

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print of type. See Specific Instructions.	C Name of organization National Foundation for CDC, Inc		D Employer identification number 58-2106707
		Number and street (or P.O. box if mail is not delivered to street address) 55 Park Place		Room/suite 400
		City or town, state or country, and ZIP + 4 Atlanta, GA 30303-2915		E Telephone number (404) 653-0790

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.
 H(a) Is this a group return for affiliates? Yes No
 H(b) If "Yes," enter number of affiliates **N/A**
 H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
 H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 I Group Exemption Number **N/A**
 M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **www.cdcfoundation.org**
 J Organization type (check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527
 K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **17,245,234.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	11,336,615.	
	c	Indirect public support (not included on line 1a)	1c	19,650.	
	d	Government contributions (grants) (not included on line 1a)	1d	1,250,000.	
	e	Total (add lines 1a through 1d) (cash \$ 11,247,223. noncash \$ 1,359,042.)	1e		12,606,265.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		575,288.
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		731,262.
	5	Dividends and interest from securities	5		237,614.
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe Stmt 1)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	3,094,805.	8a	
b	Less: cost or other basis and sales expenses	(B) Other	3,107,961.	8b	
c	Gain or (loss) (attach schedule)		-13,156.	8c	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)		Stmt 1	8d	-13,156.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		14,137,273.	
Expenses	13	Program services (from line 44, column (B))	13	21,713,669.	
	14	Management and general (from line 44, column (C))	14	1,184,635.	
	15	Fundraising (from line 44, column (D))	15	1,052,290.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		23,950,594.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-9,813,321.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	48,055,283.	
	20	Other changes in net assets or fund balances (attach explanation) See Statement 2	20		-670,360.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		37,571,602.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> 22a			Statement 3 Statement 4	
22b Other grants and allocations (attach schedule) (cash \$ 12,363,265, noncash \$ 574,226. If this amount includes foreign grants, check here <input checked="" type="checkbox"/> 22b	12,937,491.	12,937,491.		
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a	432,443.	115,301.		
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	1,512,536.	562,849.	434,182.	515,505.
27 Pension plan contributions not included on lines 25a, b, and c 27	130,210.	34,551.	59,429.	36,230.
28 Employee benefits not included on lines 25a - 27 28	127,236.	61,698.	13,067.	52,471.
29 Payroll taxes 29	132,132.	46,377.	44,061.	41,694.
30 Professional fundraising fees 30				
31 Accounting fees 31	31,000.		31,000.	
32 Legal fees 32	41,957.	4,873.	37,084.	
33 Supplies 33	100,970.	73,966.	13,124.	13,880.
34 Telephone 34	52,950.	28,110.	14,613.	10,227.
35 Postage and shipping 35	33,418.	17,334.	6,294.	9,790.
36 Occupancy 36	193,937.	83,041.	62,693.	48,203.
37 Equipment rental and maintenance 37	148,285.	108,750.	25,772.	13,763.
38 Printing and publications 38	225,252.	133,859.	33,659.	57,734.
39 Travel 39	779,848.	705,981.	21,353.	52,514.
40 Conferences, conventions, and meetings 40	575,764.	500,317.	30,136.	45,311.
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42	58,842.	16,345.	20,704.	21,793.
43 Other expenses not covered above (itemize):				
a Prof. & Tech. Services 43a	6,311,815.	6,250,263.	42,975.	18,577.
b Dues and Subscriptions 43b	12,062.	230.	8,480.	3,352.
c Insurance 43c	27,870.	7,285.	20,585.	
d Miscellaneous 43d	84,576.	25,048.	46,885.	12,643.
e 43e				
f 43f				
g 43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	23,950,594.	21,713,669.	1,184,635.	1,052,290.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Statement 9	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See Statement 5	
(Grants and allocations \$ 8,030,885.) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	10,638,875.
b See Statement 6	
(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,507,748.
c See Statement 7	
(Grants and allocations \$ 30,055.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,135,386.
d See Statement 8	
(Grants and allocations \$ 799,727.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	915,047.
e Other program services (attach schedule)	
(Grants and allocations \$ 4,076,824.) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	7,516,613.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	21,713,669.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	23,291,233.	46	30,893,525.
	47 a Accounts receivable	47a 451,820.		
	b Less: allowance for doubtful accounts	47b	254,117.	47c 451,820.
	48 a Pledges receivable	48a 9,635,463.		
	b Less: allowance for doubtful accounts	48b 710,711.	23,373,879.	48c 8,924,752.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		28,675.	53 52,272.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
	b Investments - other securities Stmt 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		4,500,328.	54b 3,117,916.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b		55c
	56 Investments - other			56
57 a Land, buildings, and equipment: basis	57a 347,892.			
b Less: accumulated depreciation Stmt 10	57b 167,911.	28,281.	57c 179,981.	
58 Other assets, including program-related investments (describe ▶			58	
59 Total assets (must equal line 74). Add lines 45 through 58		51,476,513.	59 43,620,266.	
Liabilities	60 Accounts payable and accrued expenses	326,850.	60	519,229.
	61 Grants payable	1,271,179.	61	1,929,205.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ See Statement 11)		1,823,201.	65 3,600,230.
66 Total liabilities. Add lines 60 through 65		3,421,230.	66 6,048,664.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	5,512,220.	67	6,943,302.
	68 Temporarily restricted	39,946,867.	68	28,233,724.
	69 Permanently restricted	2,596,196.	69	2,394,576.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		48,055,283.	73 37,571,602.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		51,476,513.	74 43,620,266.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 641,063.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed ▶ See Statement 15		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	25
91 a	The books are in care of ▶ Kelley Mouchabeck Telephone no. ▶ (404) 653-0790 Located at ▶ 55 Park Place, Suite 400, Atlanta, GA ZIP + 4 ▶ 30303-2915		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 Yes No N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a Data collection/Research					332,299.
b Lab contracts					143,926.
c Health training					67,560.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					31,503.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	731,262.	
96 Dividends and interest from securities			14	237,614.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-13,156.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		955,720.	575,288.
105 Total (add line 104, columns (B), (D), and (E))					1,531,008.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	See Statement 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: Charles Stokes, President/CEO Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: Metcalf Davis, CPAs
3340 Peachtree Road, NE, Suite 2600
Atlanta, Georgia 30326-1089

