

Form **990**Department of the Treasury
Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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)

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

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ 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)
55 Park PlaceRoom/suite
400

City or town, state or country, and ZIP + 4

Atlanta, GA 30303

F Name and address of principal officer: Charles Stokes
same as C above**D** Employer identification number

58-2106707

E Telephone number

(404) 653-0790

G Gross receipts \$ 40,190,274.**H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates 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 17**4** Number of independent voting members of the governing body (Part VI, line 1b) 4 17**5** Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 43**6** Total number of volunteers (estimate if necessary) 6 23**7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.**b** Net unrelated business taxable income from Form 990-T, line 34 7b 0.**8** Contributions and grants (Part VIII, line 1h) 22,096,581. 38,886,466.**9** Program service revenue (Part VIII, line 2g) 795,748. 1,001,501.**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) 58,713. 166,142.**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) 22,951,042. 40,054,109.**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,607,704. 15,552,150.**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) 3,373,676. 3,531,203.**16a** Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.**b** Total fundraising expenses (Part IX, column (D), line 25) 1,400,438.**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 11,325,541. 12,268,008.**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,306,921. 31,351,361.**19** Revenue less expenses. Subtract line 18 from line 12 -3,355,879. 8,702,748.**20** Total assets (Part X, line 16) 74,521,205. 87,526,470.**21** Total liabilities (Part X, line 26) 13,405,719. 17,403,016.**22** Net assets or fund balances. Subtract line 21 from line 20 61,115,486. 70,123,454.**Part II Signature Block**

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

Sign Here

Signature of officer

Date

Charles Stokes, President/CEO

Type or print name and title

Paid

Print/Type preparer's name

Susan Hill

Preparer's signature

Susan Hill

Date

05/09/12

Check if self-employed

PTIN

Preparer

Firm's name ▶ Metcalf Davis, CPAs

Use Only

Firm's address ▶ 3340 Peachtree Road, NE, Suite 2600

Atlanta, GA 30326-1089

Firm's EIN ▶

Phone no. (404) 264-1700

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,682,150. including grants of \$ 3,512,106.) (Revenue \$ 0.)
Bloomberg Initiative to Reduce Tobacco Use

See Schedule O for description

4b (Code:) (Expenses \$ 4,934,982. including grants of \$ 3,621,182.) (Revenue \$ 0.)
Strengthening Disease Surveillance and Response in Central Africa

See Schedule O for description

4c (Code:) (Expenses \$ 1,525,356. including grants of \$ 392,859.) (Revenue \$ 0.)
Meta-Leadership Initiative

See Schedule O for description

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 14,417,416. including grants of \$ 8,026,003.) (Revenue \$ 1,001,501.)

4e Total program service expenses 27,559,904.

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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II	4 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? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 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? If "Yes," complete Schedule D, Part VI	11a 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? If "Yes," complete Schedule D, Part VII	11b	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? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I	17	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? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 <input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>	22	<input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	<input checked="" type="checkbox"/>
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 <input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<input checked="" type="checkbox"/>
a 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 <input checked="" type="checkbox"/>	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	156	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	43	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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		X
10b		
11a	X	
11b		
12a	X	
12b	X	
12c	X	
13	X	
14		X
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AR, AZ, AR, CA, CT, DC, FL, GA, IL, KS, KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Paula Jasina - (404) 653-0790**
55 Park Place, Suite 400, Atlanta, GA 30303-2915

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
Gary Cohen Chair	2.00	X		X				0.	0.	0.
Andrew Klepchick Treasurer	1.00	X		X				0.	0.	0.
Marni Vliet Secretary	0.10	X		X				0.	0.	0.
David Ratcliffe Secretary	0.20	X		X				0.	0.	0.
Phil S. Jacobs Immediate Past Chair	1.00	X						0.	0.	0.
Charles H. "Pete" McTier Director	1.00	X						0.	0.	0.
Carlos Domingues Director	0.20	X						0.	0.	0.
James W. Down Director	0.50	X						0.	0.	0.
Colleen Goggins Director	0.00	X						0.	0.	0.
James Hagedorn Director	0.00	X						0.	0.	0.
Don Hopkins Director	0.00	X						0.	0.	0.
Matt James Director	0.20	X						0.	0.	0.
Bob Jeffery Director	0.60	X						0.	0.	0.
Douglas Nelson Director	0.20	X						0.	0.	0.
John G. Rice Director	0.10	X						0.	0.	0.
Amy Robbins Director	0.20	X						0.	0.	0.
David Satcher, M.D., Ph.D. Director	0.20	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
Robert Yellowlees Director	0.50	X						0.	0.	0.
Charles Stokes President & CEO	60.00			X				296,315.	0.	65,943.
Paula Jasina CFO/Associate VP of Finance	60.00			X				124,317.	0.	22,377.
Kelley T. Mouchabeck Associate VP of Finance/CFO	35.00			X				112,021.	0.	20,164.
Chloe Knight Tonney VP for Advancement	60.00				X	X		187,533.	0.	33,756.
William Parra COO Bloomberg Initiative	50.00					X		118,177.	0.	21,272.
Kathryn Ruddon VP for Communications	35.00					X		116,029.	0.	20,885.
Alan D. Harrison VP for Administration	40.00					X		108,285.	0.	19,492.
1b Sub-total								1,062,677.	0.	203,889.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,062,677.	0.	203,889.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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.

