plane, Trains and Auto-mobility

Schedule I (Form 990)

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	50,528.	0.			Plane, Trains and Auto-mobility
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	6,159.	Cost	10,000-Get Smart Pads	Natl Campaign Appropriate Antibiotic - Get Smart
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,104.	Cost	Get Smart Brochures-7 Versions	Natl Campaign Appropriate Antibiotic - Get Smart
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,784.	Cost	3500 Get Smart Posters	Natl Campaign Appropriate Antibiotic - Get Smart
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	146.	Cost	Batteries and lanterns	Emergency Preparedness & Response Fund
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,256.	Cost	4 Coleman CO Fuel Propane Bottles	Emergency Preparedness & Response Fund
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	744.	Cost	3 lanterns, 7 headlamps, 4 swiss Gears	Emergency Preparedness & Response Fund
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	13.	Cost	Batteries	CDC Visitor and Education Center
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	17.	Cost	Cards	CDC Visitor and Education Center

Schedule I (Form 990)

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.	1,951.	Cost	6000-Cancer/Flu Posters	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	560.	Cost	3-Cap only 15-415 mm 300/C	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,669.	Cost	21-Testosterone in human serum	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,250.	Cost	Medication bottle labels	Treatment of TB with Prifitin
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	876.	Cost	Poster Insulin Pen Be Aware	Improved Safe Injection Practices
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	308.	Cost	Backgrounder O O Insert	Improved Safe Injection Practices
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,092.	Cost	SIPC Insulin Pe Brochure	Improved Safe Injection Practices
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	563.	Cost	Inject Safety Infographic Insert	Improved Safe Injection Practices
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,954.	Cost	Inject Safety Infographic Insert	Preventing Infections in Cancer Patients

Schedule I (Form 990)

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.	5,514.	Cost	2000-CDC Infection Control Manual	Preventing Infections in Cancer Patients
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,306.	Cost	6000-Cancer/Flu Postcards	Preventing Infections in Cancer Patients
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	850.	Cost	10-12 Outlet 4320J 8' Cord Surge	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	251.	Cost	Supplies	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	62,160.	Cost	140-Manotebook System Notebook	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	400.	Cost	50-Stylus Pen for the Companion Touch 2600	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,618.	Cost	Adapters and locks	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	966.	Cost	Batteries and adapters	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,805.	Cost	165-Targus 15.4 in sport backpack	Addressing Sexual Violence Against Girls

Schedule I (Form 990)

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.	1,350.	Cost	Adaptors and power cords - Companion Touch 2600	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	7,854.	Cost	154-Batterys-ECS Companion	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	7,725.	Cost	25-Netbooks	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	24,156.	Cost	Manote book-54	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	540.	Cost	54 Lenmar world traveler electrical adaptor	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,142.	Cost	54 Targus Soirt Backpack, 4 Belkin surgemeaster	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,240.	Cost	Battery ECS Companion - 54	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,077.	Cost	3 Netbook shipping & Travel cases -	Addressing Sexual Violence Against Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,115.	Cost	Aspergillis ID Antigen & Positive Contro	Aspergillus Susceptibility to Echinocandin

Schedule I (Form 990)

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.	2,010.	Cost	1-Plat. Aspergillus Ag, EIA	Aspergillus Susceptibility to Echinocandin
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	190.	Cost	2 Pk-Prepared tubed and Mycoflask	Aspergillus Susceptibility to Echinocandin
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,217.	Cost	Precision Pipette Tips	Aspergillus Susceptibility to Echinocandin
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	651.	Cost	Various Trade LTS	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	257.	Cost	1-Glycogen and 2-Phenol/Chloro 10	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	505.	Cost	1-Tagman PRC Master Mix MNL	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	103.	Cost	500 Safe Lock Tubes, 1.5 ml polypro Natural	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	301.	Cost	1-CO2 Regulator 2 Stage, neoprene	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	696.	Cost	1-CO2 Regulator 2 Stage, Stainless Steel	Sylvatic Reservoirs of Human Monkeypox

Schedule I (Form 990)