EIN: _____

Phone no.: (404) 264-1700

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization National Foundation for CDC, Inc	Employer identification number 58 2106707
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Chloe Tonney 55 Park Place Suite 400, Atlanta, GA	VP Advancement 45.00	133,346.	25,336.	
William Parra 55 Park Place Suite 400, Atlanta, GA	Director- Bloomberg 40.00	106,298.	20,197.	
Rosalind McGinnis 55 Park Place Suite 400, Atlanta, GA	AVP Program 40.00	98,723.	18,757.	
Kathryn Ruddon 55 Park Place Suite 400, Atlanta, GA	VP Communications 32.00	93,513.	17,768.	
Darlene Honaman 55 Park Place Suite 400, Atlanta, GA	AVP Advancement 40.00	85,993.	16,339.	
Total number of other employees paid over \$50,000	7			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Macro International, Inc. PO Box 7777 W510546, Philadelphia, PA 19175-0546	Program Consultant	1,177,847.
Research Triange Institute PO Box 900002, Raleigh, NC 27675	Program Consultant	1,130,402.
Transperfect Translations International, LLC Three Park Avenue, 39th Floor, New York, NY 10016	Program Consultant	336,485.
Harvard University 1350 Massachusetts Ave., Cambridge, MA 02138	Program Consultant	278,424.
Indiana Hemophilia and Thrombosis Center, Inc. 5402 Harcourt Rd, Suite 500, Indianapolis, IN 462	Program Consultant	221,243.
Total number of others receiving over \$50,000 for professional services	19	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>14,091.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>See Statement 17</u>	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
	b Did the organization make any taxable distributions under section 4966? <u>N/A</u>	4b	
	c Did the organization make a distribution to a donor, donor advisor, or related person? <u>N/A</u>	4c	
	d Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A	
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A	
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0.	
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	21,262,684.	15,051,496.	7,890,600.	8,263,138.	52,467,918.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	350,159.	451,023.	286,867.	299,388.	1,387,437.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,079,686.	682,859.	428,203.	182,859.	2,373,607.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	613,114.	467,896.	283,045.	313,751.	1,677,806.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	23,305,643.	16,653,274.	8,888,715.	9,059,136.	57,906,768.
24 Line 23 minus line 17	22,955,484.	16,202,251.	8,601,848.	8,759,748.	56,519,331.
25 Enter 1% of line 23	233,056.	166,533.	88,887.	90,591.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,130,387.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 18,961,108.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 56,519,331.
d Add: Amounts from column (e) for lines: 18 2,373,607. 19 _____ 22 _____ 26b 18,961,108.					26d 21,334,715.
e Public support (line 26c minus line 26d total)					26e 35,184,616.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 62.2524%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	None				

