

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

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**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
600 PEACHTREE STREET NE 1000
 City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30308

D Employer identification number
58-2106707

E Telephone number
(404) 653-0790

F Name and address of principal officer: **DR. JUDITH MONROE**
SAME AS C ABOVE

G Gross receipts \$ **119,310,193.**

H(a) Is this a group return for subordinates? Yes 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: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CDCFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1993** **M** State of legal domicile: **GA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **SEE SCHEDULE O**

2 Check this box 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	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	192
6 Total number of volunteers (estimate if necessary)	6	25
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 38	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	57,819,416.	76,118,865.
9 Program service revenue (Part VIII, line 2g)	2,750,130.	1,593,287.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	856,765.	1,847,505.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,426,311.	79,559,657.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,296,267.	16,695,575.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,894,866.	15,952,275.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,904,689.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,398,463.	32,702,059.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	65,589,596.	65,349,909.
19 Revenue less expenses. Subtract line 18 from line 12	-4,163,285.	14,209,748.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	116,017,660.	135,680,593.
21 Total liabilities (Part X, line 26)	19,300,616.	24,161,521.
22 Net assets or fund balances. Subtract line 21 from line 20	96,717,044.	111,519,072.

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 *Judith Monroe* Date **3/11/2020**
 DR. JUDITH MONROE, PRESIDENT/CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name **M. SUSAN HILL** Preparer's signature *M. Susan Hill* Date **03/09/20** Check if self-employed PTIN **P00846200**
 Firm's name ▶ **WARREN AVERETT, LLC** Firm's EIN ▶ **45-4084437**
 Firm's address ▶ **SIX CONCOURSE PARKWAY, SUITE 600 ATLANTA, GA 30328** Phone no. **770-396-1100**

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 \$ 3,725,823. including grants of \$ 1,455,074.) (Revenue \$ _____)
MONITORING THE GLOBAL TOBACCO EPIDEMIC

SEE SCHEDULE O FOR DESCRIPTION

4b (Code: _____) (Expenses \$ 6,506,756. including grants of \$ 1,400,086.) (Revenue \$ _____)
DATA FOR HEALTH

SEE SCHEDULE O FOR DESCRIPTION

4c (Code: _____) (Expenses \$ 5,636,216. including grants of \$ 377,922.) (Revenue \$ _____)
MALARIA ZERO

SEE SCHEDULE O FOR DESCRIPTION

4d Other program services (Describe in Schedule O.)
(Expenses \$ 42,527,054. including grants of \$ 13,462,493.) (Revenue \$ 1,593,287.)

4e Total program service expenses **▶** 58,395,849.

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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	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>	37	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	38	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	1a	212
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 192		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
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? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, 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.		
	1a 16		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 16		
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
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
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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
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
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
 CULLEN BRYENTON - 404-523-1872
 600 PEACHTREE STREET NE, NO. 1000, ATLANTA, GA 30308

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUGLAS W. NELSON CHAIR	2.80	X		X				0.	0.	0.
(2) JAMES S. MARKS, MD DIRECTOR	0.70	X						0.	0.	0.
(3) SHIRLEY FRANKLIN DIRECTOR	0.70	X						0.	0.	0.
(4) KRISTEN SILVERBERG IMM. PAST PRES. & CEO	0.70	X						0.	0.	0.
(5) ELAINE CHAMBERS DIRECTOR	0.70	X						0.	0.	0.
(6) DIKEMBE MUTOMBO DIRECTOR	0.25	X						0.	0.	0.
(7) BETTY E. KING DIRECTOR	0.70	X						0.	0.	0.
(8) PHIL KENT DIRECTOR	0.70	X						0.	0.	0.
(9) RUTH J. KATZ DIRECTOR	0.70	X						0.	0.	0.
(10) MATT JAMES DIRECTOR	2.50	X						0.	0.	0.
(11) RAYMOND J. BAXTER, PH.D. DIRECTOR	3.00	X						0.	0.	0.
(12) DR. LEAH DEVLIN DIRECTOR	3.00	X						0.	0.	0.
(13) GARY M. COHEN DIRECTOR	1.00	X						0.	0.	0.
(14) DAVID M. RATCLIFFE SECRETARY	1.00	X		X				0.	0.	0.
(15) DAVID S. ALDRIDGE TREASURER	3.00	X		X				0.	0.	0.
(16) JOHN G. RICE DIRECTOR	0.50	X						0.	0.	0.
(17) JUDITH MONROE PRESIDENT & CEO	55.00			X				345,881.	0.	28,436.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAULA JASINA FORMER CFO	56.00				X			178,352.	0.	23,713.
(19) MONIQUE PATRICK COO	53.00				X			218,251.	0.	27,806.
(20) PIERCE NELSON VP OF COMMUNICATIONS	52.00					X		223,132.	0.	28,363.
(21) LAURA ANGEL VP FOR ADVANCEMENT	61.00					X		170,942.	0.	23,015.
(22) CHLOE TONNEY CHIEF INNOVATION AND STRATEGY OFFICE	56.00					X		238,029.	0.	29,725.
(23) MICHAEL BRANDON TALLEY VP FOR NON-INFECTIOUS DISEASE	55.00					X		156,765.	0.	21,510.
(24) JEREMY MORTON SENIOR SURVEY METHODOLOGIST	41.00					X		148,367.	0.	15,669.
1b Sub-total								1,679,719.	0.	198,237.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,679,719.	0.	198,237.