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.	18,993.	Cost	IVIS 200 Fundamental Support	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,849.	Cost	Micron cell strainer, serological pipets	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	491.	Cost	Latex Exam Gloves	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	88.	Cost	Utility Wipes.	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	198.	Cost	Lab Supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	692.	Cost	NWHC Lab Supplies - QIAamp DNA Mini Kit	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	147.	Cost	NWHC Lab Supplies - Rhodamine B, Crystal Violet	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	172.	Cost	NWHC Lab Supplies - RPMI 1640	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	81.	Cost	NWHC Lab Supplies	Sylvatic Reservoirs of Human Monkeypox

Schedule I (Form 990)

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.	349.	Cost	NWHC Lab Supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	43.	Cost	NWHC Lab Supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	312.	Cost	2-Culture plate	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	205.	Cost	NWHC Lab Supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,594.	Cost	NWHC Lab Supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	870.	Cost	10-Spacesaver LTS 250ul PSTRL Tips	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	433.	Cost	500/Pack 1.5 ml microcentrifuge GSA	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	82.	Cost	1-Wht 8-strip PCR w/attached cap tube	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	408.	Cost	4 - Toshiba Portable Hard Drive and Cases	Sylvatic Reservoirs of Human Monkeypox

Schedule I (Form 990)

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.	967.	Cost	Air Mate Hepa Filters and covers	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,495.	Cost	PCR workstation 36 wide polypropylene	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,377.	Cost	1-Fisher Sonic Dismembrator 12 v and sound enclosure	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	221.	Cost	1/4 in microtip	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	392.	Cost	BS-C-1: Kidney; African green monkey	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	71.	Cost	3-Test Tubes 6 PK	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	17.	Cost	NBS Conductivit Stds .01 MEG	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	109.	Cost	Kimwipe EX-L 15 inx17in 140 PK	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	76.	Cost	BG Auto PE Red 8x12 200/PK	Sylvatic Reservoirs of Human Monkeypox

Schedule I (Form 990)

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.	285.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	303.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	91.	Cost	2-Petri-Seal white sealing Tape	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	298.	Cost	1-Anti-vaccinia Virus polyclonal open market	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	165.	Cost	2-Bucket-lid magic tch2 Red 2.5L	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	42.	Cost	1-Petri-Seal Yellow Sealing tape	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	148.	Cost	4 pk- 1.5 ml Microtube tab top 500/P,	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	100.	Cost	1-Super Mount 50ml	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	838.	Cost	2-IPTG, 1-Amplitaq Gold 250 u + Gold Buffer	Sylvatic Reservoirs of Human Monkeypox

Schedule I (Form 990)

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.	142.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,470.	Cost	Bullet Blender Storm Tissue Homogenizer	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	667.	Cost	QIAamp DNA Mini Kit (250)	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	888.	Cost	Greenpak LTS 20 ul filter tip 960/10 and Pipets	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	533.	Cost	10-Greenpak LTS 200 ul filter tip 960/10 and Pipets	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	482.	Cost	10-Greenpak LTS 200 ul filter tip 960/10	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	216.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	98.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	87.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox

Schedule I (Form 990)

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.	145.	Cost	KWIK STOP Styptic powder	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,869.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	259.	Cost	KWIK STOP Styptic powder	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	259.	Cost	KWIK STOP Styptic powder	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	10,070.	Cost	Fluoid cell imaging station	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	400.	Cost	4 - Toshiba 1.5 TB Canvio 3.0	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	227.	Cost	Ultra Cleaner - lab cleaner	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,044.	Cost	D-Luciferin 10 xlg (Potassium salt)	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,400.	Cost	4-COSTAR 96 well cell culture plates 100 coun	Sylvatic Reservoirs of Human Monkeypox

Schedule I (Form 990)

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.	167.	Cost	1 GLV CRYO Elbo and FB Faceshield headgear Combo	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	356.	Cost	Bench top Container	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	179.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	266.	Cost	F-Air canisters - 8, Isoflurane 250 - 10	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	324.	Cost	Oxygen Regulator	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,421.	Cost	Table top research machine, class T3 ISO Vaporize	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	502.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,763.	Cost	Vigal cryogenic ster 2.0 ml/cs, bags	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,915.	Cost	Vigal cryogenic ster 2.0 ml/cs, bags	Sylvatic Reservoirs of Human Monkeypox

Schedule I (Form 990)