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
.....			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A	0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		14,091.
38 Total lobbying expenditures (add lines 36 and 37)	38		14,091.
39 Other exempt purpose expenditures	39		21,699,578.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		21,713,669.
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
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	41	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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		250,000.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	1,000,000.	767,022.	706,813.	605,286.	3,079,121.
46 Lobbying ceiling amount (150% of line 45(e))					4,618,682.
47 Total lobbying expenditures	14,091.	22,691.	29,211.	20,270.	86,263.
48 Grassroots nontaxable amount	250,000.	191,756.	176,703.	151,322.	769,781.
49 Grassroots ceiling amount (150% of line 48(e))					1,154,672.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
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 other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

National Foundation for CDC, Inc

Employer identification number

58-2106707

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

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

Special Rules-

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

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization National Foundation for CDC, Inc	Employer identification number 58-2106707
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,238,760.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 605,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 779,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 261,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 13,921,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 4,267,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization National Foundation for CDC, Inc	Employer identification number 58-2106707
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ <u>780,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ <u>347,762.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ <u>293,807.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ <u>245,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ <u>327,665.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization National Foundation for CDC, Inc	Employer identification number 58-2106707
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 969,180.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization National Foundation for CDC, Inc	Employer identification number 58-2106707
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	500 RX 57665 PDA's <hr/> <hr/> <hr/>	\$ 327,665.	06/30/08
13	14,500 Shs of Johnson and Johnson <hr/> <hr/> <hr/>	\$ 969,180.	03/04/08
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Form 990	Cash Grants and Allocations to Others	Statement 3
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Class of Activity/Donee's Name and Address	Amount
Asian Rotavirus Surveillance - Phase 2 & 3 International Vaccine Institute	62,934.
National Campaign for Appropriate Antibiotic Use Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	1,477.
Preventing Antimicrobial Resistance in Healthcare Settings Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	948.
Emerging Infectious Disease Conference Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	21,223.
Emergency Preparedness & Response Fund Family Services of Greater New Orleans 2515 Canal Street, Suite 201 New Orleans, LA 70119	34,549.
Avon Mobile Mammography Access Program Alpena Regional Medical Center 1501 W. Chisholm Street Alpena, MI 49707	20,751.
Avon Mobile Mammography Access Program C.R. Wood Cancer and Breast Center 100 Park Street Glen Falls, NY 12801	53,500.
Avon Mobile Mammography Access Program Christus Santa Rosa Healthcare 333 N Santa Rosa Street San Antonio, TX 78207	52,736.
Avon Mobile Mammography Access Program Mt. Carmel Regional Cancer Center 1102 E. Centennial Drive Pittsburg, KS 66762	91,000.

Avon Mobile Mammography Access Program St Barnabas Hospital Third Ave & 183 Street Bronx, NY 10457	15,018.
Joint Global Field Epidemiology & Laboratory Training Program in Kenya Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	255,118.
Applied Epidemiology Fellowship Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	21,000.
Inflammatory Bowel Disease Program Harvard Pilgrim Health Care 133 Brookline Avenue, 6th floor Boston, MA 02215	7,324.
Afghanistan - Safe Water Program Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	27,581.
Afghanistan - Safe Water Program The Terre Des Hommes Foundation	30,531.
Young Investigators in Public Health Emory University 1599 Clifton Rd NE Atlanta, GA 30322	471,081.
Safe Water Systems in Bangladesh Dushtha Shasthya Kendra	3,253.
Training in Bleeding Disorders for Healthcare Providers Indiana Hemophilia and Thrombosis Center, Inc. 8402 Harcourt Rd Suite 500 Indianapolis, IN 46260	101,271.
Program to Prevent Smoking Among Urban Youth Centro Hispano Daniel Torres 501 Washington Street Reading, PA 19601	67,973.