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 23

	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
PROTEUS ON DEMAND FACILITIES, LLC, 6727 OAK RIDGE COMMERCE WAY, AUSTELL, GA 30168	CONSTRUCTION SERVICES - EBOLA RESPONSE	1,987,788.
DAVYCAS CONSULTING, RUE 9.95, GOUGHIN, OUAGADOUGOU, BURKINA FASO	FEEES - VACCINE RESEARCH AND SURVEILLANCE	1,416,135.
RESEARCH TRIANGLE INSTITUTE PO BOX 900002, RALEIGH, NC 27675-9000	FEEES - FREEDOM FROM SMOKING INIATIVE	1,250,090.
DELOITTE CONSULTING, LLP 4022 SELLS DRIVE, HERMITAGE, TN 37076	TECHNOLOGY IMPLEMENTATION & DEVELOPMENT	788,279.
POPULATION SERVICES INTERNATIONAL, 1120 19TH ST. NW SUITE 600, WASHINGTON, DC	HOUSEHOLD SURVEYS IN HAITI	347,748.

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 34

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	16,625,343.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	59,493,522.				
	g Noncash contributions included in lines 1a-1f: \$		250,950.				
	h Total. Add lines 1a-1f		76,118,865.				
Program Service Revenue	2 a LAB RESEARCH AGREEMENT	Business Code	541900	677,005.	677,005.		
	b DATA COLLECTION RESEAR		541700	477,891.	477,891.		
	c HEALTH SURVEILLANCE		541900	389,894.	389,894.		
	d HEALTH TRAINING		541900	48,497.	48,497.		
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,593,287.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,725,480.		1,725,480.	
	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				
		39,872,561.					
		b Less: cost or other basis and sales expenses					
		39,750,536.					
	c Gain or (loss)			122,025.			
	d Net gain or (loss)			122,025.		122,025.	
	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			79,559,657.	1,593,287.	0.	1,847,505.	

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 ...	13,030,957.	13,030,957.		
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	3,664,618.	3,664,618.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	839,516.		631,355.	208,161.
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	12,547,476.	9,678,094.	1,822,776.	1,046,606.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	866,163.	582,902.	175,791.	107,470.
9 Other employee benefits	724,280.	488,579.	168,493.	67,208.
10 Payroll taxes	974,840.	733,604.	160,681.	80,555.
11 Fees for services (non-employees):				
a Management				
b Legal	2,038.		2,038.	
c Accounting	73,115.		73,115.	
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.)	24,088,108.	23,257,755.	800,505.	29,848.
12 Advertising and promotion	56,850.		49,905.	6,945.
13 Office expenses	2,703,417.	2,559,691.	86,890.	56,836.
14 Information technology	274,559.	56,877.	185,558.	32,124.
15 Royalties				
16 Occupancy	747,582.	330,804.	272,216.	144,562.
17 Travel	3,260,935.	3,190,634.	57,629.	12,672.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	701,236.	604,059.	93,261.	3,916.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	443,057.	179,384.	172,178.	91,495.
23 Insurance	133,998.	37,793.	96,205.	
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 _____	217,164.	98.	200,775.	16,291.
25 Total functional expenses. Add lines 1 through 24e	65,349,909.	58,395,849.	5,049,371.	1,904,689.
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	16,208,921.	2	12,103,805.
	3 Pledges and grants receivable, net	24,785,390.	3	41,976,280.
	4 Accounts receivable, net	1,764,539.	4	4,911,712.
	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	942,790.	9	2,103,142.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,369,310.		
	b Less: accumulated depreciation	10b 1,100,253.		
	11 Investments - publicly traded securities	69,931,674.	11	72,316,597.
	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)	116,017,660.	16	135,680,593.	
Liabilities	17 Accounts payable and accrued expenses	1,368,434.	17	1,900,107.
	18 Grants payable	2,471,842.	18	3,719,204.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	92,789.	21	93,640.
	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	15,367,551.	25	18,448,570.
	26 Total liabilities. Add lines 17 through 25	19,300,616.	26	24,161,521.
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	10,529,669.	27	15,312,807.
	28 Temporarily restricted net assets	81,961,198.	28	91,853,577.
	29 Permanently restricted net assets	4,226,177.	29	4,352,688.
	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	96,717,044.	33	111,519,072.	
34 Total liabilities and net assets/fund balances	116,017,660.	34	135,680,593.	