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.	427.	Cost	Zip bag 6x9	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	970.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	15,000.	Cost	Liquid nitrogen gasoline and bait	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,213.	Cost	NOBUTO BLD Flt Strpa Pk/100	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,076.	Cost	1 ml syringes and NOBUTO BLD FLTR STRPS 100/pk	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	536.	Cost	Hood polycoated Tychem QC	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,525.	Cost	Outdoor supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	5,960.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,052.	Cost	Supplies	Sylvatic Reservoirs of Human Monkeypox

Schedule I (Form 990)

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.	1,664.	Cost	NWHC Lab Supplies	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,398.	Cost	D-Luciferin 10 xlg (Potassium salt)	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	210.	Cost	Polypropylene 50-place box	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	951.	Cost	GLV LTX AMB PE Ultra 1	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	315.	Cost	microvette CR30 EDTA-PK 100	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	391.	Cost	100 Freezer box blue - 5 pk	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,645.	Cost	96 well flat bottom cell culture plate - 10	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	109.	Cost	18 ml accticice Cryo tube internal thread - 50 pk	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	933.	Cost	Lab supplies	Sylvatic Reservoirs of Human Monkeypox

Schedule I (Form 990)

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.	30.	Cost	Service ISAT SI Card activation	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	16.	Cost	Service ISAT SI Card activation	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	558.	Cost	ISAT - TOGO-KB phone pro kit	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,277.	Cost	ISAT - TOGO-KB phone pro kit	Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,556.	Cost	DVD's - video edits for CDC	Increasing Business Support for Smoke-free Policies
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	18,309.	Cost	Application maint., mgmt upgrades, and hosting	Phones for Health: PEPFAR Supported Countries
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	39.	Cost	Face shields	Biomarker Detection of Cervical Cancer
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,480.	Cost	Lab supplies	Biomarker Detection of Cervical Cancer
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	62.	Cost	Lab supplies	Biomarker Detection of Cervical Cancer

Schedule I (Form 990)

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.	163.	Cost	Acid Phosphatase, Leukocyte tray kits	Biomarker Detection of Cervical Cancer
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	279.	Cost	Cell dissociation sieve tissue grinder and screens	Biomarker Detection of Cervical Cancer
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	163.	Cost	Tape dispenser and labels	Biomarker Detection of Cervical Cancer
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	610.	Cost	PAP Pen and slide master	Biomarker Detection of Cervical Cancer
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	211.	Cost	Lab supplies	Biomarker Detection of Cervical Cancer
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	827.	Cost	Lab supplies	Biomarker Detection of Cervical Cancer
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	809.	Cost	Lab supplies	Biomarker Detection of Cervical Cancer
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,580.	Cost	Smart recorder on site service	Reducing Collisions Through Feedback to Truck Drivers
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,367.	Cost	Camera mounting, camera and smart recorder service	Reducing Collisions Through Feedback to Truck Drivers

Schedule I (Form 990)

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.	780.	Cost	Pro POE Etherne extender, 24 reducer	Plane, Trains and Auto-mobility
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,825.	Cost	Smart recorder on site service	Reducing Collisions Through Feedback to Truck Drivers
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	834.	Cost	miRNeasy mini kit - 50	Investigating Agent Orange Exposure in Former Ranch Hands
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	741.	Cost	Tips low retention sharp filter barrier	Investigating Agent Orange Exposure in Former Ranch Hands
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,913.	Cost	QIAzol Lysis Reagent 200ml	Investigating Agent Orange Exposure in Former Ranch Hands
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	264.	Cost	Tips low retention sharp filter barrier	Investigating Agent Orange Exposure in Former Ranch Hands
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	24,842.	Cost	ABS Lab Supplie	Investigating Agent Orange Exposure in Former Ranch Hands
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,593.	Cost	Tip Art 10UL	Investigating Agent Orange Exposure in Former Ranch Hands
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	349.	Cost	Safe Lock 2 ML	Investigating Agent Orange Exposure in Former Ranch Hands

Schedule I (Form 990)