Program to Prevent Smoking Among Urban Youth Contra Costa Health Services 597 Center Avenue, Suite 365 Martinez, CA 94553	2,359.
Program to Prevent Smoking Among Urban Youth Emory University 1599 Clifton Rd NE Atlanta, GA 30322	11,727.
Program to Prevent Smoking Among Urban Youth Jewish Community Center of Staten Island 1466 Manor Road Staten Island, NY 10314	40,646.
Program to Prevent Smoking Among Urban Youth. Maryland Department of Health & Mental Hygiene 300 W. Preston Street, Suite 410 Baltimore, MD 21201	23,272.
Program to Prevent Smoking Among Urban Youth Montgomery County Public Schools 850 Hungerford Drive Rockville, MD 20850	85,792.
Program to Prevent Smoking Among Urban Youth Orange County Health Department 6101 Lake Ellenor Drive Orlando, FL 32809	73,723.
Program to Prevent Smoking Among Urban Youth State of Maryland, DHMH 300 W. Preston Street, Suite 410 Baltimore, MD 21202	4,812.
Study of Blood Inhibitors in Hemophilia Patients Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	80,000.
Study of Blood Inhibitors in Hemophilia Patients Comprehensive Bleeding Disorders Program 5019 N Executive Dr Peoria, IL 61614	49,208.
Study of Blood Inhibitors in Hemophilia Patients Emory University 1599 Clifton Rd NE Atlanta, GA 30322	158,629.

Study of Blood Inhibitors in Hemophilia Patients Indiana Hemophilia and Thrombotic Center, Inc. 8402 Harourt Rd, Suite 500 Indianapolis, IN 46260	49,208.
Study of Blood Inhibitors in Hemophilia Patients Mountain States Hemophilia and Thrombosis Center 13601 East 17th Place Aurora, CO 80045	51,505.
Study of Blood Inhibitors in Hemophilia Patients New England Hemophilia Center 119 Belmont Street Worcester, MA 01605	22,964.
Study of Blood Inhibitors in Hemophilia Patients Phoenix Children's Hospital 1919 E. Thomas Road Phoenix, AR 85016	36,750.
Study of Blood Inhibitors in Hemophilia Patients The Children's Mercy Hospital 2401 Gilham Road Kansas City, MO 64108	49,208.
Study of Blood Inhibitors in Hemophilia Patients The Regents of the University of Michigan Box 223131 Pittsburgh, PA 15251	49,208.
Study of Blood Inhibitors in Hemophilia Patients The University of Massachusetts Medical School 55 Lake Avenue N Worcester, MA 01655	26,244.
Study of Blood Inhibitors in Hemophilia Patients University of Iowa Regional Hemophilia Treatment Center 2532 J.W. Colloton Pavilion Iowa City, IA 52242	49,208.
Study of Blood Inhibitors in Hemophilia Patients Vanderbilt University Medical Center Dept AT 40303 Atlanta, GA 31192-0303	42,647.
Study of Blood Inhibitors in Hemophilia Patients Virginia Commonwealth University P O Box 843039 Richmond, VA 23284-3039	49,208.

Emerging Infectious Diseases - International Laboratory Fellowship Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	65,135.
Healthy Lifestyles for Children University of Michigan 1500 E Medical Center Drive Ann Arbor, MI 48109-2029	88,106.
School Health Index - Physical and Nutrition Improvement Cedar Heights Elementary 1515 Cedar Hill Road Lancaster, OH 43130	1,000.
School Health Index - Physical and Nutrition Improvement Summit Academy Community School for Alternative Learners 301 E Erie St. Painesville, OH 44077	498.
School Health Index - Physical and Nutrition Improvement Westwood Elementary School 502 South Kings Street Stillwater, OK 74074	594.
School Health Index - Physical and Nutrition Improvement Research Triangle Institute P O Box 900002 Raleigh, NC 27675	137,666.
Safewater in Mozambique Media Comunicacao, Desenvolvimento	13,071.
Organ Transplant Infection Project Study Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	156,800.
Organ Transplant Infection Project Study Veterans Education & Research Association of Michigan 2215 Fuller Road Ann Arbor, MI 48105	20,520.
Innovative Uses of Technology in Existing Child Abuse Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	799,727.

Newborn Screening Research Initiative Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	24,000.
Bed Nets for Children Hospital and Health Administration Service	23,465.
National Violent Death Reporting System Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	68,500.
Bloomberg Initiative to Reduce Tobacco Use Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	414,749.
Bloomberg Initiative to Reduce Tobacco Use World Health Organization	7,301,972.
Bloomberg Initiative to Reduce Tobacco Use Anti Cancer Council of Victoria	4,146.
Meta-Leadership Program Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	30,055.
Update Alcohol Related Disease Impact Software Department of State Health Services P O Box 149347 Austin, TX 78714-9347	10,000.
School Hand Hygiene in Pakistan, China, Philippines Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	3,500.
School Hand Hygiene in Pakistan, China, Philippines Field Epidemiology Training Program Alumni Foundation, Inc., FETPAFI	43,709.

