

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC. Doing business as CDC FOUNDATION		D Employer identification number 58-2106707
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 600 PEACHTREE STREET NE 1000		E Telephone number (404) 653-0790
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30308		G Gross receipts \$ 81,962,566.
	F Name and address of principal officer: DR. JUDITH MONROE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527			
J Website: WWW.CDCFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			
L Year of formation: 1993		M State of legal domicile: GA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	198
	6 Total number of volunteers (estimate if necessary)	6	21
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	33,358,186.	80,687,702.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	940,972.	818,801.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	399,448.	455,975.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	34,698,606.	81,962,478.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	17,668,438.	51,919,913.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,622,057.	12,456,468.
	b Total fundraising expenses (Part IX, column (D), line 25)	95,185.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,408,867.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,746,431.	26,845,140.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	48,132,111.	91,221,521.
	20 Total assets (Part X, line 16)	-13,433,505.	-9,259,043.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	126,622,094.	121,449,297.
		16,687,940.	20,568,571.
		109,934,154.	100,880,726.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 3/28/18
	DR. JUDITH MONROE, PRESIDENT/CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SUSAN HILL	Preparer's signature 	Date 3/28/2018	Check if self-employed <input type="checkbox"/>	PTIN P00846200
	Firm's name WARREN AVERETT, LLC	Firm's EIN 45-4084437	Firm's address SIX CONCOURSE PARKWAY, SUITE 600 ATLANTA, GA 30328	Phone no. 770-396-1100	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: _____) (Expenses \$ 42,804,379. including grants of \$ 37,347,611.) (Revenue \$ _____)
ZIKA CONTRACEPTION ACCESS NETWORK

SEE SCHEDULE O FOR DESCRIPTION

4b (Code: _____) (Expenses \$ 6,163,566. including grants of \$ 1,835,923.) (Revenue \$ _____)
DATA FOR HEALTH

SEE SCHEDULE O FOR DESCRIPTION

4c (Code: _____) (Expenses \$ 4,388,619. including grants of \$ 1,583,394.) (Revenue \$ _____)
FREEDOM FROM SMOKING INITIATIVE

SEE SCHEDULE O FOR DESCRIPTION

4d Other program services (Describe in Schedule O.)
(Expenses \$ 32,071,870. including grants of \$ 11,152,985.) (Revenue \$ 818,801.)

4e Total program service expenses **▶** 85,428,434.

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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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 25a</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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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	<i>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)? 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
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	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, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **PAULA JASINA - (404) 653-0790**
600 PEACHTREE STREET NE, NO. 1000, ATLANTA, GA 30308

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUGLAS W. NELSON CHAIR	2.80	X		X				0.	0.	0.
(2) DAVID ALDRIDGE TREASURER	2.20	X		X				0.	0.	0.
(3) DAVID M. RATCLIFFE SECRETARY	3.30	X		X				0.	0.	0.
(4) GARY COHEN DIRECTOR	2.80	X						0.	0.	0.
(5) DR. LEAH DEVLIN DIRECTOR	1.30	X						0.	0.	0.
(6) RAYMOND J. BAXTER, PH.D. DIRECTOR	1.30	X						0.	0.	0.
(7) MATT JAMES DIRECTOR	1.30	X						0.	0.	0.
(8) RUTH J. KATZ DIRECTOR	1.30	X						0.	0.	0.
(9) PHIL KENT DIRECTOR	0.65	X						0.	0.	0.
(10) BETTY E. KING DIRECTOR	0.65	X						0.	0.	0.
(11) DIKEMBE MUTOMBO DIRECTOR	0.50	X						0.	0.	0.
(12) JOHN G. RICE DIRECTOR	0.50	X						0.	0.	0.
(1) CHARLES STOKES IMM. PAST PRES. & CEO (END 1/31/16)	45.00			X				206,367.	0.	21,783.
(2) JUDITH MONROE PRESIDENT & CEO (BEGIN 2/1/16)	60.00			X				294,119.	0.	22,563.
(3) PAULA JASINA CFO	55.00			X				173,903.	0.	25,000.
(16) MONIQUE PATRICK COO	55.00			X				46,450.	0.	1,955.
(4) CHLOE TONNEY EXEC. VP OF EXTERNAL AFFAIRS	55.00					X		258,599.	0.	33,470.

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			
(5) PIERCE NELSON VP OF COMMUNICATIONS	55.00					X		203,373.	0.	27,947.
(6) VERLA NESLUND IMM. PAST LEGAL COUNSEL/ IMM. PAST V	45.00					X		174,606.	0.	19,112.
(7) LUKE NKINSI IMM. PAST SURVAC DIRECTOR	40.00					X		211,625.	0.	21,163.
(8) BETTY WOLF IMM. PAST VP FOR ADVANCEMENT	40.00					X		172,525.	0.	18,269.
1b Sub-total								1,741,567.	0.	191,262.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,741,567.	0.	191,262.

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

	Yes	No
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
RESEARCH TRIANGLE INSTITUTE PO BOX 900002, RALEIGH, NC 27675-9000	FEES - FREEDOM FROM SMOKING INIATIVE AND	1,940,333.
EHEALTH AND INFORMATION SYSTEMS NIGERIA, 17971 E. SANTA CLARA AVE, SANTA ANA, CA	FEES - EBOLA RESPONSE EFFORTS	1,902,593.
CA SOUTH, LLC, 1000 PARKWOOD CIRCLE, SUITE 100, ATLANTA, GA 30339	CONSTRUCTION ON NEW LEASED OFFICE SPACE	1,618,593.
MARKETVISION, 8647 WURZBACH ROAD SUITE J100, SAN ANTONIO, TX 78240	ZIKA CONTRACEPTIVE ACCESS NETWORK COMMUN	635,995.
DAVYCAS CONSULTING, 27 BP 815 ABIDJAN 27, OUAGA, COTE D'IVOIRE, BURKINA FASO	FEES - VACCINE RESEARCH AND SURVEILLANCE	468,201.