(A) Name and business address	(B) Description of services	(C) Compensation
Macro International Inc., 11785 Beltsville Drive, Beltsville, MD 20705	Childhood Obesity Assessment/Prevention.	628,358.
McKing Consulting Corporation, 2810 Old Lee Highway, Suite 300, Fairfax, VA	Professional Fees - Freedom from Smoking	505,047.
Research Triangle Institute, PO Box 12194, Research Triangle Park, NC 27709	Professional Fees - Freedom from Smoking	504,527.
Science Applications 1710 SAIC Drive, McLean, VA 22102	Professional Fees - Freedom from Smoking	446,546.
Professional and Scientific, 2100 Reston Parkway, Suite 300, Reston, VA 20191	Professional Fees - Freedom from Smoking	302,998.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **17**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,686,189.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	34,200,277.				
	g Noncash contributions included in lines 1a-1f: \$		2,678,408.				
	h Total. Add lines 1a-1f			38,886,466.			
Program Service Revenue	2 a Lab Research Agreement	Business Code	541900	510,334.	510,334.		
	b Data Collect/Research		541700	381,096.	381,096.		
	c Health Surveillance		541900	72,342.	72,342.		
	d Health Training		611600	37,729.	37,729.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,001,501.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			169,564.			169,564.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses			132,743.			
	c Gain or (loss)			136,165.			
	d Net gain or (loss)			-3,422.			
	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.				40,054,109.	998,079.	0.	169,564.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	10,454,618.	10,454,618.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	5,097,532.	5,097,532.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	822,458.	68,672.	463,511.	290,275.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,067,711.	902,815.	656,837.	508,059.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	181,430.	77,347.	63,264.	40,819.
9 Other employee benefits	255,289.	108,660.	89,182.	57,447.
10 Payroll taxes	204,315.	74,758.	76,784.	52,773.
11 Fees for services (non-employees):				
a Management				
b Legal	74,881.	19,987.	54,614.	280.
c Accounting	48,003.		48,003.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	8,785,725.	8,353,137.	388,465.	44,123.
12 Advertising and promotion	3,765.		3,765.	
13 Office expenses	575,157.	296,499.	144,044.	134,614.
14 Information technology	185,706.	38,201.	130,824.	16,681.
15 Royalties				
16 Occupancy	362,107.	145,753.	141,354.	75,000.
17 Travel	1,199,765.	1,098,610.	51,026.	50,129.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	52,828.	52,828.		
19 Conferences, conventions, and meetings	793,567.	652,470.	32,777.	108,320.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,939.	23,509.	27,964.	15,466.
23 Insurance	24,573.	7,271.	17,302.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Scientific Supplies	54,912.	54,912.		
b Miscellaneous	40,080.	32,325.	1,303.	6,452.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	31,351,361.	27,559,904.	2,391,019.	1,400,438.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	45,561,395.	2	42,871,967.
	3 Pledges and grants receivable, net	26,216,193.	3	37,694,775.
	4 Accounts receivable, net	332,679.	4	794,727.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	137,016.	9	1,631,453.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 456,250.		
	b Less: accumulated depreciation	10b 310,934.	10c	145,316.
	11 Investments - publicly traded securities	2,067,438.	11	4,388,232.
	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)	74,521,205.	16	87,526,470.	
Liabilities	17 Accounts payable and accrued expenses	684,965.	17	572,277.
	18 Grants payable	1,996,412.	18	4,245,036.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	421,677.	21	197,845.
	22 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. Complete Part X of Schedule D	10,302,665.	25	12,387,858.
	26 Total liabilities. Add lines 17 through 25	13,405,719.	26	17,403,016.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,247,332.	27	9,208,266.
	28 Temporarily restricted net assets	50,427,194.	28	58,289,433.
	29 Permanently restricted net assets	2,440,960.	29	2,625,755.
	Organizations that do not follow SFAS 117, 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	61,115,486.	33	70,123,454.
	34 Total liabilities and net assets/fund balances	74,521,205.	34	87,526,470.

Form **990** (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,054,109.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,351,361.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,702,748.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,115,486.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	305,220.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	70,123,454.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2010)

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

Employer identification number
58-2106707

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,471,854.	12,606,265.	57,288,392.	22,096,581.	38,886,466.	165,349,558.
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	613,114.	652,091.	498,406.	478,546.	496,081.	2,738,238.
4 Total. Add lines 1 through 3	35,084,968.	13,258,356.	57,786,798.	22,575,127.	39,382,547.	168,087,796.
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)						86,722,771.
6 Public support. Subtract line 5 from line 4.						81,365,025.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	35,084,968.	13,258,356.	57,786,798.	22,575,127.	39,382,547.	168,087,796.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,068,365.	968,876.	355,276.	151,940.	169,564.	2,714,021.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						170,801,817.
12 Gross receipts from related activities, etc. (see instructions)					12	3,561,663.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	47.64 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	43.83 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

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

Employer identification number

58-2106707

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 11,529,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 4,673,099.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,828,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,520,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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

Employer identification number

58-2106707

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 2,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 1,495,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 1,645,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 870,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organizationNational Foundation for the Centers for
Disease Control and Prevention, Inc.**Employer identification number**

58-2106707

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	CISCO Telepresence 1300-65 Systems	\$ 1,645,000.	07/06/10
12	AT&T Telepresence Service	\$ 870,960.	02/10/11
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organizationNational Foundation for the Centers for
Disease Control and Prevention, Inc.**Employer identification number**

58-2106707

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**

▶ **See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$

3 Volunteer hours ▶

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

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.
- 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)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		17,971.	
c Total lobbying expenditures (add lines 1a and 1b)		17,971.	
d Other exempt purpose expenditures		31,333,390.	
e Total exempt purpose expenditures (add lines 1c and 1d)		31,351,361.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000.			1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,000,000.
c Total lobbying expenditures	14,091.			17,971.	32,062.
d Grassroots nontaxable amount	250,000.			250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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 1j)?			
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? If "Yes," describe in Part IV			
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 carryover lobbying and political expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010**Open to Public
Inspection****Name of the organization** National Foundation for the Centers for
Disease Control and Prevention, Inc.**Employer identification number**
58-2106707**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

(check all that apply):

a ☐ Public exhibitionb ☐ Scholarly researchc ☐ Preservation for future generationsd ☐ Loan or exchange programse ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☒ 100.00 %c Term endowment ☐ %

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" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		37,481.	16,972.	20,509.
d Equipment		100,642.	94,229.	6,413.
e Other		318,127.	199,733.	118,394.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				145,316.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Contracts Payable	7,056,905.
(3) Deferred rent	280,977.
(4) Other liabilities	75,000.
(5) Refundable advances	4,974,976.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
	12,387,858.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	40,054,109.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,351,361.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	8,702,748.
4	Net unrealized gains (losses) on investments	4	305,220.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	305,220.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	9,007,968.

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

1	Total revenue, gains, and other support per audited financial statements	1	40,855,410.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	305,220.
b	Donated services and use of facilities	2b	496,081.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	801,301.
3	Subtract line 2e from line 1	3	40,054,109.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	40,054,109.