National Foundation for CDC, Inc	58-2106707
School Hand Hygiene in Pakistan, China, Philippines Hope Community Center, Karachi	68,708.
Karachi, Pakistan Dr. Maria Consorcia L. Quizon, IOC Director lll	27,359.
School Hand Hygiene in Pakistan, China, Philippines Safe Water and AIDS Project	8,008.
School Hand Hygiene in Pakistan, China, Phillipines Zhejiang Provincial Centers for Disease Control	60,152.
Malaria Specimen Bank Evaluation Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	60,500.
Sierra Leone LLIN Coverage Study Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	14,852.
Togo Mortality Study Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	38,736.
Public Health Monograph and Caregiver Interventions Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	40,000.
Mobilizing TB Vaccine Trails in Kenya Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	111,088.
Developing a Workplace Health Index Centers for Disease Control & Prevention 1600 Clifton Rd NE Atlanta, GA 30333	54,336.

National Foundation for CDC, Inc

58-2106707

Combating Dengue Fever in Indonesia
Centers for Disease Control & Prevention
1600 Clifton Rd NE
Atlanta, GA 30333

3,148.

Business Feasibility Study
Centers for Disease Control & Prevention
1600 Clifton Rd NE
Atlanta, GA 30333

135,000.

Young Investigators in Public Health
Centers for Disease Control & Prevention
1600 Clifton Rd NE
Atlanta, GA 30333

35,641.

Bloomberg Initiative to Reduce Tobacco Use
World Health Organization

19,440.

Bloomberg Initiative to Reduce Tobacco Use
World Health Organization

171,407.

Bloomberg Initiative to Reduce Tobacco Use
World Health Organization

12,091.

Total Included on Form 990, Part II, line 22b

12,363,265.

Form 990

Noncash Grants and Allocations

Statement 4

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Alpena Regional Medical Center
1501 W. Chisholm Street
Alpena, MI 49707

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Equipment to integrate mobile phone with radiology dept	01/24/08

Method Used to Determine Book Value

Cost

Method Used to Determine Fair Market Value

Cost

Book Value

Amount Given

741.

741.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Mt. Carmel Regional Cancer Center
1102 E. Centennial Drive
Pittsburg, KS 66762

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Graphic design for mammography van	01/10/08

Method Used to Determine Book Value

Cost

Method Used to Determine Fair Market Value

Cost

Book Value

Amount Given

846.

846.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Goshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Incentive t-shirts for receving a mammogram	04/03/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	1,170.	1,170.

Class of Activity: Freedom from Smoking Initative

Donee's Name and Address

World Health Organization

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	3 HP iPAQ handhelds	06/26/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	1,330.	1,330.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Goshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Incentive t-shirts for receiving a mammogram	02/14/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	1,463.	1,463.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Mt. Carmel Regional Cancer Center
1102 E. Centennial Drive
Pittsburg, KS 66762

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Graphic design for mammography van	01/03/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	1,525.	1,525.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and AddressGoshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	2 Fingertip Pulse Oximeters, 5 Biopsy Punches	01/24/08

Method Used to Determine Book Value

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	1,614.	1,614.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and AddressGoshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Densitmeter	05/08/08

Method Used to Determine Book Value

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	2,420.	2,420.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Goshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Resting ECG System	01/24/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	2,599.	2,599.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Goshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	HP Storage Works backup system	03/12/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	3,294.	3,294.

Class of Activity: Freedom from Smoking Initiative

Donee's Name and Address

World Health Organization

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	7 HP iPAQ handhelds	03/12/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	3,400.	3,400.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Mt. Carmel Regional Cancer Center
1102 E. Centennial Drive
Pittsburg, KS 66762

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	2 laptops	11/20/07

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	3,741.	3,741.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Goshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	2 Rackmount dual layer burner and backup drive	12/13/07

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	3,889.	3,889.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Alpena Regional Medical Center
1501 W. Chisholm Street
Alpena, MI 49707

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Mobile van awning	04/24/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	3,893.	3,893.

Class of Activity: Safewater in Tamale, Ghana

Donee's Name and Address

Centers for Disease Control & Prevention
1600 Clifton Rd NE
Atlanta, GA 30333

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Lab equipment	06/19/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	4,504.	4,504.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Goshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Incentive t-shirts for receiving a mammogram	11/20/07

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	4,671.	4,671.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and AddressGoshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	767 Integrated Diagnostics Systems thermometers	04/03/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	5,250.	5,250.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and AddressGoshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Blood pressure monitor, 2 otoscope stations	06/19/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	6,083.	6,083.