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 22

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,686,048.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	77,001,654.				
	g Noncash contributions included in lines 1a-1f: \$		37,371,369.				
	h Total. Add lines 1a-1f		80,687,702.				
Program Service Revenue	2 a HEALTH SURVEILLANCE	Business Code 541900	346,730.	346,730.			
	b HEALTH TRAINING	541900	328,764.	328,764.			
	c LAB RESEARCH AGREEMENT	541900	74,455.	74,455.			
	d DATA COLLECTION RESEAR	541700	68,852.	68,852.			
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		818,801.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		456,063.			456,063.	
	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					
		(ii) Other					
		b Less: cost or other basis and sales expenses	88.				
		c Gain or (loss)	-88.				
d Net gain or (loss)		-88.			-88.		
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.			81,962,478.	818,801.	0.	455,975.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	44,749,651.	44,749,651.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,170,262.	7,170,262.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	797,845.	158,212.	520,974.	118,659.
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	9,599,040.	6,714,572.	1,358,535.	1,525,933.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	765,023.	533,925.	109,235.	121,863.
9 Other employee benefits	549,882.	374,648.	86,261.	88,973.
10 Payroll taxes	744,678.	494,767.	131,936.	117,975.
11 Fees for services (non-employees):				
a Management				
b Legal	41,707.	8,932.	31,200.	1,575.
c Accounting	88,160.		88,160.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	19,658,491.	19,352,872.	305,619.	
12 Advertising and promotion	141,921.		141,921.	
13 Office expenses	2,130,471.	1,961,447.	79,590.	89,434.
14 Information technology	173,471.	790.	160,299.	12,382.
15 Royalties				
16 Occupancy	711,353.	332,866.	214,358.	164,129.
17 Travel	2,854,523.	2,790,638.	16,828.	47,057.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	762,691.	685,555.	19,855.	57,281.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	173,226.	71,022.	57,165.	45,039.
23 Insurance	71,785.	20,088.	51,697.	
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 _____	37,341.	8,187.	10,587.	18,567.
25 Total functional expenses. Add lines 1 through 24e	91,221,521.	85,428,434.	3,384,220.	2,408,867.
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 or note to any line 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	65,546,031.	2	56,018,812.
	3 Pledges and grants receivable, net	39,032,710.	3	41,222,931.
	4 Accounts receivable, net	798,295.	4	725,475.
	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	4,131,676.	9	2,177,697.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,494,878.		
	b Less: accumulated depreciation	10b 362,064.	160,415.	10c 2,132,814.
	11 Investments - publicly traded securities	16,952,967.	11	19,171,568.
	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)	126,622,094.	16	121,449,297.	
Liabilities	17 Accounts payable and accrued expenses	1,136,285.	17	1,310,814.
	18 Grants payable	1,536,859.	18	3,492,599.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	125,932.	21	80,894.
	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	13,888,864.	25	15,684,264.
	26 Total liabilities. Add lines 17 through 25	16,687,940.	26	20,568,571.
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	10,131,199.	27	9,251,553.
	28 Temporarily restricted net assets	95,696,080.	28	87,492,567.
	29 Permanently restricted net assets	4,106,875.	29	4,136,606.
	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	109,934,154.	33	100,880,726.	
34 Total liabilities and net assets/fund balances	126,622,094.	34	121,449,297.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	81,962,478.
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,221,521.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,259,043.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,934,154.
5	Net unrealized gains (losses) on investments	5	205,615.
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	100,880,726.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,659,088.	42,589,150.	143,653,366.	33,358,186.	80,687,702.	325,947,492.
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 ...	216,472.	240,971.	235,516.	29,262.	192,126.	914,347.
4 Total. Add lines 1 through 3	25,875,560.	42,830,121.	143,888,882.	33,387,448.	80,879,828.	326,861,839.
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)						170,809,254.
6 Public support. Subtract line 5 from line 4.						156,052,585.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	25,875,560.	42,830,121.	143,888,882.	33,387,448.	80,879,828.	326,861,839.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	189,115.	163,405.	293,426.	413,449.	456,063.	1,515,458.
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 VI.)						
11 Total support. Add lines 7 through 10						328,377,297.
12 Gross receipts from related activities, etc. (see instructions)					12	5,227,687.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	47.52 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	43.27 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

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

Employer identification number

58-2106707

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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	_____ _____ _____	\$ 9,595,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 2,418,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 7,262,220.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 8,866,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 3,672,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 18,904,224.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	_____ _____ _____	\$ 4,841,122.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 4,689,732.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 4,007,576.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
3	CONTRACEPTIVES FOR ZIKA RESPONSE. _____ _____ _____	\$ 7,262,220.	06/30/17
6	CONTRACEPTIVES AND INSECTICIDES FOR ZIKA RESPONSE. _____ _____ _____	\$ 18,884,224.	06/30/17
7	CONTRACEPTIVES FOR ZIKA RESPONSE. _____ _____ _____	\$ 705,522.	06/30/17
8	CONTRACEPTIVES FOR ZIKA RESPONSE. _____ _____ _____	\$ 4,689,732.	06/30/17
9	CONTRACEPTIVES FOR ZIKA RESPONSE. _____ _____ _____	\$ 4,007,576.	06/30/17
	_____ _____ _____	\$ _____	_____

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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

Name of organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.													
c Total lobbying expenditures (add lines 1a and 1b)		0.													
d Other exempt purpose expenditures		91,221,521.													
e Total exempt purpose expenditures (add lines 1c and 1d)		91,221,521.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	3,210.	3,342.	1,117.		7,669.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
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)).

	(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 campaign activity 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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 8/17/06), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

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

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

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

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

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,573,784.	4,278,646.	3,971,135.	3,151,940.	2,602,038.
b Contributions	20,707.	327,144.	327,765.	356,688.	370,113.
c Net investment earnings, gains, and losses	463,085.	1,739.	25,904.	491,183.	220,629.
d Grants or scholarships					
e Other expenditures for facilities and programs	38,088.	33,745.	46,158.	28,676.	40,840.
f Administrative expenses					
g End of year balance	5,019,488.	4,573,784.	4,278,646.	3,971,135.	3,151,940.

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

- a** Board designated or quasi-endowment .00 %
- b** Permanent endowment 82.41 %
- c** Temporarily restricted endowment 17.59 %

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

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,120,065.	173,892.	1,946,173.
d Equipment		87,510.	38,622.	48,888.
e Other		287,303.	149,550.	137,753.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,132,814.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONTRACTS PAYABLE	9,510,948.
(3) DEFERRED RENT	710,779.
(4) UNAMORTIZED LEASEHOLD ALLOWANCE	1,987,561.
(5) REFUNDABLE ADVANCES	3,474,976.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,684,264.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	82,692,368.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	205,615.
b	Donated services and use of facilities	2b	524,275.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	729,890.
3	Subtract line 2e from line 1	3	81,962,478.
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	81,962,478.

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

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

1	Total expenses and losses per audited financial statements	1	91,745,796.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	524,275.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	524,275.
3	Subtract line 2e from line 1	3	91,221,521.
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	91,221,521.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

PART V, LINE 4:

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

PART X, LINE 1, REFUNDABLE ADVANCES:

DURING A PRIOR YEAR, THE FOUNDATION RECEIVED \$5,000,000 IN REFUNDABLE

ADVANCES TO BE USED FOR EMERGENCY PREPAREDNESS AND RESPONSE WHICH INCLUDES

Part XIII Supplemental Information *(continued)*

SEVERE AND/OR INFREQUENT NATIONAL LEVEL EMERGENCIES. RECOGNITION AS
REVENUE WAS CONTINGENT UPON THE FOUNDATION USING THESE FUNDS FOR THEIR
INTENDED PURPOSE WITH ANY AMOUNTS NOT USED TO BE RETURNED TO THE DONOR.
DURING THE YEAR ENDED JUNE 30, 2015, THE DONOR AUTHORIZED THE FOUNDATION
TO USE \$1,000,000 OF THIS FUNDING AS A PART OF THE FOUNDATION'S RESPONSE
TO THE EBOLA CRISIS IN WEST AFRICA. NO FUNDS WERE AUTHORIZED TO BE USED
DURING THE YEARS ENDED JUNE 30, 2017 OR 2016, LEAVING \$3,474,976 AVAILABLE
TO BE EXPENDED IN FUTURE YEARS AT JUNE 30, 2017. SUBSEQUENT TO YEAR-END,
THE DONOR HAS AUTHORIZED THE FOUNDATION TO EXPEND THE REMAINING BALANCE AS
PART OF THE RESPONSE TO THE EFFECTS OF DEVASTATING HURRICANES IN 2017. IF
THE FOUNDATION IS NOT ABLE TO USE THE FULL AMOUNT OF THE REMAINING BALANCE
AS PART OF THESE HURRICANE RESPONSE EFFORTS, THE DONOR HAS AUTHORIZED THE
FOUNDATION TO COMBINE ANY REMAINING FUNDING WITH A NEW GRANT THE DONOR
WILL AWARD THE FOUNDATION IN JANUARY OF 2018.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AM. & CARIBBEAN		5	PROGRAM SERVICES	PROFESSIONAL FEES	341,187.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	TRAVEL	63,824.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	OCCUPANCY	44,200.
CENTRAL AM. & CARIBBEAN			GRANT MAKING	AWARD	88,719.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	CONFERENCES, MEETINGS	12,650.
EAST ASIA & PACIFIC			GRANT MAKING	AWARD	60,475.
EAST ASIA & PACIFIC			PROGRAM SERVICES	CONFERENCES, MEETINGS	5,303.
EAST ASIA & PACIFIC		14	PROGRAM SERVICES	PROFESSIONAL FEES	277,411.
3 a Sub-total	0	19			893,769.
b Total from continuation sheets to Part I	0	75			12,549,963.
c Totals (add lines 3a and 3b)	0	94			13,443,732.