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	79,559,657.
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,349,909.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,209,748.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,717,044.
5	Net unrealized gains (losses) on investments	5	592,280.
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	111,519,072.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number	58-2106707
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	143,653,366.	33,358,186.	80,687,702.	57,819,416.	76,118,865.	391,637,535.
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	235,516.	29,262.	192,126.	198,274.	167,552.	822,730.
4 Total. Add lines 1 through 3	143,888,882.	33,387,448.	80,879,828.	58,017,690.	76,286,417.	392,460,265.
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)						194,267,851.
6 Public support. Subtract line 5 from line 4.						198,192,414.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	143,888,882.	33,387,448.	80,879,828.	58,017,690.	76,286,417.	392,460,265.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	293,426.	413,449.	456,063.	856,785.	1,725,480.	3,745,203.
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						396,205,468.
12 Gross receipts from related activities, etc. (see instructions)					12	7,189,816.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	50.02 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	49.29 %

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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	_____ _____ _____	\$ 11,406,983.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 14,945,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 21,046,511.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 8,640,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 5,173,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 4,788,828.	Person <input checked="" 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 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	<hr/> <hr/> <hr/>	\$ 3,490,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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	<hr/> <hr/> <hr/>	\$ _____	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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	65,477,067.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	65,477,067.													
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) 2015	(b) 2016	(c) 2017	(d) 2018	(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	1,117.				1,117.
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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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	5,151,331.	5,019,488.	4,573,784.	4,278,646.	3,971,135.
b Contributions	110,161.	71,631.	20,707.	327,144.	327,765.
c Net investment earnings, gains, and losses	475,683.	103,655.	463,085.	1,739.	25,904.
d Grants or scholarships					
e Other expenditures for facilities and programs	46,253.	43,443.	38,088.	33,745.	46,158.
f Administrative expenses					
g End of year balance	5,690,922.	5,151,331.	5,019,488.	4,573,784.	4,278,646.

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

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 76.00 %
- c** Temporarily restricted endowment 24.00 %

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)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
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.	740,647.	1,379,418.
d Equipment		129,500.	63,301.	66,199.
e Other		1,119,745.	296,305.	823,440.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,269,057.

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	13,568,005.
(3) DEFERRED RENT	1,660,372.
(4) UNAMORTIZED LEASEHOLD ALLOWANCE	1,634,217.
(5) REFUNDABLE ADVANCES	1,585,976.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	18,448,570.

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	80,222,442.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	592,280.
b	Donated services and use of facilities	2b	167,552.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	759,832.
3	Subtract line 2e from line 1	3	79,462,610.
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	97,047.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	97,047.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	79,559,657.

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	65,420,414.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	167,552.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	167,552.
3	Subtract line 2e from line 1	3	65,252,862.
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	97,047.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	97,047.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	65,349,909.

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 17 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 CERTAIN REFUNDABLE ADVANCES
TO BE USED FOR EMERGENCY PREPAREDNESS AND RESPONSE WHICH INCLUDES SEVERE

Part XIII Supplemental Information *(continued)*

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, 2018, THE DONOR AUTHORIZED THE FOUNDATION TO USE, AND
THE FOUNDATION USED, \$1,889,000 OF THIS FUNDING AS A PART OF THE
FOUNDATION'S RESPONSE TO THE EFFECTS OF DEVASTATING HURRICANES IN PUERTO
RICO, LEAVING \$1,585,976 REMAINING AS OF JUNE 30, 2018. NO FURTHER FUNDS
WERE SPENT DURING THE YEAR ENDED JUNE 30, 2019, WITH THE DONOR SPECIFYING
THAT UNSPENT FUNDS CAN CONTINUE TO BE HELD BY THE FOUNDATION FOR A FUTURE
EMERGENCY RESPONSE.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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		10	PROGRAM SERVICES	PROFESSIONAL FEES	871,039.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	TRAVEL	61,546.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	OCCUPANCY	47,451.
CENTRAL AM. & CARIBBEAN			GRANT MAKING	AWARD	85,680.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	CONFERENCES, MEETINGS	0.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	PRINTING, PROMOTION	579.
CENTRAL AM. & CARIBBEAN			PROGRAM SERVICES	SUPPLIES	141,285.
EAST ASIA & PACIFIC			GRANT MAKING	AWARD	376,675.
3 a Subtotal	0	10			1,584,255.
b Total from continuation sheets to Part I	0	139			16,691,012.
c Totals (add lines 3a and 3b)	0	149			18,275,267.