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

1	Total expenses and losses per audited financial statements	1	31,847,442.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	496,081.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	496,081.
3	Subtract line 2e from line 1	3	31,351,361.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	31,351,361.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, line 2b: The funds held in custodial accounts are for CDC

programs for conferences and management training courses.

Part V, line 4: The endowment funds are used for programs such as a

global health fellowships, scientific lectures, safe water and hospital

based infections.

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

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

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

The Foundation's policy is to record a liability for any tax position taken that is beneficial to the Foundation, including any related interest and penalties, when it is more likely than not the position taken by management with respect to a transaction or class of transactions will be overturned by a taxing authority upon examination. Management believes there are no such positions as of June 30, 2011 and 2010 and, accordingly, no liability has been accrued.

Generally the IRS may examine a tax return for three years from the date it is filed. At June 30, 2011, tax years ended June 30, 2008, 2009 and 2010 remained open for possible examination by the IRS.

Part X, Refundable Advances: During a prior year the Foundation received \$5,000,000 in refundable advances to be used for Emergency Preparedness and Response which includes severe future national level emergencies. Recognition as revenue is contingent upon the Foundation using these funds for their intended purpose by November 14, 2014. At June 30, 2011 \$4,974,976 remained available to be expended in future years.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010Open to Public
InspectionName of the organization
National Foundation for the Centers for
Disease Control and Prevention, Inc.

Employer identification number

58-2106707

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America/Caribbean	0	0	Prog. Service	Consulting	149,219.
Central America/Caribbean	0	0	Prog. Service	Travel Reim.	37,988.
East Asia and Pacific	0	0	Prog. Service	Conference	6,501.
East Asia and Pacific	0	0	Prog. Service	Consulting	19,973.
East Asia and Pacific	0	0	Prog. Service	Equipment, Repairs	2,260.
East Asia and Pacific	0	0	Prog. Service	Miscellaneous	160.
East Asia and Pacific	0	0	Prog. Service	Travel Reim.	47,957.
East Asia and Pacific	0	0	Grantmaking		2,400.
3 a Sub-total	0	0			266,458.
b Total from continuation sheets to Part I	0	0			5,795,399.
c Totals (add lines 3a and 3b)	0	0			6,061,857.

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

Schedule F (Form 990) 2010

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	0	Prog. Service	Conference	13,605.
Europe	0	0	Prog. Service	Consulting	111,942.
Europe	0	0	Prog. Service	Supplies	2,536.
Europe	0	0	Prog. Service	Travel Reim.	27,640.
Europe	0	0	Grantmaking		4,138,798.
North America	0	0	Prog. Service	Consulting	105,040.
North America	0	0	Prog. Service	Printing/Promotions	2,994.
North America	0	0	Prog. Service	Supplies	7,100.
North America	0	0	Prog. Service	Travel Reim.	11,904.
North America	0	0	Grantmaking		46,581.
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
Russia and the Newly Independent States	0	0	Prog. Service	Conference	235.
Russia and the Newly Independent States	0	0	Prog. Service	Consulting	73,869.
Russia and the Newly Independent States	0	0	Prog. Service	Miscellaneous	60.
Russia and the Newly Independent States	0	0	Prog. Service	Travel Reim.	2,411.
South America	0	0	Prog. Service	Consulting	208,018.
South America	0	0	Prog. Service	Travel Reim.	2,096.
South Asia	0	0	Prog. Service	Conference	185.
South Asia	0	0	Prog. Service	Consulting	2,475.
South Asia	0	0	Prog. Service	Miscellaneous	984.
South Asia	0	0	Prog. Service	Printing/Promotions	1,854.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	0	Prog. Service	Travel Reim.	7,248.
South Asia	0	0	Grantmaking		93,780.
Sub-Saharan Africa	0	0	Prog. Service	Conference	42,998.
Sub-Saharan Africa	0	0	Prog. Service	Consulting	42,228.
Sub-Saharan Africa	0	0	Prog. Service	Postage/Shipping	4,686.
Sub-Saharan Africa	0	0	Prog. Service	Supplies	16,120.
Sub-Saharan Africa	0	0	Prog. Service	Travel Reim.	12,039.
Sub-Saharan Africa	0	0	Grantmaking		815,973.
Totals					5,795,399.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☒ **X**
Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			East Asia and the Pacific	Freedom from Smoking Initiative	2,400.	Wire Transfer	0.		
			Europe	Strengthening Surveillance Response in Central Africa (Gates)	2,095,246.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	742,410.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	113,000.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	227,130.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	220,350.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	131,645.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	125,000.	Wire Transfer	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 grantees or counsel has provided a section 501(c)(3) equivalency letter **23**

3 Enter total number of other organizations or entities **1**

36-2106707

Page 2

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	52,500.	Wire Transfer	0.		
			Europe	Freedom from Smoking Initiative	0.	Wire Transfer	2,260.	iPAQ batteries, stylus, screen protector	Cost
			Europe	Freedom from Smoking Initiative	0.	Check	384,695.	1000 HPiPAR 210 Enterprise Handhelds	Cost
			Europe	Freedom from Smoking Initiative	0.	Check	1,100.	Batteries for iPAQ	Cost
			Europe	Freedom from Smoking Initiative	0.	Check	12,139.	400 Flashcards, 200 HPiPAQ Adapters	Cost
			Europe	Freedom from Smoking Initiative	0.	Check	31,323.	96 iPAQ 211 Enterprise Handhelds	Cost
			North America	Building Global Capacity for NCD Prevention	23,888.	Wire Transfer	0.		
			North America	Building Global Capacity for NCD Prevention	22,693.	Wire Transfer	0.		
			South Asia	Road Traffic Injury Prevention and Control in India	62,500.	Wire Transfer	0.		