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

Schedule F (Form 990) 2016

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

Schedule F (Form 990)

58-2106707 Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & PACIFIC			PROGRAM SERVICES	SUPPLIES	193,229.
EAST ASIA & PACIFIC			PROGRAM SERVICES	TRAVEL	201,575.
EAST ASIA & PACIFIC			PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	2,813.
EUROPE			GRANT MAKING	AWARD	1,099,828.
EUROPE			PROGRAM SERVICES	CONFERENCES, MEETINGS	4,016.
EUROPE			PROGRAM SERVICES	PRINTING, PROMOTION	9,698.
EUROPE		16	PROGRAM SERVICES	PROFESSIONAL FEES	726,798.
EUROPE			PROGRAM SERVICES	SUPPLIES	936.
EUROPE			PROGRAM SERVICES	TRAVEL	148,379.
EUROPE			PROGRAM SERVICES	TELEPHONE	3,031.
Totals					

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

Schedule F (Form 990)

58-2106707 Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & N. AFRICA		8	PROGRAM SERVICES	PROFESSIONAL FEES	17,978.
MIDDLE EAST & N. AFRICA			PROGRAM SERVICES	TRAVEL	147,184.
MIDDLE EAST & N. AFRICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	3,416.
MIDDLE EAST & N. AFRICA			GRANT MAKING	AWARD	56,858.
NORTH AMERICA			PROGRAM SERVICES	PRINTING, PROMOTION	1,425.
NORTH AMERICA		2	PROGRAM SERVICES	PROFESSIONAL FEES	37,591.
NORTH AMERICA			PROGRAM SERVICES	TRAVEL	7,235.
NORTH AMERICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	9,849.
RUSSIA & IND. STATES		4	PROGRAM SERVICES	PROFESSIONAL FEES	50,896.
RUSSIA & IND. STATES			PROGRAM SERVICES	TRAVEL	40,032.
Totals					

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

Schedule F (Form 990)

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & IND. STATES			PROGRAM SERVICES	PRINTING, PROMOTION	30,000.
SOUTH AMERICA		3	PROGRAM SERVICES	PROFESSIONAL FEES	47,772.
SOUTH AMERICA			PROGRAM SERVICES	TRAVEL	48,938.
SOUTH AMERICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	1,769.
SOUTH ASIA			GRANT MAKING	AWARD	89,530.
SOUTH ASIA			PROGRAM SERVICES	CONFERENCES, MEETINGS	8,261.
SOUTH ASIA		12	PROGRAM SERVICES	PROFESSIONAL FEES	1,378,386.
SOUTH ASIA			PROGRAM SERVICES	TRAVEL	153,845.
SUB-SAHARAN AFRICA			GRANT MAKING	AWARD	5,774,853.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	105,987.
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			PROGRAM SERVICES	EQUIPMENT, REPAIRS , MAINTENANCE	34,862.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	PRINTING, PROMOTION	389.
SUB-SAHARAN AFRICA		30	PROGRAM SERVICES	PROFESSIONAL FEES	1,412,682.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	SUPPLES	35,621.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	TRAVEL	664,301.
Totals		75			12,549,963.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	30,000.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	75,200.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	99,500.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	64,953.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	23,000.	WT	0.		
		SUB-SAHARAN AFRICA	PREVENTING MATERNAL DEATHS IN TANZANIA	42,547.	WT	0.		
		SUB-SAHARAN AFRICA	PREVENTING MATERNAL DEATHS IN TANZANIA	56,080.	WT	0.		
		SUB-SAHARAN AFRICA	PREVENTING MATERNAL DEATHS IN TANZANIA	56,729.	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 28

3 Enter total number of other organizations or entities 6

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	PREVENTING MATERNAL DEATHS IN TANZANIA	300,000.	WT	0.		
		SUB-SAHARAN AFRICA	PREVENTING MATERNAL DEATHS IN TANZANIA	65,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	100,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	95.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	112,703.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	6,276.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	14,633.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	143,096.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	57,978.	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	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	90,000.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	25,000.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	59,000.	WT	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING GLOBAL EMERGENCY MANAGEMENT CAPACITY	102,122.	WT	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING GLOBAL EMERGENCY MANAGEMENT CAPACITY	25,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	115,254.	WT	0.		
		SUB-SAHARAN AFRICA	MENINGITIS CARRIAGE STUDY IN BURKINA FASO	80,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENINGITIS CARRIAGE STUDY IN BURKINA FASO	75,000.	WT	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING GLOBAL EMERGENCY MANAGEMENT CAPACITY	425,706.	WT	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	8,000.	WT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	28,174.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	44,950.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	44,950.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	5,000.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	5,000.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	10,000.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	6,250.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	6,250.	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)
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	6,250.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	20,968.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	41,936.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	100,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	80,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	16,700.	WT	0.		
		MIDDLE EAST AND NORTH AFRICA	DATA FOR HEALTH	28,429.	WT	0.		
		MIDDLE EAST AND NORTH AFRICA	DATA FOR HEALTH	28,429.	WT	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	22,091.	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)
		EAST ASIA AND THE PACIFIC	DATA FOR HEALTH	59,475.	WT	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	53,142.	WT	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	123,456.	WT	0.		
		SUB-SAHARAN AFRICA	HAITI MALARIA ELIMINATION CONSORTIUM	165,780.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	3,250.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	28,550.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	27,263.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	63,614.	WT	0.		
		SUB-SAHARAN AFRICA	ALTERNATAIVE SANITATIN IN PROTRACTED EMERGENICES	15,385.	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	TOBACCO CONTROL SURVEILLANCE IN AFRICA	282,500.	WT	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	166.	WT	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	84,750.	WT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TOBACCO CONTROL SURVEILLANCE IN AFRICA	52,545.	WT	0.		
		SOUTH ASIA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	8,750.	WT	0.		
		SOUTH ASIA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	8,750.	WT	0.		
		EUROPE	HAITI MALARIA ELIMINATION CONSORTIUM	230,166.	WT	0.		
		EUROPE	IMPROVING HEPATITIS E OUTBREAK CONTROL	3,229.	WT	0.		
		SUB-SAHARAN AFRICA	EVALUATING SAFE WATER INTERVENTIONS (WESTERN KENYA)	10,252.	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	MARTIN ENDOWMENT	5,020.	WT	0.		
		SOUTH ASIA	DATA FOR HEALTH	40,466.	WT	0.		
		SOUTH ASIA	DATA FOR HEALTH	31,564.	WT	0.		
		EAST ASIA AND THE PACIFIC	MANN LECTURE 99	1,000.	WT	0.		
		SUB-SAHARAN AFRICA	LEVERAGING ROTAVIRUS NETWORKS	45,000.	WT	0.		
		SUB-SAHARAN AFRICA	ROTAVIRUS INTUSSUSCEPTION STUDY IN SOUTH AFRICA	160,000.	WT	0.		
		SUB-SAHARAN AFRICA	FREEDOM FROM SMOKING INITIATIVE	53,110.	WT	0.		
		SUB-SAHARAN AFRICA	FREEDOM FROM SMOKING INITIATIVE	282,500.	WT	0.		
		SUB-SAHARAN AFRICA	FREEDOM FROM SMOKING INITIATIVE	506,099.	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	FREEDOM FROM SMOKING INITIATIVE	69,298.	WT	0.		
		SUB-SAHARAN AFRICA	FREEDOM FROM SMOKING INITIATIVE	45,200.	WT	0.		
		SUB-SAHARAN AFRICA	FREEDOM FROM SMOKING INITIATIVE	54,099.	WT	0.		
		SUB-SAHARAN AFRICA	FREEDOM FROM SMOKING INITIATIVE	47,006.	WT	0.		
		SUB-SAHARAN AFRICA	FREEDOM FROM SMOKING INITIATIVE	63,987.	WT	0.		
		SUB-SAHARAN AFRICA	LEVERAGING ROTAVIRUS NETWORKS	149,160.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	100,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	97,760.	WT	0.		
		SUB-SAHARAN AFRICA	GLOBAL CERVICAL CANCER SCREENING & TREATMENT	195,424.	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	GLOBAL CERVICAL CANCER SCREENING & TREATMENT	10,000.	WT	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	75,287.	WT	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	95,057.	WT	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	400,000.	WT	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	400,000.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	112,500.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	100,000.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	61,457.	WT	0.		