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

Schedule F (Form 990) 2018

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	CONFERENCES, MEETINGS	50,743.
EAST ASIA & PACIFIC		12	PROGRAM SERVICES	PROFESSIONAL FEES	624,121.
EAST ASIA & PACIFIC			PROGRAM SERVICES	SUPPLIES	664,949.
EAST ASIA & PACIFIC			PROGRAM SERVICES	TRAVEL	191,642.
EAST ASIA & PACIFIC			PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	0.
EUROPE			GRANT MAKING	AWARD	955,454.
EUROPE			PROGRAM SERVICES	CONFERENCES, MEETINGS	41,290.
EUROPE			PROGRAM SERVICES	PRINTING, PROMOTION	828.
EUROPE		14	PROGRAM SERVICES	PROFESSIONAL FEES	2,021,555.
EUROPE			PROGRAM SERVICES	SUPPLIES	38,002.
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
EUROPE			PROGRAM SERVICES	TRAVEL	252,472.
EUROPE			PROGRAM SERVICES	TELEPHONE	87.
MIDDLE EAST & N. AFRICA		13	PROGRAM SERVICES	PROFESSIONAL FEES	540,260.
MIDDLE EAST & N. AFRICA			PROGRAM SERVICES	TRAVEL	61,570.
MIDDLE EAST & N. AFRICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	0.
MIDDLE EAST & N. AFRICA			GRANT MAKING	AWARD	212,358.
MIDDLE EAST & N. AFRICA			PROGRAM SERVICES	SUPPLIES	9,640.
MIDDLE EAST & N. AFRICA			PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	80,882.
NORTH AMERICA			PROGRAM SERVICES	SUPPLIES	143.
NORTH AMERICA		1	PROGRAM SERVICES	PROFESSIONAL FEES	56,811.
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
NORTH AMERICA			PROGRAM SERVICES	TRAVEL	15,840.
NORTH AMERICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	2,396.
RUSSIA & IND. STATES		4	PROGRAM SERVICES	PROFESSIONAL FEES	80,359.
RUSSIA & IND. STATES			PROGRAM SERVICES	TRAVEL	71,577.
RUSSIA & IND. STATES			PROGRAM SERVICES	PRINTING, PROMOTION	0.
SOUTH AMERICA		6	PROGRAM SERVICES	PROFESSIONAL FEES	270,111.
SOUTH AMERICA			PROGRAM SERVICES	TRAVEL	58,863.
SOUTH AMERICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	34,342.
SOUTH ASIA			GRANT MAKING	AWARD	518,943.
SOUTH ASIA			PROGRAM SERVICES	CONFERENCES, MEETINGS	485.
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
SOUTH ASIA		21	PROGRAM SERVICES	PROFESSIONAL FEES	1,282,241.
SOUTH ASIA			PROGRAM SERVICES	TRAVEL	287,781.
SOUTH ASIA			PROGRAM SERVICES	PRINTING, PROMOTION	52,552.
SOUTH ASIA			PROGRAM SERVICES	SUPPLIES	21,191.
SOUTH ASIA			PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	117,067.
SUB-SAHARAN AFRICA			GRANT MAKING	AWARD	1,515,508.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	3,258.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	1,524.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	PRINTING, PROMOTION	1,438.
SUB-SAHARAN AFRICA		68	PROGRAM SERVICES	PROFESSIONAL FEES	5,430,257.
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	SUPPLES	229,500.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	TRAVEL	869,546.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	DUES, SUBSCRIPTIONS	23,426.
Totals		139			16,691,012.

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)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI MALARIA ELIMINATION CONSORTIUM	60,680.	WT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	25,000.	WT	0.		
		EAST ASIA AND THE PACIFIC	CLINICAL TRIALS UNIT FOR HIV/AIDS AND TB RESEARCH	49,267.	WT	0.		
		EAST ASIA AND THE PACIFIC	FREEDOM FROM SMOKING INITIATIVE	200,000.	WT	0.		
		EAST ASIA AND THE PACIFIC	FREEDOM FROM SMOKING INITIATIVE	127,408.	WT	0.		
		EUROPE	IMPROVING HEPATITIS E OUTBREAK CONTROL	21,789.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	12,000.	WT	0.		
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	214,315.	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 **13**

3 Enter total number of other organizations or entities **4**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	98,310.	WT	0.		
		EUROPE	LEVERAGING ROTAVIRUS NETWORKS	319,040.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	90,000.	WT	0.		
		EUROPE	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	200,000.	WT	0.		
		MIDDLE EAST AND NORTH AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	150,000.	WT	0.		
		MIDDLE EAST AND NORTH AFRICA	DATA FOR HEALTH	32,900.	WT	0.		
		MIDDLE EAST AND NORTH AFRICA	DATA FOR HEALTH	29,458.	WT	0.		
		SOUTH ASIA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	15,000.	WT	0.		
		SOUTH ASIA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	10,000.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	FREEDOM FROM SMOKING INITIATIVE	493,943.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	50,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	45,001.	WT	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING GLOBAL EMERGENCY MANAGEMENT CAPACITY	349,228.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	40,000.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	42,319.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	18,000.	WT	0.		
		SUB-SAHARAN AFRICA	SUPPORTING WATER AND HYGIENE INFRASTRUCTURE IN AFRICA	38,845.	WT	0.		
		SUB-SAHARAN AFRICA	SUPPORTING WATER AND HYGIENE INFRASTRUCTURE IN AFRICA	5,208.	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	SCHOLARSHIP FOR UNDERPRIVILEGED GIRLS	5,024.	WT	0.		
		SUB-SAHARAN AFRICA	SCHOLARSHIP FOR UNDERPRIVILEGED GIRLS	8,791.	WT	0.		
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION OF TYPHOID CONJUGATE VACCINATION CAMPAIGN	20,000.	WT	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	58,737.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	200,000.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	25,124.	WT	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	8,395.	WT	0.		
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION OF TYPHOID CONJUGATE VACCINATION CAMPAIGN	81,320.	WT	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	140,968.	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	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	28,250.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	11,300.	WT	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	339,000.	WT	0.		