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

1

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Road Traffic Injury Prevention and Control in India	31,280.	Wire Transfer	0.		
		Sub-Saharan Africa	Tuberculosis Trials Consortium Study	9,516.	Wire Transfer	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa (Gates)	382,038.	Wire Transfer	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa (Gates)	178,710.	Wire Transfer	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa (Gates)	215,014.	Wire Transfer	0.		
		Sub-Saharan Africa	Buffington Langmuir Endowment	2,195.	Wire Transfer	0.		
		Sub-Saharan Africa	Sylvatic Reservoirs of Human Monkeypox	0.	Wire Transfer	28,500.	Ford Ranger Pick Up	Cost

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

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

All foreign payees are checked against the Treasury's Specially Designated Nationals List before disbursement is made.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Employer identification number
58-2106707

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ► ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Blood Center of Wisconsin, Inc. 638 N. 18th Street Milwaukee, WI 53233	39-0807235	501 (c)(3)	17,500.	0.			Study Of Inhibitors in Hemophilia
Blood Center of Wisconsin, Inc. 638 N. 18th Street Milwaukee, WI 53201-2178	39-0807235	501 (c)(3)	17,500.	0.			Study Of Inhibitors in Hemophilia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,168.	0.			Global Disaster Response Fund
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	11,200.	0.			Global Disaster Response Fund
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	13,804.	0.			Global Disaster Response Fund
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	33,106.	0.			Assistance for CDC Conference Events

2 Enter total number of section 501(c)(3) and government organizations 78.

3 Enter total number of other organizations 88.

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

Schedule I (Form 990) (2010)

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
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	104.	0.			Public Health Model for Violence Prevention
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	78,800.	0.			Building Global Capacity for NCD Prevention
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	6,000.	0.			Birth-Cohort Evaluation (BEST-C)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	31,071.	0.			Lymphatic Filariasis in Haitian Immigrants
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,000.	0.			Drug-resistant Candida - South Africa
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	3,500.	0.			Drug-resistant Candida - South Africa
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	126,000.	0.			Organ Transplant Infection Project Study 1.0
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	3,957.	0.			Building Global Capacity for NCD Prevention
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	68,134.	0.			Freedom from Smoking Initiative

LHA

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
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	116,470.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	143,981.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	109,453.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	91,346.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	81,788.	0.			Intravaginal Microbicide to Prevent HIV & HSV
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,000.	0.			Increasing Business Support for Smoke-free Policies
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	22,766.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	212,095.	0.			Field Epidemiology Training Program-Saudi Arabia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	16,389.	0.			Freedom from Smoking Initiative

LHA

Schedule I (Form 990)

Part III 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
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,375.	0.			Malaria Specimen Bank Evaluation
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	14,000.	0.			Malaria Specimen Bank Evaluation - Phase II
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25,000.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	17,414.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	3,000.	0.			Public Health Model for Violence Prevention
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	62,906.	0.			Emergency Obstetric Care In Tanzania (Bloomberg)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	52,255.	0.			Emergency Obstetric Care In Tanzania (Bloomberg)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	116,426.	0.			Emergency Obstetric Care In Tanzania (Bloomberg)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	400,000.	0.			Freedom from Smoking Initiative

LHA

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
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,500.	0.			Viral Hepatitis Surveillance Fellow
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	156,000.	0.			Strengthening Surveillance Response in Central Africa (Gates)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	65,000.	0.			Strengthening Surveillance Response in Central Africa (Gates)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	160,000.	0.			Strengthening Surveillance Response in Central Africa (Gates)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	143,934.	0.			Strengthening Surveillance Response in Central Africa (Gates)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	22,349.	0.			Road Traffic Injury Prevention and Control i India
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	28,880.	0.			Trypanosoma cruzi Mouse Screening Study
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	6,974.	0.			Trypanosoma cruzi Mouse Screening Study
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	108,000.	0.			Study Of Inhibitors in Hemophilia

LHA

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
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	13,193.	0.			Birth Defects & Newborn Screening in Vietnam
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25,000.	0.			Study Of Inhibitors in Hemophilia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	150,000.	0.			Study Of Inhibitors in Hemophilia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	122,644.	0.			Study Of Inhibitors in Hemophilia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25,000.	0.			Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	87,912.	0.			Meta-Leadership - Phase
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	123,077.	0.			Meta-Leadership - Phase
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	75,646.	0.			Meta-Leadership - Phase
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,000.	0.			Buffington Langmuir Endowment

LHA

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
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	3,000.	0.			Buffington Langmuir Endowment
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	31,000.	0.			Buffington Langmuir Endowment
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	53,200.	0.			Building Global Capacity for NCD Prevention
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	151,375.	0.			Intravaginal Microbicide to Prevent HIV & HSV
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,972.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	450,930.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	975.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	31,993.	0.			Kemri Vehicle Purchase
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	37,333.	0.			RIFAQUIN Treatment for Pulmonary Tuberculosis

LHA

Schedule I (Form 990)

Schedule I (Form 990) 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
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Lymphatic Filariasis in Haitian Immigrants
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,106.	0.			Viral Hepatitis Action Coalition (VHAC)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	82,500.	0.			Norovirus Program
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	96,750.	0.			Addressing Sexual Violence Against Girls
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	60,048.	0.			Addressing Sexual Violence Against Girls
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	105,904.	0.			Meta-Leadership - Phase
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	3,000.	0.			National Hepatitis Educational Campaign
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,632.	0.			Viral Hepatitis Action Coalition (VHAC)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Viral Hepatitis Action Coalition (VHAC)

LHA

Schedule I (Form 990)

Schedule I (Form 990) 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
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	225,240.	0.			Strengthening Surveillance Response in Central Africa (Gates)
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	87.	0.			Meta-Leadership - Phase
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	46.	0.			Meta-Leadership - Phase
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	246.	0.			Combating Dengue Fever i Indonesia - Phase II
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	65.	0.			Combating Dengue Fever i Indonesia - Phase II
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	105.	0.			Meta-Leadership - Phase
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	83.	0.			Meta-Leadership - Phase
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	465.	0.			Combating Dengue Fever i Indonesia - Phase II
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	55,750.	0.			Building Global Capacity For NCD Prevention