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

THE CDC FOUNDATION MONITORS GRANT FUNDS IN MANY WAYS. ALL PROGRAMS ARE IMPLEMENTED IN COLLABORATION WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AN AGENCY OF THE FEDERAL GOVERNMENT. THE CDC WORKS CLOSELY WITH FOUNDATION PERSONNEL TO ACTIVELY MONITOR THE GRANTEE'S PROGRESS AND EXPENDITURES, AND BOTH THE GRANTEE AND THE CDC PROVIDE DETAILED INFORMATION TO THE CDC FOUNDATION'S PROGRAM OFFICERS WHO ARE ASSIGNED TO THE PROJECT. OFTEN, THE FOUNDATION PROGRAM OFFICER WILL MAKE SITE VISITS TO ENSURE THAT THE PROGRAM IS PROCEEDING AS AGREED AND THAT THE FUNDS ARE PROPERLY SPENT.

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Employer identification number
58-2106707

Part I General Information on Grants and Assistance

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

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

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 noncash assistance	(h) Purpose of grant or assistance
AMERICAN NURSES ASSOCIATION, INC. 8815 GEORGIA AVENUE SUITE 400 SILVER SPRINGS, MD 20910-3422	13-1893923	501(C)(3)	5,624.	0.			12 - STEP PHASE II
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	380.	0.			EARLY CHILDHOOD INEQUITIES AWARENESS CAMPAIGN
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	9,812.	0.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	17,173.	0.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	43,682.	0.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	32,174.	0.			MATERNAL MORTALITY REVIEW DATA

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 34.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2016)

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
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	11,760.	0.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	11,796.	0.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	10,973.	0.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	13,263.	0.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	9,301.	0.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	50,889.	0.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	64,336.	0.			MATERNAL MORTALITY REVIEW DATA
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS - 2030 M STREET NW SUITE 350 - WASHINGTON, DC 20036	52-1529448	501(C)(3)	43,709.	0.			MATERNAL MORTALITY REVIEW DATA
BASIC HEALTH INTERNATIONAL 25 BROADWAY 9TH FLOOR NEW YORK, NY 10004	20-3408717	501(C)(3)	25,000.	0.			GLOBAL CERVICAL CANCER SCREENING & TREATMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BASIC HEALTH INTERNATIONAL 25 BROADWAY 9TH FLOOR NEW YORK, NY 10004	20-3408717	501(C)(3)	10,000.	0.			GLOBAL CERVICAL CANCER SCREENING & TREATMENT
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	5,789.	0.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	10,000.	0.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	5,820.	0.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	11,758.	0.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	5,778.	0.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
BRIGHTON CENTER, INC P.O. BOX 325 NEW PORT, KY 41071	61-0763886	501(C)(3)	6,671.	0.			SUBSTANCE USE AND HIV PREVENTION EDUCATION
BUSH GLOBAL HEALTH INITIATIVE 1900 L STREET, NW SUITE 304 WASHINGTON, DC 20036	47-4585630	501(C)(3)	5,000.	0.			GLOBAL CERVICAL CANCER SCREENING & TREATMENT
BUSH GLOBAL HEALTH INITIATIVE 1900 L STREET, NW SUITE 304 WASHINGTON, DC 20036	47-4585630	501(C)(3)	10,000.	0.			GLOBAL CERVICAL CANCER SCREENING & TREATMENT

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
BUSH GLOBAL HEALTH INITIATIVE 1900 L STREET, NW SUITE 304 WASHINGTON, DC 20036	47-4585630	501(C)(3)	10,000.	0.			GLOBAL CERVICAL CANCER SCREENING & TREATMENT
THE CARTER CENTER 453 FREEDOM PARKWAY ATLANTA, GA 30307	58-1454716	501(C)(3)	152,915.	0.			HAITI MALARIA ELIMINATION CONSORTIUM
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	143,901.	0.			STUDY OF INHIBITORS IN HEMOPHILIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	30,000.	0.			GLOBAL DISASTER RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	30,000.	0.			GLOBAL DISASTER RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	30,000.	0.			GLOBAL DISASTER RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	23,202.	0.			BLOOMBERG FREEDOM FROM SMOKING INITIATIVE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	79,259.	0.			BLOOMBERG FREEDOM FROM SMOKING INITIATIVE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	148,039.	0.			BLOOMBERG FREEDOM FROM SMOKING INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	79,057.	0.			BLOOMBERG FREEDOM FROM SMOKING INITIATIVE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	50,701.	0.			CONTROLLING VIRAL FOODBORNE DISEASE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	40,223.	0.			CONTROLLING VIRAL FOODBORNE DISEASE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	11,850.	0.			PRIMATE RETROVIRAL TRANSMISSION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	6,810.	0.			EVALUATING SAFE WATER INTERVENTIONS (WESTERN KENYA)
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	1,000.	0.			BIOMARKER DETECTION OF CERVICAL CANCER
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	125,000.	0.			LAW AND POLICY IMPACT FOR HEALTHY PEOPLE 2020
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	8,156.	0.			BIOMARKER OF INFERTILITY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	30,000.	0.			MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA

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

Schedule I (Form 990)

58-2106707

Page 1

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

(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	50,000.	0.			MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	600.	0.			GLOBAL CERVICAL CANCER SCREENING & TREATMENT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	83,742.	0.			SAUDI ARABIA FETP
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	143,971.	0.			SAUDI ARABIA FETP
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	51,724.	0.			OPTIMIZING HELMETS TO REDUCE WORK-RELATED INJURIES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	50,000.	0.			CLINICAL TRIALS UNIT FOR HIV/AIDS AND TB RESEARCH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	22,153.	0.			ALTERNATIVE SANITATION IN PROTRACTED EMERGENCIES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	90,000.	0.			VIRAL HEPATITIS IN RESOURCE-LIMITED COUNTRIES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	32,035.	0.			VIRAL HEPATITIS IN RESOURCE-LIMITED COUNTRIES

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	30,000.	0.			TOBACCO CONTROL SURVEILLANCE IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	70,437.	0.			GRIFFITHSIN-BASED RECTAL MICROBICIDES STUDY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	81,326.	0.			HAITI MALARIA ELIMINATION CONSORTIUM
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	161,207.	0.			HAITI MALARIA ELIMINATION CONSORTIUM
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	8,698.	0.			WATER QUALITY TESTING IN LOW-RESOURCE SETTINGS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	33,686.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	25,158.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	84,809.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	77,591.	0.			DATA FOR HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	50,957.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	31,429.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	25,000.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	32,467.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	98,105.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	99,080.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	33,099.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	61,489.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	9,214.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION

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

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	16,490.	0.			INVESTIGATING CHLORINE DIOXIDE AS DISINFECTANT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	1,266.	0.			INVESTIGATING CHLORINE DIOXIDE AS DISINFECTANT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	5,000.	0.			DATA COLLECTION SYSTEM FOR SICKLE CELL DISEASE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	292,848.	0.			PREVENTING MATERNAL DEATHS IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	205,636.	0.			PREVENTING MATERNAL DEATHS IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	200,034.	0.			PREVENTING MATERNAL DEATHS IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	30,000.	0.			UNDERSTANDING ANTIBIOTIC USE OF DATA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	16,000.	0.			UNDERSTANDING ANTIBIOTIC USE OF DATA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	60,000.	0.			UNDERSTANDING ANTIBIOTIC USE OF DATA

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

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	30,008.	0.			IMPROVING HEALTH CARE PROVIDER PERFORMANCE IN DEVELOPING COUNTRIES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	167,000.	0.			INTEGRATED ROTAVIRUS VACCINE DEVELOPMENT PLAN
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	1,250.	0.			CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	370.	0.			MAKING DIALYSIS SAFER FOR PATIENTS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	31,291.	0.			CHRONIC DISEASE PREVENTION CITY HEATH INDICATORS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	35,000.	0.			CHRONIC DISEASE PREVENTION CITY HEATH INDICATORS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	61,270.	0.			CHRONIC DISEASE PREVENTION CITY HEATH INDICATORS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	6,000.	0.			MATERNAL MORTALITY REVIEW DATA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	10,258.	0.			MORTALITY SURVEILLANCE IN ACUTE EMERGENCIES

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

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	1,539.	0.			MORTALITY SURVEILLANCE IN ACUTE EMERGENCIES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	55,593.	0.			COMBINATION HIV PREVENTION INTERVENTION IN THAILAND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	20,762.	0.			COMBINATION HIV PREVENTION INTERVENTION IN THAILAND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	10,000.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	3,600.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	23,597.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	43,500.	0.			TYPHOID VACCINE PROTOCOL DEVELOPMENT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	8,609.	0.			CARDIOVASCULAR AND CARCINOGENIC RISKS IN TRAINING SCENARIOS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	15,528.	0.			CARDIOVASCULAR AND CARCINOGENIC RISKS IN TRAINING SCENARIOS

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	60,234.	0.			MENINGITIS CARRIAGE STUDY IN BURKINA FASO
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	10,000.	0.			ASSESSMENT OF OCCUPATIONAL FALL HAZARDS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	3,600.	0.			VIOLENCE AGAINST CHILDREN SURVEY FOR DOMESTIC USE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	2,000.	0.			FEASIBILITY OF HPV VACCINE EVALUATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	20,000.	0.			CRYPTOCOCCAL SCREENING AND TREATMENT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	100,000.	0.			UNBIASED DETECTION OF MICROBIAL NUCLEIC ACIDS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	100,000.	0.			UNBIASED DETECTION OF MICROBIAL NUCLEIC ACIDS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	5,000.	0.			UNBIASED DETECTION OF MICROBIAL NUCLEIC ACIDS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	7,500.	0.			PNEUMOCOCCAL CONJUGATE VACCINE IMPACT REVIEW

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

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	12,000.	0.			PNEUMOCOCCAL CONJUGATE VACCINE IMPACT REVIEW
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	78,000.	0.			PERSONAL PROTECTIVE EQUIPMENT LAUNDERING
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	3,500.	0.			HOUSEHOLD AIR POLLUTION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	65,929.	0.			POINT-OF-CARE DIAGNOSTICS FOR NOROVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	767,726.	0.			CONTRACEPTIVE USE MODULE FOR SITES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	112,500.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	10,000.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	116,201.	0.			ROTAVIRUS SURVEILLANCE - GLOBAL
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	45,000.	0.			BIRTH-COHORT EVALUATION (BEST-C)

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

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	9,000.	0.			MALARIA SPECIMEN BANK EVALUATION - PHASE II
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	9,000.	0.			LAW AND POLICY IMPACT FOR HEALTHY PEOPLE 2020
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	15,000.	0.			MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	5,000.	0.			CLEANING PROCEDURES FOR FIRE FIGHTER PPE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	84,235.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	90,000.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	1,500.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	112,570.	0.			CARDIOVASCULAR AND CARCINOGENIC RISKS IN TRAINING SCENARIOS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	19,388.	0.			DIRECTOR'S FUND

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

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	18,776.	COST	INSECTICIDE FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	250,576.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	12,000.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	5,250.	COST	INSECTICIDE FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	3,300.	COST	INSECTICIDE FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	454,176.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	13,166,400.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	194,632.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	3,999,797.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	395,957.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	583,065.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	123,107.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	3,482,450.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	33,784.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	534,605.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	686,747.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	82,276.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	4,607,456.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	6,580,875.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	681,345.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	240,077.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	288,058.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	346,920.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	227,088.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	74,346.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	274,550.	COST	CONTRACEPTIVES FOR ZIKA RESPONSE	EMERGENCY PREPAREDNESS & RESPONSE FUND
CENTER FOR HEALTH STATITICS P.O. BOX 149347 AUSTIN, TX 78714-9347	32-0113643	501(C)(3)	17,100.	0.			WEARABLE DEVICE DATA FOR POPULATION HEALTH

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DC TREASURER - BRFSS CONNECTICUT 899 N. CAPITOL STREET, NE WASHINGTON, DC 20002	53-6001131	GOVT	6,250.	0.			WEARABLE DEVICE DATA FOR POPULATION HEALTH
DEKALB COUNTY FINANCE 1300 COMMERCE DRIVE DECATUR, GA 30030	58-6000814	GOVT	16,400.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
DEKALB COUNTY FINANCE 1300 COMMERCE DRIVE DECATUR, GA 30030	58-6000814	GOVT	4,620.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
DEKALB COUNTY FINANCE 1300 COMMERCE DRIVE DECATUR, GA 30030	58-6000814	GOVT	24,060.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
DIKEMBE MUTOMBO FOUNDATION 400 INTERSTATE NORTH PKWY - SUITE 5 ATLANTA, GA 30339	58-2359589	501(C)(3)	1,000.	0.			CONTRIBUTING SPONSORSHIP
EMORY UNIVERSITY P.O. BOX 935084 ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	9,909.	0.			PAUL M. FERNHOFF MEMORIAL LECTURE SERIES
FANNIE E. RIPPEL FOUNDATION 14 MAPLE AVENUE SUITE 200 MORRISTOWN, NJ 07960	22-1559427	501(C)(3)	9,100.	0.			HEALTHBOUND POLICY SIMULATION GAME: AN ADVENTURE IN US HEALTH REFORM
GEORGIA STATE UNIVERSITY P.O. BOX 3971 ATLANTA, GA 30302-3971	58-6002050	501(C)(3)	2,100.	0.			DATA COLLECTION SYSTEM FOR SICKLE CELL DISEASE
GEORGIA STATE UNIVERSITY P.O. BOX 3971 ATLANTA, GA 30302-3971	58-6002050	501(C)(3)	8,400.	0.			DATA COLLECTION SYSTEM FOR SICKLE CELL DISEASE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL CENTER FOR MEDICAL INNOVATION - 574 14TH STREET, NW SUITE 100 - ATLANTA, GA 30318	26-4723391	501(C)(3)	6,000.	0.			GLOBAL DISASTER RESPONSE FUND
GLOBAL CENTER FOR MEDICAL INNOVATION - 574 14TH STREET, NW SUITE 100 - ATLANTA, GA 30318	26-4723391	501(C)(3)	2,850.	0.			GLOBAL DISASTER RESPONSE FUND
GLOBAL CENTER FOR MEDICAL INNOVATION - 574 14TH STREET, NW SUITE 100 - ATLANTA, GA 30318	26-4723391	501(C)(3)	1,000.	0.			GLOBAL DISASTER RESPONSE FUND
GRADY HEALTH SYSTEM 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303	26-2037695	501(C)(3)	4,803.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
GRADY HEALTH SYSTEM 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303	26-2037695	501(C)(3)	8,114.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
GRADY HEALTH SYSTEM 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303	26-2037695	501(C)(3)	5,708.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
GRADY HEALTH SYSTEM 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303	26-2037695	501(C)(3)	2,768.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
GRADY HEALTH SYSTEM 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303	26-2037695	501(C)(3)	12,386.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
GRADY HEALTH SYSTEM 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303	26-2037695	501(C)(3)	5,520.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION

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
GRADY HEALTH SYSTEM 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303	26-2037695	501(C)(3)	8,101.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
GRADY HEALTH SYSTEM 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303	26-2037695	501(C)(3)	8,029.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
HEALTH CONNECT SOUTH 1950 LAKE PARK DRIVE SMYRNA, GA 30080	46-3967515	501(C)(3)	1,500.	0.			SPONSORSHIP LEVEL PARTNER
HEALTH CONNECT SOUTH 1950 LAKE PARK DRIVE SMYRNA, GA 30080	46-3967515	501(C)(3)	2,000.	0.			2017 HEALTH CONNECT SOUTH CONFERENCE
HJF MEDICAL RESEARCH INTERNATIONAL, INC. - 6720-A ROCKLEDGE DRIVE SUITE 100 - BETHESDA, MD 20817	52-2322791	501(C)(3)	32,500.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
HJF MEDICAL RESEARCH INTERNATIONAL, INC. - 6720-A ROCKLEDGE DRIVE SUITE 100 - BETHESDA, MD 20817	52-2322791	501(C)(3)	32,500.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION - 3339 WARD STREET - PITTSBURGH, PA 15213	25-1462312	501(C)(3)	15,711.	0.			OPT-OUT CHLAMYDIA SCREENING EFFECTIVENESS
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION - 3339 WARD STREET - PITTSBURGH, PA 15213	25-1462312	501(C)(3)	10,025.	0.			OPT-OUT CHLAMYDIA SCREENING EFFECTIVENESS
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION - 3339 WARD STREET - PITTSBURGH, PA 15213	25-1462312	501(C)(3)	7,173.	0.			OPT-OUT CHLAMYDIA SCREENING EFFECTIVENESS

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
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION - 3339 WARD STREET - PITTSBURGH, PA 15213	25-1462312	501(C)(3)	12,575.	0.			OPT-OUT CHLAMYDIA SCREENING EFFECTIVENESS
MASSACHUSETTS GENERAL HOSPITAL P.O. BOX 3829 BOSTON, MA 02241-3829	04-2697983	501(C)(3)	39,559.	0.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION
MASSACHUSETTS GENERAL HOSPITAL P.O. BOX 3829 BOSTON, MA 02241-3829	04-2697983	501(C)(3)	38,513.	0.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION
NATIONAL ACADEMY OF SCIENCE 500 FIFTH STREET, NW WASHINGTON, DC 20001	53-0196932	GOVT	24,998.	0.			GUN VIOLENCE PREVENTION RESEARCH
NATIONAL ACADEMY OF SCIENCE 500 FIFTH STREET, NW WASHINGTON, DC 20001	53-0196932	GOVT	21,000.	0.			HEALTH CONSEQUENCES OF MARIJUANA
NATIONAL ACADEMY OF SCIENCE 500 FIFTH STREET, NW WASHINGTON, DC 20001	53-0196932	GOVT	189,000.	0.			HEALTH CONSEQUENCES OF MARIJUANA
PAN AMERICAN SANITARY BUREAU 525 TWENTY-THIRD STREET, NW WASHINGTON, DC 20037-2895	52-1804954	GOVT	40,445.	0.			FREEDOM FROM SMOKING INITIATIVE
PAN AMERICAN SANITARY BUREAU 525 TWENTY-THIRD STREET, NW WASHINGTON, DC 20037-2895	52-1804954	GOVT	39,550.	0.			FREEDOM FROM SMOKING INITIATIVE
PORTSMOUTH CITY HEALTH DEPARTMENT 728 SECOND STREET PORTSMOUTH, OH 45662	31-6400238	GOVT	15,000.	0.			SUBSTANCE USE AND HIV PREVENTIN EDUCATION

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
PORTSMOUTH CITY HEALTH DEPARTMENT BOX 223131 PITTSBURGH, PA 15251-2131	31-6400238	501(C)(3)	6,307.	0.			SUBSTANCE USE AND HIV PREVENTIN EDUCATION
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	53,551.	0.			HOUSEHOLD AIR POLLUTION
STATE OF CONNECTICUT - BRFSS CONNECTICUT - 410 CAPITOL AVENUE - HARTFORD, CT 06106	06-6000798	GOVT	23,750.	0.			WEARABLE DEVICE DATA FOR POPULATION HEALTH
SATE OF SOUTH CAROLINA 2600 BULL STREET COLUMBIA, SC 29201	57-6000286	GOVT	19,000.	0.			WEARABLE DEVICE DATA FOR POPULATION HEALTH
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	85,756.	0.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION
THE GENERAL HOSPITAL CORPORATION 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	42,288.	0.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	33,094.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	27,070.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	12,310.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION

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 TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	25,127.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	12,106.	0.			PILOTING THE CARDIFF MODEL FOR VIOLENCE PREVENTION
TOGETHER FOR GIRLS, INC. 1889 F STREET, N.W. SUITE 350 WASHINGTON, DC 20006	45-4664343	501(C)(3)	60,554.	0.			TOGETHER FOR GIRLS
TRUSTEES OF BOSTON UNIVERSITY P.O. BOX 55058 BOSTON, MA 02205	04-2103547	501(C)(3)	7,461.	0.			CRYPTOCOCCAL MENINGITIS SCREENING IN SOUTH AFRICA
TRUSTEES OF BOSTON UNIVERSITY P.O. BOX 55058 BOSTON, MA 02205	04-2103547	501(C)(3)	33,227.	0.			CRYPTOCOCCAL MENINGITIS SCREENING IN SOUTH AFRICA
TUCKSON HEALTH CONNECTIONS, LLC 227 SANDY SPRINGS PLACE SUITE D-346 SANDY SPRINGS, GA 30328	46-2344331	501(C)(3)	1,000.	0.			FRIES FOUNDATION OPERATING COLLABORATION
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	39,668.	0.			GLOBAL DISASTER RESPONSE FUND
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	15,000.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	40,392.	0.			ROTAVIRUS INTUSSUSCEPTION STUDY IN SOUTH AFRICA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD AFFAIRS COUNCIL OF ATLANTA 3348 PEACHTREE ROAD, NE ATLANTA, GA 30306	58-6033185	501(C)(3)	2,000.	0.			CONTRIBUTING SPONSORSHIP

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

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

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

PART I, LINE 2:

THE CDC FOUNDATION MONITORS GRANT FUNDS IN MANY WAYS. ALL PROGRAMS ARE
 IMPLEMENTED IN COLLABORATION WITH THE CENTERS FOR DISEASE CONTROL AND
 PREVENTION, AN AGENCY OF THE FEDERAL GOVERNMENT. THE CDC WORKS CLOSELY WITH
 FOUNDATION PERSONNEL TO ACTIVELY MONITOR THE GRANTEE'S PROGRESS AND
 EXPENDITURES, AND BOTH THE GRANTEE AND THE CDC PROVIDE DETAILED INFORMATION
 TO THE CDC FOUNDATION'S PROGRAM OFFICERS WHO ARE ASSIGNED TO THE PROJECT.
 OFTEN, THE FOUNDATION PROGRAM OFFICER WILL MAKE SITE VISITS TO ENSURE THAT
 THE PROGRAM IS PROCEEDING AS AGREED AND THAT THE FUNDS ARE PROPERLY SPENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
58-2106707