Class of Activity: Freedom from Smoking Initiative

Donee's Name and Address

World Health Organization

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	13 HP iPAQ handhelds	04/16/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	6,137.	6,137.

Class of Activity: Global Disaster Response Fund

Donee's Name and Address

CDC Dongzhimenwawi

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	100 USGlobal bluetooth GPS units	06/30/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	7,280.	7,280.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Goshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Mammography supplies	05/08/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	7,659.	7,659.

Class of Activity: Freedom from Smoking Initiative

Donee's Name and Address

World Health Organization

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	20 HP iPAQ handhelds	03/12/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	8,541.	8,541.

Class of Activity: Freedom from Smoking Initiative

Donee's Name and Address

World Health Organization

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	20 HP iPAQ handhelds	05/01/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	9,107.	9,107.

Class of Activity: Freedom from Smoking Initiative

Donee's Name and Address

World Health Organization

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	20 HP iPAQ handhelds	03/12/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	9,358.	9,358.

Class of Activity: Freedom from Smoking Initiative

Donee's Name and Address

World Health Organization

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	25 HP iPAQ handhelds	05/29/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	9,459.	9,459.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Goshen Medical Center
444 S.W. Center
Faison, NC 28341

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	2 laptops, 4 inkjet printers	10/25/07

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	10,476.	10,476.

Class of Activity: Freedom from Smoking Initiative

Donee's Name and Address

World Health Organization

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	25 HP iPAQ handhelds	05/15/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	10,739.	10,739.

Class of Activity: Freedom from Smoking Initiative

Donee's Name and Address

World Health Organization

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	25 HP iPAQ handhelds	06/30/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	11,086.	11,086.

Class of Activity: Avon Mobile Mammography Access Program

Donee's Name and Address

Christus Santa Rosa Healthcare
333 N Santa Rosa St
San Antonio, TX 78207

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	Mobile van repairs	01/03/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	12,774.	12,774.

Class of Activity: Freedom from Smoking Initiative

Donee's Name and Address

India Statistical Institute

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	35 HP iPAQ handhelds	05/01/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	15,742.	15,742.

Class of Activity: Freedom from Smoking Initiative

Donee's Name and Address

World Health Organization

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	35 HP iPAQ handhelds	06/30/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	22,173.	22,173.

Class of Activity: Global Field Epidemiology & Lab Training

Donee's Name and Address

Kenya Ministry of Public Health

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	16 laptops	06/19/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	24,490.	24,490.

Class of Activity: Global Disaster Response Fund - Phase II

Donee's Name and Address

CDC Dongzhimenwai

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	60 Palm Treo 750's	06/30/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	29,100.	29,100.

Class of Activity: Global Disaster Response Fund

Donee's Name and Address

CDC Dongzhimenwai

<u>Relationship of Donee</u>	<u>Description of Property</u>	<u>Date of Gift</u>
	500 RX 57665 PDA units	06/30/08

Method Used to Determine Book Value

Cost

<u>Method Used to Determine Fair Market Value</u>	<u>Book Value</u>	<u>Amount Given</u>
Cost	327,672.	327,672.

Total Included on Form 990, Part II, line 22b	<u><u>574,226.</u></u>
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Form 990

Statement of Program Service Accomplishments

Statement 5

Description of Program Service OneBloomberg Initiative to Reduce Tobacco Use

The goal of the Bloomberg Initiative to Reduce Tobacco Use is to implement the Global Adult Tobacco Survey (GATS) in 16 high tobacco-use countries. These 16 countries represent a substantial portion of the world's smokers. GATS is a nationally representative household survey that samples at least 8,000 households per country. In addition, the survey seeks to determine national estimates of tobacco use by sampling male/female and urban/rural populations equally. GATS provides countries with timely, evidence-based data on adult tobacco prevalence and tobacco control through the survey's standard protocol. The standard protocol has undergone development throughout the reporting period during a series of expert consultations. Elements of the standard protocol include the following: questionnaire design, sample design, data collection, data analysis guidelines, and data management guidelines. The standard protocol enables participating countries to effectively monitor and respond to the tobacco epidemic in each country.