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.	389.	Cost	Pheno/Water	Investigating Agent Orange Exposure in Former Ranch Hands
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	6,895.	Cost	planar Cleartouch LDC monitor 32" - T	Health is a Human Right Exhibit
Colorado State University 2002 Campus Delivery Fort Collins, CO 80523-2002	84-6000545	501 (c)(3)	3,850.	0.			Treatment of TB with Priftin
Colorado State University 2002 Campus Delivery Fort Collins, CO 80523-2002	84-6000545	501 (c)(3)	2,141.	0.			Treatment of TB with Priftin
Colorado State University 2002 Campus Delivery Fort Collins, CO 80523-2002	84-6000545	501 (c)(3)	3,121.	0.			Treatment of TB with Priftin
Colorado State University 2002 Campus Delivery Fort Collins, CO 80523-2002	84-6000545	501 (c)(3)	2,943.	0.			Treatment of TB with Priftin
Colorado State University 2002 Campus Delivery Fort Collins, CO 80523-2002	84-6000545	501 (c)(3)	4,269.	0.			Treatment of TB with Priftin
Colorado State University 2002 Campus Delivery Fort Collins, CO 80523-2002	84-6000545	501 (c)(3)	2,788.	0.			Treatment of TB with Priftin
Colorado State University 2002 Campus Delivery Fort Collins, CO 80523-2002	84-6000545	501 (c)(3)	2,225.	0.			Treatment of TB with Priftin

Schedule I (Form 990)

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
Wright Patterson AFB, Air Force Research Laboratory - DFAS-IN - 2610 Seventh St., Bldg 441 - Wright Patterson AFB, OH 45433	59-0643796	Govt	13,000.	0.			Investigating Agent Orange Exposure in Former Ranch Hands
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	3,500.	0.			Building Global Capacity for NCD Prevention
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	18,180.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	11,381.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	8,528.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	7,965.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	9,090.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	78,043.	0.			Controlling Viral Foodborne Disease
Univ. of Iowa - Grant Accounting Office - B5 Jessup Hall - Iowa City, IA 52242	42-6004813	501 (c)(3)	200.	0.			Study Of Inhibitors in Hemophilia

Schedule I (Form 990)

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
Univ. of Iowa - Grant Accounting Office - B5 Jessup Hall - Iowa City, IA 52242	42-6004813	501 (c)(3)	7,965.	0.			Study Of Inhibitors in Hemophilia
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	54,196.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	114,031.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	139,843.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	133,427.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	80,707.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	144,478.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	182,010.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	94,872.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)

Schedule I (Form 990)

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
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	300,000.	0.			Birth-Cohort Evaluation (BEST-C)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	121,004.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	246,247.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Indiana Hemophilia and Thrombosis Center - 1915 West 18th Street Suite B - Indianapolis, IN 46202	31-1009769	501 (c)(3)	4,400.	0.			Study Of Inhibitors in Hemophilia
Indiana Hemophilia and Thrombosis Center - 1915 West 18th Street Suite B - Indianapolis, IN 46202	31-1009769	501 (c)(3)	7,965.	0.			Study Of Inhibitors in Hemophilia
Mount Sinai School of Medicine One Gustave L Levy Place New York, NY 10029-6574	13-6171197	501 (c)(3)	100,000.	0.			Birth-Cohort Evaluation (BEST-C)
Mount Sinai School of Medicine One Gustave L Levy Place New York, NY 10029-6574	13-6171197	501 (c)(3)	300,000.	0.			Birth-Cohort Evaluation (BEST-C)
National Academy of Science 500 Fifth Street NW Washington, DC 20001	53-0196932	501 (c)(3)	52,006.	0.			Gun Violence Prevention Research
National Academy of Science 500 Fifth Street NW Washington, DC 20001	53-0196932	501 (c)(3)	142,149.	0.			Gun Violence Prevention Research

Schedule I (Form 990)

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
National Academy of Science 500 Fifth Street NW Washington, DC 20001	53-0196932	501 (c)(3)	66,079.	0.			Report on Youth Concussions in Sports
National Association of County and City Health Officials - 1100 17th Street, NW 7th Floor - Washington, DC 20036	52-1426663	501 (c)(3)	73,421.	0.			Social Determinants of Health & Injury
National Association of County and City Health Officials - 1100 17th Street, NW 7th Floor - Washington, DC 20036	52-1426663	501 (c)(3)	208,699.	0.			Positive Parenting Program
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	13,986.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	29,086.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	31,362.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	21,563.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	16,106.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	17,661.	0.			Birth-Cohort Evaluation (BEST-C)