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**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
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	13,110.			KEEGAN POLIO HEROES FUND
ASSOCIATION OF IMMUNIZATION MANAGERS (AIM) - 620 HUNGERFORD DRIVE, SUITE 29 - ROCKVILLE, MD 20850	52-2346043	501(C)(3)	0.	168.			CHILDHOOD IMMUNIZATON
AZ ADVISORS LLC 580 CROWN STREET #102 BROOKLYN, NY 11213	36-4801786	501(C)(3)	0.	7,200.			AMERICANS HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	28,633.			DEV OF GLOB COST PLANS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	149,911.			DEV OF GLOB COST PLANS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	98,072.			DEV OF GLOB COST PLANS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 16.
- 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) (2018)

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	0.	75,589.			CAPACITY BUILDING FOR FOLATE MEASUREMENT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	371,694.			500 CITIES PROJECT - PHASE 2
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	120,000.			ANTIBIOTIC USE DATA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	18,120.			ANTIRETROVIRAL RINGS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	63,620.			ANTIRETROVIRAL RINGS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	20,839.			CHILD ANTHROPOMETRY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	20,839.			CHILD ANTHROPOMETRY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	20,839.			CHILD ANTHROPOMETRY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	98,878.			DATA FOR HEALTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	367,735.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	49,164.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	42,604.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	94,643.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	58,367.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	183,475.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	56,378.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	79,368.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	97,349.			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	0.	1,000,000.			DHIS2 NIGERIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	360,000.			DHIS2 NIGERIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	1,000.			ENTERIC FEVER IN ASIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	107,398.			EVALUATION OF MALARIA VACCINE IMPLEMENTATION PILOT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	41,897.			EVALUATION OF NOVEL POLYMER-BASED IMPLANT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	20,000.			EVALUATION OF PNEUMOCOCCAL CONJUGATE VACCINE SCHEDULE CHANGE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	659,888.			FETP SAUDIA ARABIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	6,000.			FILM ANTIRETROVIRAL MICROBICIDE EVALUATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	80,979.			FIREFIGHTER RISK EXPOSURE STUDY DISSEMINATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	84,000.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK (2019)
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	15,000.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK (2019)
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	18,000.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK 2019
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	149,000.			GAVI PEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	20,000.			GAVI PEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	10,000.			GAVI PEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	100,000.			GAVI PEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	100,000.			GAVI PEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	15,000.			GAVI PEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	300,000.			GAVI PEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	10,000.			GAVI PEF
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	31,000.			GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	18,442.			GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	9,221.			GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	28,000.			HAND HYGIENE 2.0
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	1,850.			HBV IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	175,077.			HIV PREVENTION THAILAND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	337,137.			HIV PREVENTION THAILAND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	108,526.			HIV PREVENTION THAILAND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	1,817,794.			IMMUNOLOGIC ENDPOINTS AGAINST YOUNG INFANT GROUP B STREPTOCOCCAL DISEASE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	59,880.			IMPROVING UNDERSTANDING OF DROWNING IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	12,287.			IMPROVING UNDERSTANDING OF DROWNING IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	6,144.			IMPROVING UNDERSTANDING OF DROWNING IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	45,060.			INFECTION PREVENTION AND CONTROL PRACTICES ANALYSIS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	97,463.			LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	36,400.			LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	210,000.			LAW HEALTH POLICY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	158,621.			MALARIA ZERO
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	158,621.			MALARIA ZERO
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	220,751.			MATERNAL RH TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	230,000.			MATERNAL RH TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	49,886.			MATERNAL RH TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	55,203.			MICROBICIDE INTRAUTERINE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	100,000.			MICRONEEDLE PATCH VACCINE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	40,000.			MONITORING AND EVALUATION OF TYPHOID CONJUGATE VACCINATION CAMPAIGN
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	89,048.			MONITORING TOBACCO EPIDEMIC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	125,600.			MONITORING TOBACCO EPIDEMIC
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	115,625.			NATIONAL INTRODUCTION OF HPV VACCINE EVALUATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	54,336.			PUBLIC HEALTH AND SAFETY PARTNERSHIPS TO REDUCE OPIOID OVERDOSE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	11,084.			RECTAL MICROBICIDES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	29,221.			ROTAVIRUS IBVPD
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	41,289.			SEROTYPING PNEUMO
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	679,490.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	250,750.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	823,965.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	95,943.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	6,157.			SYSTEMIC SUSTAINED RELEASE DELIVERY OF ANTIRETROVIRAL AGENTS FOR HIV PREVENTION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	11,626.			TOBACCO CONTROL AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	24,400.			TOBACCO CONTROL AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	20,000.			WASH IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	20,000.			WASH IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	25,000.			WEARABLE DEVICE DATA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	53,249.			EXPANDING THE IMMUNIZATION DATA SYSTEM IN NIGERIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	400,000.			EXPANDING THE IMMUNIZATION DATA SYSTEM IN NIGERIA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	0.	306,662.			ACCELERATING DEVELOPMENT OF GLOBAL COSTED PLANS
COLLEGE OF CHARLESTON FOUNDATION 86 WENTWORTH STREET CHARLESTON, SC 29424	23-7069236	501(C)(3)	0.	2,571.			SAFE WATER
COLLEGE OF CHARLESTON FOUNDATION 86 WENTWORTH STREET CHARLESTON, SC 29424	23-7069236	501(C)(3)	0.	549.			SAFE WATER
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT - 8100 LOWRY BLVD. - DENVER, CO 80230	84-0644739	GOVT	0.	150,000.			NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY
DREXEL UNIVERSITY 3201 ARCH STREET, SUITE 420 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	0.	25,000.			EXCELLENCE IN PUBLIC HEALTH
EMORY UNIVERSITY ROLLINS SCHOOL OF PUBLIC HEALTH - 1518 CLIFTON ROAD - ATLANTA, GA 30322	58-0566256	501(C)(3)	0.	599.			ATLANTA INTERNATIONAL HEALTH FELLOWSHIP
INTERDISCIPLINARY ASSOCIATION FOR POPULATION HEALTH SCIENCE - PO BOX 160191 - CLEARFIELD, UT 84016	47-2715016	501(C)(3)	0.	60,000.			EXCELLENCE IN PUBLIC HEALTH
NATIONAL ACADEMY OF SCIENCE 2101 CONSTITUTION AVE NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	0.	25,000.			AMERICAN'S HEALTH
NEW JERSEY DEPARTMENT OF HEALTH 369 S WARREN STREET TRENTON, NJ 08608	21-6000928	GOVT	0.	150,000.			NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUERTO RICO DEPARTMENT OF HEALTH 1111 CALLE TENIENTE CSAR LUIS GONZL SAN JUAN, PR 00927	66-0437470	GOVT	0.	10,000.			HURRICANE
ROCKEFELLER PHILANTHROPY ADVISORS, INC. - 6 WEST 48TH STREET - NEW YORK, NY 10036	13-3615533	501(C)(3)	0.	50,000.			AMERICAN'S HEALTH
THE OHIO STATE UNIVERSITY P.O. BOX 182646 COLUMBUS, OH 43218	31-6025986	501(C)(3)	0.	44,637.			GAVI PEF
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET, 6TH FLOOR COLUMBIA, SC 29208	57-6001153	501(C)(3)	0.	56,250.			GRANT 1 FS2 STD
UNIVERSITY OF VIRGINIA 1001 EMMET STREET NORTH CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	0.	27,605.			LEVERAGING ROTAVIRUS NETWORKS
VILLA INTERNATIONAL ATLANTA 1749 CLIFTON ROAD NE ATLANTA, GA 30329-4019	23-7052934	501(C)(3)	0.	3,181.			GUEST RESEARCH