The CDC Foundation collaborated with the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and various other partners to implement the survey throughout the world. During the reporting period, the following countries were visited to gain high-level commitment for GATS from national governments and Ministries of Health (MOH): Indonesia, Mexico, Poland, the Russian Federation, Thailand, Turkey, Ukraine, and China. High-level commitment ensures that countries adhere to the survey's standard protocol and provides a foundation for the long-term sustainability and repetition of GATS in a given country. In addition to obtaining high-level commitment, Brazil, India, and Thailand pre-tested their final GATS questionnaire in preparation for conducting the full survey implementation. Pre-testing is the first stage of country level GATS fieldwork; it precedes the full survey implementation in which 8,000 or more household are surveyed.

In the coming reporting period, the CDC Foundation will continue to work with CDC and other partners to fully

implement GATS. Full implementation includes pre-testing of the survey questionnaire as well as collecting, analyzing, and disseminating GATS data in the 16 countries. Also, the partner organizations will develop plans for expanding GATS into new countries. The expansion of GATS will require additional standard protocol development to appropriately reflect lessons learned during 2007-2008.

To Form 990, Part III, line a

<u>Grants</u>	<u>Expenses</u>
<u>8,030,885.</u>	<u>10,638,875.</u>

Form 990 Statement of Program Service Accomplishments Statement 6

Description of Program Service Two

Early Assessment of Programs and Policies on Childhood Obesity

The goal of this project is to identify and assess local-level policies and programs targeting childhood obesity and to conduct evaluability assessments to guide investments in evaluation and research. These assessments are used to determine whether a rigorous evaluation study is feasible and merited for a particular program. In addition, evaluability assessments help avoid premature investment in evaluation studies of programs that have not been adequately implemented and allow evaluation resources to be targeted to studies that are more likely to fill important gaps in the evidence base for obesity prevention.

Each of the two years that this project has been implemented, CDC has created brief assessments of local interventions in an effort to identify strategies that are most likely to be effective. At the conclusion of the two-year period, 53 evaluability pre-assessments were completed and 33 were identified as being ready for rigorous evaluation and considered likely to be effective on all design dimensions.

	Grants	Expenses
To Form 990, Part III, line b	0.	1,507,748.

Form 990

Statement of Program Service Accomplishments

Statement 7

Description of Program Service Three

Meta-Leadership Initiative

This funding period represents the Pilot Phase of the Meta-Leadership Summit for Preparedness. The Meta-Leadership Summit for Preparedness (the summit) is an initiative designed to create a national cadre of leaders in the business, government and nonprofit sectors who share the same vocabulary and approach to providing leadership in crisis situations. The Pilot phase for the Meta-Leadership Initiative (MLI) was intended as an opportunity to test the curriculum and the planning model, in order to achieve both a standardized curriculum yielding desirable results and a planning methodology that produced a well-supported and smoothly-run event.

Three of the five pilots were held during this period:

Wichita, Kansas, October 1-2, 2007
 Denver, Colorado, May 12-13, 3008
 Louisville, Kentucky, June 2-3, 2008.

Virtually all of the planning for a fifth pilot in the series was accomplished during this reporting period as well; that event was held in Princeton, New Jersey in August 2008. During the pilot phase, strategies were tested in small and large cities, small and large states, and for all-hazard as well as event-specific preparedness.

As a result of the pilot phase, staff produced a lessons learned document and slide presentation summarizing the relative successes of these events and the factors that seemed to promote or curtail success. An approach to planning and delivering the summits in the next phase of our funding was developed and has been used to approach communities about hosting a summit in 2008-2009.

	Grants	Expenses
To Form 990, Part III, line c	30,055.	1,135,386.

Description of Program Service FourInnovative Uses of Technology in Existing Child Abuse Prevention Programs

The goal of this project is to determine whether or not adding technology to an existing child maltreatment prevention program improves the outcome. Researchers hope to find out if simply including a technology component (such as a cell phone, video conferencing, or online interactive training) as part of a parenting program is enough to increase the number of parents who enroll in and complete the program, if counselors will be consistent in implementing the therapy, and if adding the technology is cost-effective. The project is administered by the CDC Foundation in conjunction with staff from the National Center for Injury Prevention and Control, Division of Violence Prevention, at the Centers for Disease Control and Prevention (CDC).

In 2006, the CDC accepted and reviewed applications from a number of potential child maltreatment programs. Applicants were required to have previously participated in at least one funded study, published at least one paper on violence prevention in a peer-reviewed publication and have a pre-existing relationship with an ongoing and effective parenting program partner. In July 2006, three grantees were selected by CDC to receive funding—two of these programs were chosen to receive funding provided by the Doris Duke Charitable Foundation to the CDC Foundation. The two programs funded through Doris Duke are the Carta program (University of Kansas and University of Notre Dame) and the Funderburk program (University of Oklahoma and Harborview Medical Center through the University of Washington.)