LHA

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
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	51,331.	0.			Evaluation Resources for Health-related Nonprofits
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	7,366.	Cost	2 VAIO Z Series Laptops	Sylvatic Reservoirs of Human Monkeypox
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,911.	Cost	1 MBAIR 13.3 CT	Sylvatic Reservoirs of Human Monkeypox
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	9,500.	Cost	3 APPS1 Field Apps	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	92,448.	Cost	70 M AVEN Connection	Gift to CDC
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	870,960.	Cost	AT&T Telepresence Service	Gift to CDC
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	70,000.	Cost	2 MAGPIX Lab Instruments	Gift to CDC
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,645,000.	Cost	4 CISCO Telepresence 1300-65 Systems	Gift to CDC
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	9,567.	Cost	ULT 2586-10HD-O Revco Ultima PA	Malaria Specimen Bank Evaluation

LHA

Schedule I (Form 990)

Schedule I (Form 990) 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
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,323.	Cost	Android Galaxy Tablets for testing GSS	Freedom from Smoking Initiative
Center for Health Services Systems-Henry Ford Health Sys. - One Ford Place, Suite 3A - Detroit, MI 48202	38-1357020	501 (c)(3)	184,666.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Center for Health Services Systems-Henry Ford Health Sys. - One Ford Place, Suite 3A - Detroit, MI 48202	38-1357020	501 (c)(3)	174,780.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Center for Health Services Systems-Henry Ford Health Sys. - One Ford Place, Suite 3A - Detroit, MI 48202	38-1357020	501 (c)(3)	64,275.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Center for Health Services Systems-Henry Ford Health Sys. - One Ford Place, Suite 3A - Detroit, MI 48202	38-1357020	501 (c)(3)	174,780.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Center for Health Services Systems-Henry Ford Health Sys. - One Ford Place, Suite 3A - Detroit, MI 48202	38-1357020	501 (c)(3)	174,780.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Center for Health Services Systems-Henry Ford Health Sys. - One Ford Place, Suite 3A - Detroit, MI 48202	38-1357020	501 (c)(3)	174,780.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Center for Health Services Systems-Henry Ford Health Sys. - One Ford Place, Suite 3A - Detroit, MI 48202	38-1357020	501 (c)(3)	87,090.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Center for Health Services Systems-Henry Ford Health Sys. - One Ford Place, Suite 3A - Detroit, MI 48202	38-1357020	501 (c)(3)	72,492.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Center for Health Services Systems-Henry Ford Health Sys. - One Ford Place, Suite 3A - Detroit, MI 48202	38-1357020	501 (c)(3)	174,780.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)

LHA

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 Health Services Systems-Henry Ford Health Sys. - One Ford Place, Suite 3A - Detroit, MI 48202	38-1357020	501 (c)(3)	110,799.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Childrens Hospital Los Angeles 4650 Sunset Boulevard, Mailstop #9 Los Angeles, CA 90027-6062	95-1690977	501 (c)(3)	17,500.	0.			Study Of Inhibitors in Hemophilia
Children's Mercy Hospital 2401 Gilham Road Kansas City, MO 64108	44-0605373	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
Children's Mercy Hospital 2401 Gilham Road Kansas City, MO 64108	44-0605373	501 (c)(3)	4,424.	0.			Study Of Inhibitors in Hemophilia
Children's Mercy Hospital 2401 Gilham Road Kansas City, MO 64108	44-0605373	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
Connecticut Coalition Against Domestic Violence - 90 Pitkin Street - East Hartford, CT 06108	06-0985675	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
DC Coalition Against Domestic Violence - 5 Thomas Circle, NW - Washington, DC 20005	52-1515600	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	2,500.	0.			O. C. Hubert International Fellows Endowment Interest
Emory University 1599 Clifton Road Atlanta, GA 30322 LHA	58-0566256	501 (c)(3)	17,055.	0.			Study Of Inhibitors in Hemophilia

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	14,808.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	14,808.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	17,055.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	18,180.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	11,436.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	6,042.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	14,808.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	5,333.	0.			Building Global Capacity for NCD Prevention
Grant Accounting Office University of Iowa - B5 Jessup Hall - Iowa City, IA 52242	42-6004813	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia

Schedule I (Form 990)

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
Grant Accounting Office University of Iowa - B5 Jessup Hall - Iowa City, IA 52242	42-6004813	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
Idaho Coalition Against Sexual & Domestic Violence, Inc. - 300 E Mallard Drive, Suite 130 - Boise, ID 83706	82-0410899	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
Indiana Coalition Against Domestic Violence - 1915 West 18th Street Suite B - Indianapolis, IN 46202	31-1009769	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
Indiana Coalition Against Domestic Violence - 1915 West 18th Street Suite B - Indianapolis, IN 46202	31-1009769	501 (c)(3)	6,400.	0.			Integrating Prevention strategies for Intimate partner
Indiana Hemophilia and Thrombosis Center, Inc. - 8402 Harourt Rd, Suite 500 - Indianapolis, IN 46260	35-2047838	501 (c)(3)	17,055.	0.			Study Of Inhibitors in Hemophilia
Indiana Hemophilia and Thrombosis Center, Inc. - 8402 Harourt Rd, Suite 500 - Indianapolis, IN 46260	35-2047838	501 (c)(3)	17,055.	0.			Study Of Inhibitors in Hemophilia
Institute of Medicine 500 5th Street NW Washington, DC 20001	53-0196932	501 (c)(3)	19,692.	0.			Lilly Fellowship Phase 2
International Conservation and Education Fund - 236 11th Street SE - Washington, DC 20003	80-0109071	501 (c)(3)	10,005.	0.			Sylvatic Reservoirs of Human Monkeypox
Iowa Coalition Against Domestic Violence - 515 28th Street - Des Moines, IA 50312	42-1285094	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner

LHA

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
Iowa Coalition Against Domestic Violence - 515 28th Street - Des Moines, IA 50312	42-1285094	501 (c)(3)	4,925.	0.			Integrating Prevention strategies for Intimate partner
Jane Doe, Inc., The Massachusetts Coalition Against SA & DV - 14 Beacon Street Suite 507 - Boston, MA 02108	04-2676138	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
Jane Doe, Inc., The Massachusetts Coalition Against SA & DV - 14 Beacon Street Suite 507 - Boston, MA 02108	04-2676138	501 (c)(3)	7,000.	0.			Integrating Prevention strategies for Intimate partner
Johns Hopkins University 1615 Thames Street, Suite 205 Baltimore, MD 21231-3492	52-0595110	501 (c)(3)	210,063.	0.			Treatment of TB with Priftin
Kentucky Domestic Violence Association - 111 Darby Shire Circle, PO Box 356 - Frankfort, KY 40602	61-1110432	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
Kentucky Domestic Violence Association - 111 Darby Shire Circle, PO Box 356 - Frankfort, KY 40602	61-1110432	501 (c)(3)	7,000.	0.			Integrating Prevention strategies for Intimate partner
Minnesota Coalition for Battered Women - 590 Park Street, Suite 410 - St. Paul, MN 55103	41-1381433	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
Minnesota Coalition for Battered Women - 590 Park Street, Suite 410 - St. Paul, MN 55103	41-1381433	501 (c)(3)	7,000.	0.			Integrating Prevention strategies for Intimate partner
Missouri Coalition Against Domestic and Sexual Violence - 217 Oscar Drive, Suite A - Jefferson City, MO 65101	43-1479799	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner

LHA

Schedule I (Form 990)

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
Missouri Coalition Against Domestic and Sexual Violence - 217 Oscar Drive, Suite A - Jefferson City, MO 65101	43-1479799	501 (c)(3)	6,810.	0.			Integrating Prevention strategies for Intimate partner
National Association of County and City Health Officials - 1100 17th Street, NW 7th Floor - Washington, DC 20036	52-1426663	501 (c)(3)	73,422.	0.			Social Determinants of Health & Injury
National Association of County and City Health Officials - 1100 17th Street, NW 7th Floor - Washington, DC 20036	52-1426663	501 (c)(3)	55,857.	0.			Positive Parenting Program
Nebraska Domestic Violence Sexual Assault Coalition, Inc. - 1000 "O" Street, Suite 102 - Lincoln, NE 68508	47-0606289	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
New Hampshire Coalition Against Domestic Violence - PO Box 353 - Concord, NH 03302-0353	02-0360151	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
New Jersey Coalition for Battered Women - 1670 Whitehorse-Hamilton Sq Rd - Trenton, NJ 08690	22-2370010	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
Oklahoma Coalition Against Domestic Violence - 3815 N. Santa Fe Ave, Suite 124 - Oklahoma City, OK 73118	73-1131211	501 (c)(3)	20,000.	0.			Integrating Prevention strategies for Intimate partner
Oregon Coalition Against Domestic and Sexual Violence - 380 SE Spokane Street, Suite 100 - Portland, OR 97202	93-0739389	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
South Carolina Coalition Against Domestic Violence & Sexual Assault - PO Box 7776 - Columbia, SC 29202	57-0760811	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Administrators of the Tulane Education Fund - 6823 St. Charles Ave. - New Orleans, LA 70118-5665	72-0423889	501 (c)(3)	17,500.	0.			Study Of Inhibitors in Hemophilia
The Bleeding and Clotting Disorder Institute - 6811 N. Knoxville Ave., Suite A - Peoria, IL 61614	27-2050459	501 (c)(3)	17,500.	0.			Study Of Inhibitors in Hemophilia
The Charitable Foundation of the Rotary Club of Atlanta - 100 Edgewood Avenue, Suite 508 - Atlanta, GA 30303	58-0412250	501 (c)(3)	350.	0.			Polio Eradication
The Pennsylvania State University 227 W. Beaver Ave., Suite 401 State College, PA 16801-4819	24-6000376	501 (c)(3)	17,500.	0.			Study Of Inhibitors in Hemophilia
The Pennsylvania State University 227 W. Beaver Ave., Suite 401 State College, PA 16801-4819	24-6000376	501 (c)(3)	17,500.	0.			Study Of Inhibitors in Hemophilia
The Texas Council on Family Violence, Inc. - PO Box 26219 - Austin, TX 78716	74-2848462	501 (c)(3)	23,000.	0.			Integrating Prevention strategies for Intimate partner
The Texas Council on Family Violence, Inc. - PO Box 26219 - Austin, TX 78716	74-2848462	501 (c)(3)	7,000.	0.			Integrating Prevention strategies for Intimate partner
United Nations Foundation 1800 Massachusetts Avenue NW Washington, DC 20036	58-2368165	501 (c)(3)	406,606.	0.			Phones for Health: PEPFAR Supported Countries
The University of Texas Health 7000 Fannin, Suite 1200 Houston, TX 77030	74-1761309	501 (c)(3)	17,500.	0.			Study Of Inhibitors in Hemophilia

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Texas Health 7000 Fannin, Suite 1200 Houston, TX 77216-3382	74-1761309	501 (c)(3)	17,500.	0.			Study Of Inhibitors in Hemophilia
University of Colorado Denver Hemophilia & Thrombosis - 13001 E 17th Place Bldg 500; PO Box 6507 - Aurora, CO 80045	84-6000555	501 (c)(3)	18,180.	0.			Study Of Inhibitors in Hemophilia
University of Colorado Denver Hemophilia & Thrombosis - 13001 E 17th Place Bldg 500; PO Box 6507 - Aurora, CO 80045	84-6000555	501 (c)(3)	18,180.	0.			Study Of Inhibitors in Hemophilia
University of Kansas Center for Research, Inc. - 2385 Irving Hill Road - Lawrenceville, KS 66045	48-0680117	501 (c)(3)	2,664.	0.			Integrating Prevention strategies for Intimate partner
University of Massachusetts Medical School - 55 Lake Avenue, North - Worcester, MA 01655	04-3167352	501 (c)(3)	17,055.	0.			Study Of Inhibitors in Hemophilia
University of Utah 295 Chipeta Way RM #2S036 Salt Lake City, UT 84108	87-6000525	501 (c)(3)	17,500.	0.			Study Of Inhibitors in Hemophilia
University of Utah 295 Chipeta Way RM #2S036 Salt Lake City, UT 84108	87-6000525	501 (c)(3)	5,834.	0.			Study Of Inhibitors in Hemophilia
Vanderbilt University Medical Center - 1211 Medical Center Drive - Nashville, TN 37235-6310	62-0476822	501 (c)(3)	18,180.	0.			Study Of Inhibitors in Hemophilia
Vanderbilt University Medical Center - 1211 Medical Center Drive - Nashville, TN 37235-6310	62-0476822	501 (c)(3)	18,180.	0.			Study Of Inhibitors in Hemophilia