Schedule I (Form 990)

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
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	10,810.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	16,040.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	16,396.	0.			Viral Hepatitis Action Coalition (VHAC)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	8,570.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	19,042.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	32,149.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	10,003.	0.			Viral Hepatitis Action Coalition (VHAC)
Pan American Sanitary Bureau 525 Twenty Third Street NW Washington, DC 20037	23-7072046	501 (c)(3)	94,920.	0.			Freedom from Smoking Initiative
Pan American Sanitary Bureau 525 Twenty Third Street NW Washington, DC 20037	23-7072046	501 (c)(3)	114,130.	0.			Freedom from Smoking Initiative

Schedule I (Form 990)

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
Phoenix Children's Hospital 1919 East Thomas Road Phoenix, AR 85016	86-0422559	501 (c)(3)	7,965.	0.			Study Of Inhibitors in Hemophilia
Phoenix Children's Hospital 1919 East Thomas Road Phoenix, AR 85016	86-0422559	501 (c)(3)	1,000.	0.			Study Of Inhibitors in Hemophilia
The Administrators of the Tulane 1430 Tulane Avenue, Box SL New Orleans, LA 70112	72-0423889	501 (c)(3)	7,965.	0.			Study Of Inhibitors in Hemophilia
The Administrators of the Tulane 1430 Tulane Avenue, Box SL New Orleans, LA 70112	72-0423889	501 (c)(3)	800.	0.			Study Of Inhibitors in Hemophilia
The Pennsylvania State University 227 W Beaver Ave, Suite 401 State College, PA 16801-4819	23-1352685	501 (c)(3)	9,090.	0.			Study Of Inhibitors in Hemophilia
The Pennsylvania State University 227 W Beaver Ave, Suite 401 State College, PA 16801-4819	23-1352685	501 (c)(3)	7,400.	0.			Study Of Inhibitors in Hemophilia
The Regents of University of California - Acct Office-EMF, Box 0897 University of California - San Francisco, CA 94143-0897	94-6036493	501 (c)(3)	23,491.	0.			12- Step - Phase II
The Regents of University of California - Acct Office-EMF, Box 0897 University of California - San Francisco, CA 94143-0897	94-6036493	501 (c)(3)	4,651.	0.			Viral Hepatitis Action Coalition (VHAC)
The University of Texas Health PO Box 203382 Houston, TX 77216-3382	74-1761309	501 (c)(3)	7,965.	0.			Study Of Inhibitors in Hemophilia

Schedule I (Form 990)

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
The University of Texas Health PO Box 203382 Houston, TX 77216-3382	74-1761309	501 (c)(3)	5,600.	0.			Study Of Inhibitors in Hemophilia
The University of Utah 295 Chipeta Way RM #2S036 Salt Lake City, UT 84108	87-6000525	501 (c)(3)	10,890.	0.			Study Of Inhibitors in Hemophilia
University of Alabama 1720 Second Ave South Birmingham, AL 35294-0109	63-0649108	501 (c)(3)	165,031.	0.			Birth-Cohort Evaluation (BEST-C)
University of Alabama 1720 Second Ave South Birmingham, AL 35294-0109	63-0649108	501 (c)(3)	400,000.	0.			Birth-Cohort Evaluation (BEST-C)
University of Colorado 13199 East Montview Blvd Suite 100 Aurora, CO 80045	84-6049811	501 (c)(3)	7,965.	0.			Study Of Inhibitors in Hemophilia
University of Colorado 13199 East Montview Blvd Suite 100 Aurora, CO 80045	84-6049811	501 (c)(3)	1,400.	0.			Study Of Inhibitors in Hemophilia
University of Florida 1600 SW Archer RD, Rm P-433 Gainesville, FL 32610-0486	59-0974739	501 (c)(3)	18,975.	0.			Treatment of TB with Priftin
University of Florida 1600 SW Archer RD, Rm P-433 Gainesville, FL 32610-0486	59-0974739	501 (c)(3)	5,040.	0.			Treatment of TB with Priftin
University of Florida 1600 SW Archer RD, Rm P-433 Gainesville, FL 32610-0486	59-0974739	501 (c)(3)	5,138.	0.			Treatment of TB with Priftin

Schedule I (Form 990)