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHARLES STOKES IMM. PAST PRES. & CEO (END 1/31/16)	(i)	48,367.	0.	158,000.	0.	0.	206,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUDITH MONROE PRESIDENT & CEO (BEGIN 2/1/16)	(i)	294,119.	0.	0.	0.	0.	294,119.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAULA JASINA CFO	(i)	173,903.	0.	0.	0.	0.	173,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHLOE TONNEY EXEC. VP OF EXTERNAL AFFAIRS	(i)	258,599.	0.	0.	0.	0.	258,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PIERCE NELSON VP OF COMMUNICATIONS	(i)	203,373.	0.	0.	0.	0.	203,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) VERLA NESLUND IMM. PAST LEGAL COUNSEL/ IMM. PAST V	(i)	174,606.	0.	0.	0.	0.	174,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LUKE NKINSI IMM. PAST SURVAC DIRECTOR	(i)	211,625.	0.	0.	0.	0.	211,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BETTY WOLF IMM. PAST VP FOR ADVANCEMENT	(i)	172,525.	0.	0.	0.	0.	172,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

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

PREMIUM IS DEDUCTED AND PAID TO THE VENDOR.

PART I, LINE 3:

THE FOUNDATION FOLLOWS IRS PRESCRIBED PROCEDURES FOR ESTABLISHING A

REBUTTABLE PRESUMPTION OF REASONABLENESS OF ALL COMPENSATION PAID TO

"DISQUALIFIED PERSONS" (AS DETAILED IN SECTION 4958 OF THE INTERNAL

REVENUE CODE OF 1986) THE FOUNDATION HIRES AN INDEPENDENT,

INTERNATIONAL HUMAN RESOURCES FIRM TO PROVIDE MARKET DATA FOR ALL STAFF

POSITIONS. THIS FIRM USES A VARIETY OF SURVEYS AND USING THESE AND

THEIR EXPERTISE, IT RECOMMENDS MARKET VALUES AND SALARY RANGES FOR

STAFF POSITIONS. THE EXECUTIVE COMMITTEE OF THE FOUNDATION WHICH IS

COMPRISED OF THE CHAIR, TREASURER, SECRETARY, AND THE CHAIRS OF THE

ADVANCEMENT AND NOMINATING COMMITTEES ARE INDEPENDENT, VOTING MEMBERS

OF THE BOARD OF DIRECTORS. THE COMMITTEE REVIEWS THE DATA, EVALUATES

THE PERFORMANCE OF THE PRESIDENT/CEO AND VOTES ON HER, THE CFO'S, AND

THE EXECUTIVE VP OF EXTERNAL AFFAIRS' COMPENSATION. THESE ACTIONS ARE

Part III Supplemental Information

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

DOCUMENTED IN ACCORDANCE WITH THE REGULATIONS UNDER SECTION 4958 OF THE
CODE.

PART II, LINE 1, COLUMN B(III):

OTHER REPORTABLE COMPENSATION RECEIVED BY THE IMMEDIATE PAST PRESIDENT

& CEO IS A RETIREMENT BONUS AWARDED TO MR. STOKES BY THE BOARD OF

DIRECTORS OF THE FOUNDATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	126,491	36,692,083.	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (INSECTICIDE F)	X	709,200	355,470.	COST
26 Other ▶ (INSECT REPELL)	X	500,096	300,058.	COST
27 Other ▶ (MARKETING MAT)	X	60,000	23,758.	COST
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**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

Part II

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

Lined area 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

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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:

ZIKA CONTRACEPTION ACCESS NETWORK PROGRAM

IN FEBRUARY 2016, THE WORLD HEALTH ORGANIZATION (WHO) DECLARED THE ZIKA

VIRUS A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN. ZIKA VIRUS

INFECTION IN PREGNANCY CAUSES MICROCEPHALY AND HAS BEEN LINKED TO

PREGNANCY LOSS AND PROBLEMS IN INFANTS, INCLUDING EYE DEFECTS, HEARING

LOSS, AND IMPAIRED GROWTH. IN RESPONSE TO THE CDC-ACCELERATED RESPONSE

TO COMBAT ZIKA VIRUS, THE CDC FOUNDATION ACTIVATED ITS U.S. EMERGENCY

RESPONSE FUND AND GLOBAL DISASTER RESPONSE FUND IN FEBRUARY 2016 TO

ASSIST DURING THE ZIKA RESPONSE.

DURING THE ZIKA VIRUS OUTBREAK, PUERTO RICO HAD THE HIGHEST NUMBER OF

ZIKA INFECTIONS IN THE UNITED STATES, A HIGH RATE OF UNINTENDED

PREGNANCY AND LIMITED ACCESS TO CONTRACEPTION, INCLUDING LONG-ACTING

REVERSIBLE CONTRACEPTION. AS PART OF THE RESPONSE, THE CDC FOUNDATION

LAUNCHED THE ZIKA CONTRACEPTION ACCESS NETWORK (Z-CAN), WHICH INCREASED

ACCESS TO CONTRACEPTION TO PREVENT UNINTENDED PREGNANCIES AS A KEY

MEDICAL COUNTERMEASURE TO MITIGATE ADVERSE PREGNANCY AND BIRTH OUTCOMES

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

Schedule O (Form 990 or 990-EZ) (2016)

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CAUSED BY THE ZIKA VIRUS. Z-CAN WAS A MULTIFACETED PROGRAM TO REDUCE

ZIKA-RELATED PREGNANCY AND BIRTH COMPLICATIONS BY PROVIDING

CONTRACEPTIVE PRODUCTS TO WOMEN WHO CHOSE TO DELAY OR AVOID PREGNANCY

DURING THE ZIKA OUTBREAK. THE GOALS OF Z-CAN WERE: 1) TO ESTABLISH A

NETWORK OF TRAINED HEALTH CARE PROVIDERS TO PROVIDE CLIENT-CENTERED

CONTRACEPTIVE COUNSELING AND SAME-DAY ACCESS OF THE FULL RANGE OF FOOD

AND DRUG ADMINISTRATION (FDA) APPROVED REVERSIBLE CONTRACEPTIVE METHODS

AT NO COST; AND 2) TO RAISE AWARENESS AMONG WOMEN AND FAMILIES OF THE

ROLE OF CONTRACEPTION AS A PRIMARY PREVENTION MEASURE TO REDUCE

ZIKA-RELATED PREGNANCY AND BIRTH OUTCOMES.

THE Z-CAN PROGRAM OFFICIALLY LAUNCHED ON APRIL 30, 2016, WITH THE FIRST

PROVIDER TRAINING IN PUERTO RICO. SUBSEQUENT TRAININGS THROUGH OCTOBER

2016 BUILT A NETWORK OF 177 Z-CAN CERTIFIED PHYSICIANS AND OVER 300

STAFF MEMBERS AT 139 CLINICS ACROSS PUERTO RICO TO PROVIDE THE FULL

RANGE OF REVERSIBLE CONTRACEPTIVE METHODS, INCLUDING LONG-ACTING

REVERSIBLE CONTRACEPTIVES (LARC) TO WOMEN FREE OF CHARGE. AS OF JUNE

30, 2017, MORE THAN 17,500 WOMEN HAD RECEIVED CLIENT-CENTERED

CONTRACEPTIVE COUNSELING AND THEIR CONTRACEPTIVE METHOD OF CHOICE AND

AT NO COST TO THEM. THE COMMUNICATIONS CAMPAIGN FOR THE PROGRAM, ANTE

LA DUDA PREGUNTA (ALDP) RAISED AWARENESS ABOUT Z-CAN AND GARNERED OVER

124 MILLION IMPRESSIONS WITH 732,000 CLICKS ACROSS VARIOUS MEDIA

PLATFORMS.