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

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
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) 2018

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) JUDITH MONROE PRESIDENT & CEO	(i)	345,881.	0.	0.	0.	28,436.	374,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAULA JASINA FORMER CFO	(i)	178,352.	0.	0.	0.	23,713.	202,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MONIQUE PATRICK COO	(i)	218,251.	0.	0.	0.	27,806.	246,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PIERCE NELSON VP OF COMMUNICATIONS	(i)	223,132.	0.	0.	0.	28,363.	251,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAURA ANGEL VP FOR ADVANCEMENT	(i)	170,942.	0.	0.	0.	23,015.	193,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHLOE TONNEY CHIEF INNOVATION AND STRATEGY OFFICE	(i)	238,029.	0.	0.	0.	29,725.	267,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL BRANDON TALLEY VP FOR NON-INFECTIOUS DISEASE	(i)	156,765.	0.	0.	0.	21,510.	178,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEREMY MORTON SENIOR SURVEY METHODOLOGIST	(i)	148,367.	0.	0.	0.	15,669.	164,036.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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 COMPENSATION.

THESE ACTIONS ARE DOCUMENTED IN ACCORDANCE WITH THE REGULATIONS UNDER

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.

SECTION 4958 OF THE CODE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

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

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

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

	Yes	No
30a		X
31	X	
32a		X

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization	NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE CDC FOUNDATION HELPS THE CENTERS FOR DISEASE CONTROL AND PREVENTION

(CDC) DO MORE, FASTER, BY FORGING EFFECTIVE PARTNERSHIPS BETWEEN CDC

AND FOUNDATIONS, ORGANIZATIONS, CORPORATIONS AND INDIVIDUALS TO FIGHT

THREATS TO HEALTH AND SAFETY.

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

MONITORING THE GLOBAL TOBACCO EPIDEMIC

THE CDC FOUNDATION CONTINUED ITS GLOBAL TOBACCO SURVEILLANCE WORK AS

PART OF THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE.

TOBACCO USE KILLS APPROXIMATELY EIGHT 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

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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DATA ON TOBACCO USE AND KEY TOBACCO CONTROL MEASURES. ROUND 1 GATS HAS BEEN COMPLETED IN 32 COUNTRIES, AND 10 COUNTRIES HAVE COMPLETED ROUND 2 GATS. ADDITIONALLY, THE ROUND 2 SURVEY IS PLANNED OR UNDERWAY IN SEVEN COUNTRIES. DATA FROM THE SURVEY COVERS OVER 3.8 BILLION ADULTS. 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 89 COUNTRIES, PROVIDING TOBACCO USE DATA ON OVER 4.0 BILLION ADULTS.