LHA

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
Vanderbilt University Medical Center - 1211 Medical Center Drive - Nashville, TN 37235-6310	62-0476822	501 (c)(3)	18,180.	0.			Study Of Inhibitors in Hemophilia
Virginia Commonwealth University, Grants and Contracts - Virginia Commonwealth University - Richmond, VA 23284-3039	54-0757884	501 (c)(3)	17,055.	0.			Study Of Inhibitors in Hemophilia
Virginia Commonwealth University, Grants and Contracts - Virginia Commonwealth University - Richmond, VA 23284-3039	54-0757884	501 (c)(3)	17,055.	0.			Study Of Inhibitors in Hemophilia
Washington State Coalition Against Domestic Violence - 711 Capitol Way #702 - Olympia, WA 98501	91-1507028	501 (c)(3)	22,812.	0.			Integrating Prevention strategies for Intimate partner
Wayne State University 5057 Woodward Ave, 13th Floor Detroit, MI 48202	38-6028429	501 (c)(3)	10,000.	0.			Innovative Uses of Technology in Existing Child Abuse
Bureau of Communicable Diseases 123 Chalan Kareta, 96913 6304 Mangilao, Guam, GUAM		Govt	0.	73,110.	Cost Laptop	7055 FAST DX	Marcus Emergency Operations Center
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	19,454.	Cost	IVIS 200 Fundamentals Service Plan	Sylvatic Reservoirs of Human Monkeypox

LHA

Schedule I (Form 990)

Part III

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

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

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

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

CDC works closely with Foundation personnel to actively monitor the

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

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

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

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

that the funds are properly spent.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2010

**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 Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td></tr></table>	<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 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 (e.g., maid, chauffeur, chef)		
<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 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 (e.g., maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <table border="0"><tr><td><input type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input checked="" type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<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				
<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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Charles Stokes	(i) 293,015.	(ii) 0.	(iii) 3,300.	42,502.	23,441.	362,258.	0.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
2 Chloe Knight Tonney	(i) 187,533.	(ii) 0.	(iii) 0.	18,753.	15,003.	221,289.	0.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

Part III Supplemental Information

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

3. The Foundation follows IRS prescribed procedures for establishing a rebuttable presumption of reasonableness of all compensation paid to "disqualified persons" (as detailed in Section 4958 of The Internal Revenue Code of 1986) The Foundation hires an independent, international human resources firm to provide market data for all staff positions. This firm uses a variety of surveys and using these and their expertise, it recommends market values and salary ranges for staff positions. The Executive Committee of the Foundation which is comprised of the Chair, Treasurer, Secretary, and the Chairs of the Advancement and Nominating Committees are independent, voting members of the Board of Directors. The Committee reviews the data, evaluates the performance of the President/CEO and votes on his and the CFO's compensation. These actions are documented in accordance with the regulations under Section 4958 of the Code.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

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 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 ► (CISCO Telepre)	X	4	1,645,000.	Fair Market Value
26 Other ► (AT&T Telepres)	X	1	870,960.	Fair Market Value
27 Other ► (70 M AVPN Con)	X	1	92,448.	Fair Market Value
28 Other ► (MAGPIX Lab In)	X	2	70,000.	Fair Market Value

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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not 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
33		

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Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

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Form 990, Part I, Line 1, Description of Organization Mission:

The CDC Foundation helps the Centers for Disease Control and Prevention

(CDC) do more, faster, by forging effective partnerships between CDC

and corporations, foundations, organizations and individuals to fight

threats to health and safety.

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

Bloomberg Initiative to Reduce Tobacco Use

The CDC Foundation continued work on the Bloomberg Initiative to Reduce

Tobacco Use; receiving additional funding to conduct surveys in six

more countries. Tobacco is the world's leading preventable agent of

death, causing more than 5 million deaths each year. As one of a number

of partners in the Bloomberg Initiative to Reduce Tobacco Use, the CDC

Foundation works with experts at CDC and the World Health Organization

(WHO) to implement the Global Adult Tobacco Survey (GATS).

GATS monitors adult tobacco use and the effectiveness of tobacco

control measures among adults in 20 countries that account for

approximately two-thirds of the world's smokers. The completed survey

data will be critical in helping countries evaluate their tobacco

control interventions. Now in the second phase of programming, GATS

partners are working to ensure data quality, to establish protocols for

the dissemination of the survey data, and to expand use of the survey

into new countries. To date, 300,000 surveys representing 3.6 billion

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

Schedule O (Form 990 or 990-EZ) (2010)

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people or approximately one-half of the world's adult smokers have been
completed in nearly 40 languages and dialects.

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

Strengthening Disease Surveillance and Response in Central Africa

Strengthening Disease Surveillance and Response in Central Africa is a
five-year surveillance demonstration project within three selected
countries in Central Africa: Cameroon, the Democratic Republic of the
Congo, and the Central African Republic. The countries were selected
because of their epidemiologic importance related to disease outbreaks,
emerging infections and gaps in current surveillance. The goal of the
project is to effectively use available resources to support in-country
surveillance functions in order to yield reliable epidemiologic data
for detecting, monitoring and evaluating outbreaks, diseases and
resulting control activities. The goal of the project will be
accomplished through three primary objectives: 1) strengthening
surveillance and response capacity and quality through training and
infrastructure improvements, 2) implementing a quality surveillance and
response program for Vaccine Preventable Diseases/syndromes, including
strengthening communication infrastructures and developing capacity for
advocacy to ensure these efforts are assumed by the Ministries of
Health in the selected countries.

Project activities for the period of October 2009 through September
2010 included the development and approval of a detailed Global Plan of
Action and three Country Plans of Action that identify the project
priorities and activities to be implemented in each selected country.

Once the three Country Plans of Action were approved in March 2010,

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project implementation began. Ongoing activities such as project
management team meetings, the selection and identification of various
personnel and laboratory facilities, and the initiation of training
courses for public health professionals occurred during this timeframe.