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

DATA FOR HEALTH

THE CDC FOUNDATION CONTINUED ITS PARTNERSHIP ON THE DATA FOR HEALTH

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INITIATIVE. THIS INNOVATIVE EFFORT TO SOLVING THE WORLD'S MOST
 PRESSING PUBLIC HEALTH PROBLEMS WITH TECHNOLOGY AND DATA HELPS TO FILL
 MAJOR GAPS IN GLOBAL HEALTH. EACH YEAR, MORE THAN 50 MILLION PEOPLE
 DIE AROUND THE GLOBE AND FOR MANY, THE ACTUAL CAUSE OF DEATH IS NEVER
 RECORDED, WHICH IS A MAJOR OBSTACLE TO DEVELOPING DATA-DRIVEN POLICIES
 THAT CAN IMPROVE PUBLIC HEALTH. THE DATA FOR HEALTH INITIATIVE WILL
 ASSIST 20 LOW- AND MIDDLE-INCOME COUNTRIES ACROSS LATIN AMERICA, ASIA
 AND AFRICA IN STRENGTHENING THEIR PUBLIC HEALTH DATA SYSTEMS AND OF
 DATA USE FOR CRITICAL POLICY-MAKING DECISIONS.

THE CDC FOUNDATION, WORKING ALONGSIDE CDC, SUPPORTS DEDICATED
 GOVERNMENT STAFF IN-COUNTRY TO STRENGTHEN BIRTH AND DEATH REGISTRATION
 SYSTEMS AND IMPROVE INFORMATION ON CAUSE OF DEATH. THE PARTNERSHIP
 ALSO SUPPORTS AND CONVENES EXPERTS TO CREATE THE BEST-IN-CLASS MOBILE
 PHONE RISK FACTOR SURVEYS FOR NONCOMMUNICABLE DISEASES. FINALLY, IT
 HELPS IN-COUNTRY, CDC-SUPPORTED FIELD EPIDEMIOLOGY TRAINING PROGRAM
 (FETP) RESIDENTS AND NATIONAL PUBLIC HEALTH INSTITUTE STAFF IMPROVE
 CAPACITY IN MINISTRIES OF HEALTH TO USE HEALTH DATA TO INFORM POLICY
 DEVELOPMENT. MORE THAN 1.2 BILLION PEOPLE WILL BE IMPACTED BY THIS
 PROJECT, LIVING IN COUNTRIES WITH IMPROVED CAPACITY TO USE DATA TO
 INFORM CRITICAL PUBLIC HEALTH DECISIONS.

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

FREEDOM FROM SMOKING INITIATIVE

THE CDC FOUNDATION CONTINUED ITS GLOBAL TOBACCO SURVEILLANCE WORK AS
 PART OF THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE.

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TOBACCO USE KILLS APPROXIMATELY SIX MILLION PEOPLE ANNUALLY, WITH NEARLY 80% PERCENT OF THOSE DEATHS OCCURRING IN LOW- AND MIDDLE-INCOME COUNTRIES. THE CDC FOUNDATION'S ROLE IN THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE HELPS STRENGTHEN CDC'S GLOBAL TOBACCO SURVEILLANCE EFFORTS IN HIGH BURDEN TOBACCO USE COUNTRIES AND TRACK THE GLOBAL TOBACCO EPIDEMIC.

AS ONE OF A NUMBER OF PARTNERS IN THE INITIATIVE, THE CDC FOUNDATION COLLABORATES WITH EXPERTS AT U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (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). GATS PRODUCES NATIONALLY REPRESENTATIVE DATA ON TOBACCO USE AND KEY TOBACCO CONTROL MEASURES. ROUND 1 GATS HAS BEEN COMPLETED IN 28 COUNTRIES, AND FIVE COUNTRIES HAVE COMPLETED ROUND 2 GATS. ADDITIONALLY, THE ROUND 2 SURVEY IS PLANNED OR UNDERWAY IN SIX COUNTRIES. DATA FROM THE SURVEY COVERS OVER 3.6 BILLION ADULTS AND OVER 85% OF THE WORLD'S ADULT SMOKERS. TQS IS A GLOBALLY STANDARDIZED SET OF TOBACCO QUESTIONS MEANT TO IMPROVE COMPARABILITY OF TOBACCO DATA OVER TIME BY HARMONIZING TOBACCO SURVEILLANCE ACTIVITIES ACROSS VARIOUS ONGOING SURVEYS. TQS HAS BEEN INTEGRATED INTO ONGOING SURVEYS IN 73 COUNTRIES, PROVIDING TOBACCO USE DATA ON OVER 3.8 BILLION ADULTS.

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

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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 \$ 32,071,870. INCL GRANTS OF \$ 11,152,985. REVENUE \$ 818,801.

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

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

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

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

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

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

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

BOARD FOR THEIR REVIEW.

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

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

POLICY ANNUALLY. THE FOUNDATION MAINTAINS A COPY OF THE SIGNATURE

INDICATING COMPLIANCE WITH THE RULES. LEGAL COUNSEL REVIEWS THE POLICY

ANNUALLY WITH ALL BOARD MEMBERS.

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

AN INDEPENDENT, INTERNATIONAL HUMAN RESOURCES CONSULTING FIRM IS PROVIDED

WITH ALL POSITION DESCRIPTIONS AND THAT FIRM PREPARES A SALARY STUDY

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

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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, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND

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

FORM 990, PART VI, SECTION C, LINE 18:

THE FOUNDATION POSTS THE PRIOR TEN YEARS OF 990'S AND FORM 1023 ON ITS

WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION POSTS THE PRIOR THREE YEARS OF AUDITS ON ITS WEBSITE. THE

FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

AVAILABLE UPON REQUEST.

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

PAYROLL SERVICE FEES:

PROGRAM SERVICE EXPENSES 91,916.

TOTAL EXPENSES 91,916.

MEDICAL PROFESSIONALS:

PROGRAM SERVICE EXPENSES 3,007,541.

TOTAL EXPENSES 3,007,541.

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TRANSLATION AND COMMUNICATION SERVICES:

PROGRAM SERVICE EXPENSES	2,110,356.
TOTAL EXPENSES	2,110,356.

OTHER PROGRAM SERVICES EXPENSE:

PROGRAM SERVICE EXPENSES	14,143,059.
TOTAL EXPENSES	14,143,059.

MANAGEMENT AND GENERAL EXPENSES:

MANAGEMENT AND GENERAL EXPENSES	305,619.
TOTAL EXPENSES	305,619.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	19,658,491.
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FORM 990, PART IX, LINE 11G

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

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FORM 990, PART I, LINE 19

THE FOUNDATION FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

THEREFORE, IT RECOGNIZES COMMITMENTS MADE BY DONORS TO FUND PROJECTS AS RESTRICTED REVENUE AT THE TIME OF COMMITMENT. BECAUSE PROJECT EXPENSES ARE INCURRED OVER MULTIPLE YEARS (FROM ONE TO 10), EXPENDITURES OF RESTRICTED FUNDING IN A GIVEN YEAR MAY EXCEED NEW RESTRICTED COMMITMENTS RECEIVED, WHICH CAN CREATE THE APPEARANCE OF THE FOUNDATION HAVING AN OVERALL LOSS WHEN IN REALITY THERE IS JUST A TIMING DIFFERENCE BETWEEN WHEN FUNDS ARE RECEIVED AND WHEN THEY ARE EXPENDED.