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
University of Florida 1600 SW Archer RD, Rm P-433 Gainesville, FL 32610-0486	59-0974739	501 (c)(3)	5,806.	0.			Treatment of TB with Priftin
University of Florida 1600 SW Archer RD, Rm P-433 Gainesville, FL 32610-0486	59-0974739	501 (c)(3)	6,221.	0.			Treatment of TB with Priftin
University of Florida 1600 SW Archer RD, Rm P-433 Gainesville, FL 32610-0486	59-0974739	501 (c)(3)	8,489.	0.			Treatment of TB with Priftin
University of Massachusetts 55 Lake Avenue North Worcester, MA 01655	54-2084125	501 (c)(3)	8,528.	0.			Study Of Inhibitors in Hemophilia
University of Miami Coral Gables Coral Gables, FL 33124	59-0624458	501 (c)(3)	13,465.	0.			Antimicrobial Education for Medical Students
The University of Texas Health 7703 Floyd Curl Drive, MSC 7881 San Antonio, TX 78229-3900	71-0986983	501 (c)(3)	9,472.	0.			Treatment of TB with Priftin
Vanderbilt University Medical Center - 1211 Medical Center Drive - Nashville, TN 37235-6310	62-0476822	501 (c)(3)	9,890.	0.			Study Of Inhibitors in Hemophilia
Virginia Commonwealth University P.O. Box 843039 Richmond, VA 23284-3039	54-0757884	501 (c)(3)	600.	0.			Study Of Inhibitors in Hemophilia
Virginia Commonwealth University P.O. Box 843039 Richmond, VA 23284-3039	54-0757884	501 (c)(3)	8,527.	0.			Study Of Inhibitors in Hemophilia

Schedule I (Form 990)

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.	291,000.	Cost	97,000 doses of flu vaccine	Encouraging flu vaccination in developing countries
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	8,602.	0.			For special events
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	675.	0.			For special events
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50.	0.			Masonicare Home Heal
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,000.	0.			Research! America
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	390.	0.			Rotary Club of Atlanta
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	500.	0.			Emory University-Support of Rotary AIDs Awareness

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2: The CDC Foundation monitors grant funds in many ways. All programs are implemented in collaboration with the Centers for Disease Control and Prevention, an agency of the Federal Government. The CDC works closely with Foundation personnel to actively monitor the grantees progress and expenditures, and both the grantee and the CDC provide detailed information to the CDC Foundation's program officers who are assigned to the project. Often, the Foundation program officer will make site visits to ensure that the program is proceeding as agreed and that the funds are properly spent.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	X	
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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		X
b Any related organization?		X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		X
b Any related organization?		X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2012

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

Note. The sum of columns (B)(i)-(iii) 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Charles Stokes President & CEO	(i)	301,122.	0.	61,898.	36,302.	9,648.	408,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Paula Jasina CFO	(i)	151,359.	0.	0.	15,400.	8,000.	174,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Chloe Tonney Executive VP of External Affairs	(i)	216,077.	0.	0.	21,900.	8,000.	245,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Kelley T. Mouchabeck Assoc. VP of Finance/Former CFO	(i)	101,638.	10,000.	0.	11,300.	8,000.	130,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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: The Foundation pays an annual premium of \$23,500 on a

\$1,000,000 universal life insurance policy for Charles Stokes for which Mr.

Stokes is the owner. The annual premium is treated as taxable income to Mr.

Stokes and is grossed up for the applicable tax impact to him. Additional

taxes related to the gross up amount are the responsibility of Mr. Stokes.

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 his, the CFO's, and the Executive VP of External

Part III Supplemental Information

Complete this part to 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.

Affairs' compensation. These actions are documented in accordance with the

regulations under Section 4958 of the Code.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions 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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>Influenza vac</u>)	X	1	291,000.	Cost
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to 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.

Multiple horizontal lines for supplemental information.

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.

OMB No. 1545-0047

2012

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 corporations, foundations, organizations and individuals to fight
threats to health and safety.

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

Strengthening Disease Surveillance and Response in Central Africa

Establishing quality surveillance systems is the basic foundation for
public health programs, especially for those targeting health problems
for which effective interventions exist, such as vaccine preventable
diseases (VPD). Strengthening Surveillance in Central Africa (SURVAC)
is a five-year project based on a multi-partner collaboration that is
being implemented in three countries in Central Africa: Cameroon (CAE),
Central Africa Republic (CAR) and the Democratic Republic of Congo
(DRC).