During the period of July 2010 through June 2011, implementation of
on-going project activities proceeded during this timeframe according
to the Global and Country Plans. Activities included:

-Recruitment for the first Central Africa Field Epidemiology and Lab

Program (FELTP) cohort was completed and training began in October
2010.

-Sentinel surveillance sites were selected and activities were
initiated which include formal and hands-on training and supportive
supervision for both laboratorians and epidemiologists.

-The agreement for laboratory twinning project in Central African
Republic was signed and activities have begun.

-Laboratory equipment was procured and distributed according to needs
identified in the assessments.

-Three national field epidemiology courses and sub-regional workshops
were held. Guidelines for surveillance and WHO guidelines for
Laboratory Networks were established as well as the standardization of
standard operating procedures (SOPs), case definitions, and collection
tools.

-IT data management tools, SOPs, and guidelines were standardized for
priority diseases.

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

Meta-Leadership Initiative

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This funding period represents the third and final full year of the

Meta-Leadership Initiative. The Meta-Leadership Initiative provided

Meta-Leadership Summits for Preparedness across the country, with a

focus on the largest Metropolitan Statistical Areas. Summits were

thought-provoking learning and networking opportunities 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

Through participation in the Summit, leaders:

-Learned to reach decisions in the face of uncertainty, fear and
stress.

-Practiced skills and behaviors necessary for effective action in times
of crisis.

-Gained the confidence needed to lead up and across organizational
lines.

-Identified partnerships that can be leveraged before, during and after
a crisis.

-Became part of a network of individuals committed to enhancing
community readiness for an emergency.

Fifteen Summits were held during this period, serving 2,175 local
leaders:

-Southeast Wisconsin

-Delaware Valley

-Cincinnati/Northern Kentucky

-Southwestern Pennsylvania, December 2010

-Greater Houston, January 2011

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-Greater Los Angeles, February 2011

-San Diego, February 2011

-Greater Bay Area, February 2011

-Northeast Ohio, March 2011

-Nebraska, April 2011

-Central Indiana, April 2011

-Southwest Virginia, May 2011

-Tampa, May 2011

-Florida Capital Region, June 2011

-Long Island, June 2011

After each Summit, a dedicated CDC team worked with state and local leaders to organize a post-summit activity to continue the momentum of meta-leadership efforts begun at the Summit. The activity, offered within three to six months of the Summit, reconvened participants and other community leaders, addressed preparedness gaps identified at the Summit and was unique to each community's needs. This Post Summit Activity (PSA) for the early summits and some of the Spring Summits was completed during the reporting period; the remaining Summit's PSAs were planned and completed in the close-out phase of the project, which continues through June 2012. Planning for the close-out activities for the Meta-Leadership Initiative, preparing the proposal and reorganizing staffing to support the close-out deliverables was accomplished during this reporting period as well.

Immediate evaluation results demonstrated that over 90% of respondents reported the Summit as a valuable use of their time and 88% intend to apply what they've learned to their work. Intermediate evaluations

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reveal that over 80% of respondents actually do use meta-leadership

concepts or principles after the Summit; of these, 94% reported that

practicing meta-leadership has made a positive difference for them or

their organization. A collection of Success Stories supporting these

assertions will be available before the end of the current award.

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

The Foundation, working in collaboration with the CDC, spends the vast

majority of its funds directly for programs and projects that further

its exempt purposes. These disbursements are either in the form of

grants or awards or in the form of fees for services. In addition to

the programs mentioned in detail on Schedule O, the Foundation manages

a variety of programs that include such things as chronic health and

infectious diseases, global health priorities such as safe water and

programs for environmental health and occupational health and safety.

Expenses \$ 14,417,416. incl grants of \$ 8,026,003. Revenue \$ 1,001,501.

Form 990, Part VI, Section B, line 11: The Form 990 was prepared by the

Foundation's public accounting firm in conjunction with key accounting

staff of CDC Foundation. Subsequently, the Form 990 was reviewed by legal

counsel. Prior to electronic filing, key accounting staff reviewed the

Form 990 with the Foundation's CEO/President. In addition, the Form 990 was

sent to the Finance Committee of the Board of Directors for their review,

comments, and questions and given to the Board for their review or

questions.

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

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

Legal counsel reviews the policy annually with all Board members.

Form 990, Part VI, Section B, Line 15: An independent, international human
resources consulting firm is provided with all position descriptions and
that firm prepares a salary study including market values for each position
and ranges for every grade. The Executive Committee of the Board,
consisting of the Chair, Treasurer, Secretary, Nominating Chair, and
Advancement Chair are provided with the information from the consultant.
This Committee reviews the performance of the President/CEO, sets goals and
objectives for the following year and determines the President's
compensation package for the following year. Based upon the review of the
CFO by the President, the Executive Committee also sets the compensation
package of the CFO for the following year.

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

AL, AK, AZ, AR, CA, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NH, NJ, NM, NY
NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Form 990, Part VI, Section C, Line 18: The Foundation posts the prior
three years of 990's and Form 1023 on its website.

Form 990, Part VI, Section C, Line 19: The Foundation posts the prior
three years of audits on its website. Governing documents and the conflict
of interest policy are not made public.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:

305,220.

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Form 990, Part VI, Section B, Line 14

Document retention policy

The Foundation has document retention and destruction policies, but they have not yet been approved by the Board.

Form 990, Part IX, Line 11 (g)

Fees for services

The Foundation, working in concert with the CDC, spends the vast majority of its funds directly for programs and projects that further its exempt purposes. These disbursements are either in the form of grants or awards or in the form of fees for services. Fees for services range from translator fees for the tobacco surveys in fourteen countries, to consultants for the production of environmental scans, survey and statistical work, training manuals and research planning. The authority of the Foundation to pay for these services is addressed in the federal statute creating the Foundation and plays a vital role in helping CDC accomplish its mission. The Foundation monitors these fees and services to ensure that the amounts paid are reasonable and that program goals are being met.

Form 990, Part X, Line 9

Prepaid expenses

Although not a usual practice, the Foundation agreed to prepay an organization for personnel services to be provided during the current fiscal year. This arrangement was made due to the legal requirements of the provider and based upon their history of providing exceptional performance. This explains the significant variance in prepaid expenses

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year over year.

Lined area for supplemental information.