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

DATA FOR HEALTH

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

THE CDC FOUNDATION, WORKING ALONGSIDE EXPERTS AT U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND OTHER PARTNERS, SUPPORTS DEDICATED COUNTRY-LEVEL GOVERNMENT STAFF TO STRENGTHEN BIRTH AND DEATH REGISTRATION SYSTEMS AND IMPROVE INFORMATION ON CAUSE OF DEATH. THE

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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PARTNERSHIP ALSO SUPPORTS IMPROVING CAPACITY IN MINISTRIES OF HEALTH TO USE HEALTH DATA TO INFORM POLICY DEVELOPMENT AND COMMUNICATE HEALTH RESEARCH AND PRIORITIES TO DIVERSE AUDIENCES. FINALLY, IN A SUBSET OF COUNTRIES, THE PARTNERSHIP CONVENES EXPERTS TO PILOT AN INNOVATIVE MOBILE PHONE RISK FACTOR SURVEY FOR NONCOMMUNICABLE DISEASES. TO DATE, MORE THAN 1 BILLION PEOPLE HAVE BEEN REACHED BY THIS PROJECT, LIVING IN COUNTRIES WITH IMPROVED CAPACITY TO USE DATA TO INFORM CRITICAL PUBLIC HEALTH DECISIONS.

SINCE THE INITIATIVE'S LAUNCH IN 2015, 10 COUNTRIES WHICH WERE NOT USING THE INTERNATIONAL DEATH CERTIFICATE AT THE OUTSET OF DATA FOR HEALTH CHANGED THEIR DEATH CERTIFICATE TO ALIGN WITH INTERNATIONAL STANDARDS. DATA ON OUT-OF-HOSPITAL DEATHS, WHICH IN SOME COUNTRIES REPRESENTS MOST DEATHS, IS BEING COLLECTED BY THE GOVERNMENT FOR THE FIRST TIME IN TWELVE COUNTRIES. GOVERNMENTS ARE REALLOCATING EXISTING RESOURCES TO FIND SUSTAINABLE WAYS TO COLLECT ROUTINE DEATH DATA AND HAVE TRAINED OVER 6,000 PHYSICIANS IN THE MEDICAL CERTIFICATION OF CAUSE OF DEATH. IN ADDITION, PARTICIPANTS FROM 12 COUNTRIES COMPLETED THE DATA TO POLICY TRAINING PROGRAM AND PRODUCED 64 POLICY BRIEFS, 35 OF WHICH HAVE RESULTED IN ACTION. FINALLY, PILOT PROJECTS TO CONDUCT NATIONAL MOBILE PHONE SURVEYS THAT COLLECT NONCOMMUNICABLE DISEASE RISK FACTOR DATA HAVE BEGUN. THIS IS THE FIRST TIME THAT A NATIONAL-SCALE MOBILE PHONE SURVEY OF THIS KIND HAS BEEN CONDUCTED, AND THE RESULTS ARE BEING COMPARED TO THE WORLD HEALTH ORGANIZATION'S STEPWISE SURVEY IN THE SAME COUNTRIES TO EVALUATE ACCURACY AND REPRESENTATIVENESS OF THIS INNOVATION.

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

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MALARIA ZERO

IN NOVEMBER 2014, THE BILL AND MELINDA GATES FOUNDATION GRANTED \$30 MILLION TO THE CDC FOUNDATION TO SUPPORT THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) TO LEAD A CONSORTIUM OF MALARIA EXPERTS AIMING TO ELIMINATE INDIGENOUS CASES OF MALARIA ON THE ISLAND OF HISPANIOLA BY 2020. HISPANIOLA, WHICH INCLUDES THE COUNTRIES OF HAITI AND THE DOMINICAN REPUBLIC, IS THE ONLY REMAINING ISLAND IN THE CARIBBEAN WHERE MALARIA IS ENDEMIC. THE MALARIA ZERO (MZ) PARTNERSHIP FORMED THROUGH THIS GRANT WORKS CLOSELY WITH THE INTERNATIONAL COMMUNITY AND PARTNERS IN HISPANIOLA AND ARE ALIGNED WITH HAITI'S NATIONAL STRATEGIC PLAN FOR MALARIA ELIMINATION. MZ PARTNERS INCLUDE CDC, THE CDC FOUNDATION, THE HAITI MINISTRY OF PUBLIC HEALTH AND POPULATION, THE DOMINICAN REPUBLIC MINISTRY OF PUBLIC HEALTH, THE PAN AMERICAN HEALTH ORGANIZATION, THE CARTER CENTER, THE CLINTON HEALTH ACCESS INITIATIVE, TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE, AND THE LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE.