The Carta program is testing whether or not giving a cell phone to parents who are participating in a child maltreatment prevention program known as Project SafeCare helps keep families engaged enough to successfully complete the program. During the past year, the second year of the project, the Carta program enrolled 150 participants; approximately half have completed the intervention. Preliminary results suggest that parents are less likely to drop out of the study if they are in the intervention which

Form 990 Depreciation of Assets Not Held for Investment Statement 10

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Office Equipment	101,314.	77,123.	24,191.
Office Furniture	195,831.	49,279.	146,552.
Software	29,547.	20,309.	9,238.
Automobile	21,200.	21,200.	0.
Total to Form 990, Part IV, ln 57	347,892.	167,911.	179,981.

Form 990 Other Liabilities Statement 11

Description	Beginning of Year	End of Year
Agency (Custodial) Funds	547,504.	567,990.
Contracts Payable	1,275,697.	3,032,240.
Total to Form 990, Part IV, line 65	1,823,201.	3,600,230.

Form 990 Other Securities Statement 12

Security Description	Cost/FMV	Other Securities
Mortgage backed securities issued by GNMA, FNMA and FHLMC	FMV	543,377.
U.S. Treasuries Securities	FMV	252,070.
Mutual Funds: Debt Security Fund	FMV	589,747.
Mutual Funds: Value Equity Fund	FMV	1,732,722.
To Form 990, line 54b, Col B		3,117,916.

Form 990	Other Revenue Included on Form 990	Statement 13
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Description	Amount
Losses on contributions and unrealized loss - Investments	670,360.
Total to Form 990, Part IV-A	670,360.

Form 990	Part V-A - List of Current Officers, Directors, Trustees and Key Employees	Statement 14
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Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Plan Contrib	Expense Account
C. Charles Stokes 55 Park Place Suite 400 Atlanta, GA 30303	President & CEO 45.00	250,820.	47,656.	2,899.
Kelley T. Mouchabeck 55 Park Place Suite 400 Atlanta, GA 30303	CFO 33.00	110,166.	20,932.	0.
Philip S. Jacobs 55 Park Place Suite 400 Atlanta, GA 30303	Chair 1.92	0.	0.	0.
Jack Bovender 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Gary Cohen 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Jim Down 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Richard Edeleman 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.96	0.	0.	0.
James Hagedorn 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.

Donald R. Hopkins, MD, M.P.H. 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Robert Jeffrey 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Shelia Jonhson 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Ruth Katz 55 Park Place Suite 400 Atlanta, GA 30303	Secretary 0.96	0.	0.	0.
Andrew Klepchick 55 Park Place Suite 400 Atlanta, GA 30303	Treasurer 1.35	0.	0.	0.
Julius Krevans, MD 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Douglas Nelson 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Kent "Oz" Nelson 55 Park Place Suite 400 Atlanta, GA 30303	Director 1.15	0.	0.	0.
Michele J. Hooper 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Charles "Pete" McTier 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Marni Vliet 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.
Robert Yellowlees 55 Park Place Suite 400 Atlanta, GA 30303	Director 0.77	0.	0.	0.

Totals Included on Form 990, Part V-A

360,986.	68,588.	2,899.
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Schedule A	Explanation of Transactions Part III, Line 2d	Statement 17
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C. Charles Stokes, President & CEO, Travel - \$271

Kelley T. Mouchabeck, CFO, Travel Office Supplies \$577

Kent "Oz" Nelson, Director, Corp. Roundtable Dinner - \$9,143

Philip Jacobs, Director, National Advocates Dinner, Board Dinner,
Travel - \$6,570

Julius Krevans, Director, Travel - \$1,625

Gary Cohen, Director, Travel - \$1,155

Marni Vliet, Director, Travel - \$1,431

Ruth Katz, Director, Travel - \$219

Depreciation and Amortization 990
(Including Information on Listed Property)

2007
Attachment
Sequence No. 67

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return National Foundation for CDC, Inc	Business or activity to which this form relates Form 990 Page 2	Identifying number 58-2106707
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life	/				S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	58,842.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details.

27 Property used 50% or less in a qualified business use: Table with columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle and rows 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding policy statements and employee information, with Yes/No columns.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2007 tax year: Table with columns for percentage and other details.

43 Amortization of costs that began before your 2007 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44