From July 1, 2012 to June 30, 2013, the project implemented a number of
changes and improvements to guide the program towards achievement of
expected outcomes regarding the integration of surveillance activities
at the country level. The program implemented a new logical framework,
made changes to the country operating model to increase ownership,
improved partner communication and coordination, and created
results-focused plans and budgets for each country. Recent

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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improvements and changes have put the project on track to achieve its expected outcomes and collaborate more effectively and directly with the countries to integrate project activities into the national health system and cultivate a sense of ownership.

- The project has made significant gains in regards to surveillance activities, including integrating disease surveillance at all levels, and providing more effective joint supportive supervision of sentinel surveillance sites and labs. The greatest impact of SURVAC has been on the completeness and timeliness of surveillance data, which has remained consistently over 80% in all three countries, a significant increase from 20% prior to SURVAC.

- The program also enhanced supervision at both the laboratory and national level and provided critical technical assistance, while implementing quality control oversight and assisting with procurement of supplies and equipment.

- New lab technologies (PCR testing of specimens) and strengthening of overall laboratory capacity allowed for improved and increased identification of bacterial and viral pathogens. More timely and accurate lab results enabled country leadership to make better decisions and advocate for the introduction of new vaccines into the country. For example, Cameroon successfully used data to receive a grant from the Global Alliance for Vaccines and Immunization (GAVI) for introduction of rotavirus vaccine.

- Staff training on new lab technologies, provision of equipment for national reference labs for real time PCR, ELISA and microbiology to perform tests for bacterial meningitis and rotavirus has resulted in a significant increase in the number of suspected cases tested and

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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reported toward the project goal of 80%.

- The project has increased human capacity in each country by providing training for students and graduates in critical areas, allowing graduates to work with Ministries of Health to improve surveillance, and involving students and graduates in rapid response disease investigations in the three countries, focusing on diseases such as polio, yellow fever, rabies, measles, malaria, and toxoplasmosis, in addition to issues related to armed conflict and animal pest outbreaks.

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

Bloomberg Initiative to Reduce Tobacco Use

In 2013, the CDC Foundation continued its tobacco surveillance work as part of the Bloomberg Initiative to Reduce Tobacco Use. As one of a number of partners in that Initiative, the CDC Foundation collaborates with experts at CDC and other partner organizations to support implementation of the Global Adult Tobacco Survey (GATS) and Tobacco Questions for Surveys (TQS), both components of the Global Tobacco Surveillance System (GTSS). The GATS produces nationally representative data on tobacco use and key tobacco control measures.

The survey has been completed in 24 countries, covering almost 4.2 billion people and approximately 65% of the world's adult smokers. Additionally, GATS is planned or underway in nine countries. TQS is a globally standardized subset of tobacco questions meant to improve comparability of tobacco data over time by harmonizing tobacco surveillance activities across various ongoing surveys. TQS is planned, underway, or completed in more than 30 countries.

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Tobacco use kills almost six million people annually, with almost 80%

percent of those deaths occurring in low- and middle-income countries.

The CDC Foundation's role in the Bloomberg Initiative helps strengthen

CDC's global tobacco surveillance efforts in high tobacco use countries

and measure the global tobacco epidemic.

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

In 2013, the CDC Foundation continued its fourth year of PEPFAR, the

President's Emergency Fund for AIDS Relief. Under a Cooperative

Agreement, the Foundation supported four Public-Private Partnership

(PPP) projects: mHealth Tanzania, mHealth Kenya, Together for Girls

and the African Center for Laboratory Equipment Maintenance in Nigeria

(ACLEM). In 2013, a new component of Together for Girls was rolled out:

Violence Against Children Surveys (VACS) in PEPFAR designated

countries.

The mHealth Kenya project's purpose is to bridge communication gaps

among remote healthcare facilities, community workers and central

government headquarters. mHealth Kenya also endeavors to explore the

other numerous applications of mobile health (mHealth) technology, such

as increasing direct patient care, rapid lab result communication,

worker training, and drug supply-level management. mHealth Kenya has

developed project plans that outline mobile technology's specific role

in the larger Health Information Systems (HIS) landscape.