MZ PARTNERS COLLECTIVELY WORK TO ASSIST THE COUNTRIES OF HISPANIOLA IN DEVELOPING AND IMPLEMENTING AN EVIDENCE-BASED STRATEGY AND OPERATIONAL PLAN FOR ACHIEVING MALARIA ELIMINATION. COMPONENTS OF THIS PLAN TO REDUCE MALARIA TRANSMISSION INCLUDE: 1) IMPROVING AND REFINING MALARIA SURVEILLANCE SYSTEMS TO SUPPORT DECISION-MAKING AND ACTION; AND 2) IMPLEMENTATION OF COMMUNITY-BASED INTERVENTIONS THAT ARE TAILORED TO THE LEVEL OF MALARIA RISK IN HIGH-PREVALENCE AREAS. MZ CURRENTLY FOCUSES EFFORTS IN THE GRAND ANSE PROVINCE OF HAITI, THE AREA OF THE COUNTRY WITH THE HIGHEST BURDEN OF CASES.

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FROM JULY 2018 TO JUNE 2019, THE PROJECT SHIFTED FROM RESEARCH AND PLANNING ACTIVITIES TO DIRECT IMPLEMENTATION OF THE TARGETED PACKAGE OF INTERVENTIONS IN THE FALL OF 2018. THE PACKAGE OF INTERVENTIONS INCLUDES SURVEILLANCE SYSTEM IMPROVEMENTS, HIRING AND TRAINING COMMUNITY HEALTH WORKERS TO INCREASE DIAGNOSIS AND TREATMENT FOR MALARIA IN REMOTE AREAS, A TARGETED MASS DRUG ADMINISTRATION CAMPAIGN, AND INDOOR RESIDUAL SPRAYING OF INSECTICIDES IN HOMES. MALARIA CASES IN HAITI DECREASED BY MORE THAN 50% FROM 18,983 CASES IN 2017 TO 7,689 IN 2018, THE LOWEST NUMBER OF CASES IN OVER A DECADE. THE LARGE DECREASE WAS LIKELY INFLUENCED BY THE ROLL OUT OF THE TARGETED MALARIA ELIMINATION ACTIVITIES, AS WELL AS POSSIBLE UNDER-REPORTING DUE TO SHORTAGES OF RAPID DIAGNOSTIC TESTS AND ENVIRONMENTAL FACTORS.

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

THE FOUNDATION, WORKING IN COLLABORATION WITH THE CDC, SPENDS THE VAST MAJORITY OF ITS FUNDS DIRECTLY FOR PROGRAMS AND PROJECTS THAT FURTHER ITS EXEMPT PURPOSES. THESE DISBURSEMENTS ARE EITHER IN THE FORM OF GRANTS OR AWARDS OR IN THE FORM OF FEES FOR SERVICES. IN ADDITION TO THE PROGRAMS MENTIONED IN DETAIL ON SCHEDULE O, THE FOUNDATION MANAGES A VARIETY OF PROGRAMS THAT INCLUDE SUCH THINGS AS CHRONIC HEALTH CONDITIONS AND INFECTIOUS DISEASES, GLOBAL HEALTH PRIORITIES SUCH AS SAFE WATER AND PROGRAMS FOR ENVIRONMENTAL HEALTH AND OCCUPATIONAL HEALTH AND SAFETY.

EXPENSES \$ 42,527,054. INCL GRANTS OF \$ 13,462,493. REVENUE \$ 1,593,287.

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

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

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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

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.

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:

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

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

THE FOUNDATION POSTS THE PRIOR THREE YEARS OF AUDITS ON ITS WEBSITE. THE
FOUNDATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

OTHER PROGRAM SERVICES EXPENSE:

PROGRAM SERVICE EXPENSES	23,257,755.
MANAGEMENT AND GENERAL EXPENSES	800,505.
FUNDRAISING EXPENSES	29,848.
TOTAL EXPENSES	24,088,108.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	24,088,108.

FORM 990, PART I, LINE 19

THE CDC FOUNDATION FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

THEREFORE, IT RECOGNIZES COMMITMENTS MADE BY DONORS TO FUND PROJECTS AS

CONTRIBUTIONS AT THE TIME OF THE COMMITMENT WHEREAS DISBURSEMENT OF

PROJECT FUNDS MAY SPAN MULTIPLE YEARS. ACCORDINGLY, IN CERTAIN YEARS

BASED ON THE TIMING OF DISBURSEMENT, PROJECT COSTS AND EXPENSES MAY

EXCEED TOTAL CONTRIBUTIONS RECEIVED.

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

THE FOUNDATION INCURRED NO LOBBYING EXPENDITURES FOR THE YEAR ENDED

JUNE 30, 2019

FORM 990, PART IX, LINE 11G, OTHER PROGRAM SERVICE DETAIL

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HEALTH CARE ORGANIZATIONS - \$6,552,533

RESEARCH ORGANIZATIONS - \$2,327,588

INDIVIDUALS - \$1,984,997

CONSTRUCTION - \$415,792

GOVERNMENTAL ORGANIZATIONS - \$1,315,310

COLLEGE AND UNIVERSITIES - \$3,662,094

HUMANITARIAN ORGANIZATIONS - \$3,851,760

TRANSLATIONS, COMMUNICATIONS AND PUBLISHING - \$748,587

SOFTWARE AND TECHNOLOGY - \$907,336

OTHER - \$2,322,111

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.