The mHealth Tanzania PPP is co-led by the CDC Foundation and the

Ministry of Health and Social Welfare of Tanzania (MoHSW), with support

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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from the CDC Tanzania, as well as numerous Tanzanian and international public and private sector partners. The Partnership convenes multiple sectors, combining expertise and resources to implement sustainable and scalable public health programs that leverage the booming mobile phone infrastructure in Tanzania. A new component to the Tanzania project in 2013 was the introduction of an Accreditation program. Through the PPP, the MoHSW has begun to achieve a long-standing goal of establishing an accreditation system to help assure the quality of health services in the country by collaborating with a technical assistance partner to establish a stepwise certification program as a foundation for an accreditation system.

The African Center for Laboratory Equipment Maintenance (ACLEM) in Nigeria is a joint project of the US CDC, CDC Nigeria, the African Society for Laboratory Medicine, the Federal and State Ministries of Health and Education, and the State of Enugu. The project seeks to train local staff to repair biosafety laboratory cabinets (BSC) and to develop a curriculum for laboratory equipment maintenance in Nigeria. This builds local infrastructure and capacity to improve the delivery and quality of HIV/AIDS and related disease services, especially with the need to scale up intervention in the areas of PMTCT, care and treatment, all of which require robust laboratory systems.

Together for Girls supports evidence-based coordinated actions in countries to address issues identified through surveys, including legal and policy reform, prevention of sexual violence and improved services for children who have experienced sexual violence. They work to increase awareness of violence against children and promote

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

Employer identification number
58-2106707

evidence-based solutions through global advocacy. VACS is a
population-based survey administered in PEPFAR designated countries to
obtain national estimates of violence against children with a special
emphasis on sexual violence against girls. VACS directly supports
PEPFAR's continued focus on women, girls, and gender equality, and its
interest in preventing and reducing gender-based violence through
policies and programs that are guided by scientific evidence.

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

The Foundation, working in collaboration with the CDC, spends the vast
majority of its funds directly for programs and projects that further
its exempt purposes. These disbursements are either in the form of
grants or awards or in the form of fees for services. In addition to
the programs mentioned in detail on Schedule O, the Foundation manages
a variety of programs that include such things as chronic health and
infectious diseases, global health priorities such as safe water and
programs for environmental health and occupational health and safety.

Expenses \$ 13,444,712. incl grants of \$ 6,374,429. Revenue \$ 1,142,360.

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

232212
01-04-13

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

Employer identification number
58-2106707

required to sign the conflict of interest policy annually. The Foundation

maintains a copy of the signature indicating compliance with the rules.

Legal counsel reviews the policy annually with all Board members.

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

resources consulting firm is provided with all position descriptions and

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

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

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

Advancement Chair are provided with the information from the consultant.

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

objectives for the following year and determines the President's

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

President, the Executive Committee also sets the compensation package of

the CFO and Executive VP of External Affairs for the following year.

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

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

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

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

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

Form 990, Part VI, Section C, Line 19: The Foundation posts the prior

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

of interest policy are not made public.

Form 990, Part VI, Section B, Line 14

232212
01-04-13

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

The Foundation has document retention and destruction policies that were approved by the Board in the Fall of 2013.

Form 990, Part IX, Line 11g, Other Fees:

Other:

Program service expenses	10,325,185.
Management and general expenses	247,750.
Fundraising expenses	215,574.
Total expenses	10,788,509.
Total Other Fees on Form 990, Part IX, line 11g, Col A	10,788,509.

Form 990, Part IX, Line 11g

Fees for services

The Foundation, working in concert with the CDC, spends the vast majority of its funds directly for programs and projects that further its exempt purposes. These disbursements are either in the form of grants or awards or in the form of fees for services. Fees for services range from translator fees for the tobacco surveys in 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.

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, Heading B, Amended Return:

The 2012 Form 990 is being amended for Schedule A and Schedule B

information.

Schedule A, Part II, Line 5 erroneously included amounts that had not

been recorded as revenue. This has been corrected; as a result,

Schedule A, Part C, line 14 has increased to 53.48%.

Schedule B, Part I originally included amounts from the 2011 return,

and has been corrected to reflect contributions that occurred during

the Organization's fiscal year.