

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)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc. Doing Business As CDC Foundation Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 Park Place 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 \$ 20,599,915. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: www.cdccfoundation.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	46	
	6	Total number of volunteers (estimate if necessary)	22	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	38,886,466.	
	9	Program service revenue (Part VIII, line 2g)	1,001,501.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	166,142.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,054,109.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,552,150.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,531,203.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
		16b	Total fundraising expenses (Part IX, column (D), line 25)	1,725,695.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,268,008.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,351,361.	
19		Revenue less expenses. Subtract line 18 from line 12	8,702,748.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	87,526,470.	
	21	Total liabilities (Part X, line 26)	17,403,016.	
	22	Net assets or fund balances. Subtract line 21 from line 20	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: <i>Charles Stokes</i> Charles Stokes, President/CEO Type or print name and title	Date: 3-7-13
Paid Preparer Use Only	Print/Type preparer's name: Susan Hill Preparer's signature: <i>Susan Hill</i> Date: 03/07/13 Check # self-employed: <input type="checkbox"/> PTIN: P00846200 Firm's name: Metcalf Davis, CPAs Firm's EIN: 58-1729751 Firm's address: 3340 Peachtree Road, NE, Suite 2606 Atlanta, GA 30326-1089 Phone no.: (404) 264-1700	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 7,440,719, including grants of \$ 4,688,773.) (Revenue \$)
Bloomberg Initiative to Reduce Tobacco Use

See Schedule O for description

4b (Code:) (Expenses \$ 4,936,742, including grants of \$ 3,621,182.) (Revenue \$)
Strengthening Disease Surveillance and Response in Central Africa

See Schedule O for description

4c (Code:) (Expenses \$ 2,831,917, including grants of \$ 2,831,917.) (Revenue \$)
Construction of a Ministry of Public Health and Population (MSPP)

facility and of a National Public Health Laboratory (NPHL) complex in Haiti.

See Schedule O for description

4d Other program services (Describe in Schedule O.)
(Expenses \$ 14,483,533, including grants of \$ 5,919,216.) (Revenue \$ 777,820.)

4e Total program service expenses 29,692,911.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	15	
b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gary Cohen Chair	2.80	X		X			0.	0.	0.	
(2) Andrew Klepchick Treasurer	3.00	X		X			0.	0.	0.	
(3) David Ratcliffe Secretary	2.20	X		X			0.	0.	0.	
(4) Phil S. Jacobs Immediate Past Chair	1.30	X					0.	0.	0.	
(5) Charles H. "Pete" McTier Director	2.20	X					0.	0.	0.	
(6) Carlos Domingues Director	1.30	X					0.	0.	0.	
(7) James W. Down Director	1.30	X					0.	0.	0.	
(8) Dr. Leah Devlin Director	0.70	X					0.	0.	0.	
(9) Matt James Director	2.20	X					0.	0.	0.	
(10) Bob Jeffery Director	1.30	X					0.	0.	0.	
(11) Douglas Nelson Director	1.30	X					0.	0.	0.	
(12) John G. Rice Director	1.30	X					0.	0.	0.	
(13) Amy Robbins Director	1.30	X					0.	0.	0.	
(14) David Satcher, M.D., Ph.D. Director	1.30	X					0.	0.	0.	
(15) Robert Yellowlees Director	2.20	X					0.	0.	0.	
(16) Charles Stokes President & CEO	60.00			X			350,122.	0.	75,750.	
(17) Paula Jasina CFO	60.00			X			145,695.	0.	26,225.	

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Chioe Tonney Executive VP of External Affairs	60.00				X	X		192,322.	0.	34,518.
(19) Kelley T. Mouchabeck Assoc. VP of Finance/Former CFC	35.00					X		106,189.	0.	19,114.
(20) William Parra COO Bloomberg Initiative	50.00					X		123,247.	0.	22,185.
(21) Alan D. Harrison VP for Administration	40.00					X		111,854.	0.	20,133.
1b Sub-total								1,029,429.	0.	198,025.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,029,429.	0.	198,025.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
McKing Consulting Corporation, 2810 Old Lee Highway, Ste 300, Fairfax, VA 22031	Professional Fees - Freedom from Smoking	582,112.
Macro International Inc., 11785 Beltsville Drive, Beltsville, MD 20705	Childhood Obesity Assessment/Prevention	567,591.
Research Triangle Institute, PO Box 12194, Research Triangle Park, NC 27709	Professional Fees - Freedom from Smoking	424,803.
Banyan Communications, 3569 New Town Lake Drive, St. Charles, MO 63301	Healthcare Provider Training	285,391.
Fenton Communications, 1000 Vermont Ave, NW, Ste 200, Washington, DC 20005	Professional Fees - Freedom from Smoking	285,026.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 19

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	4,010,582.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,635,730.			
	g Noncash contributions included in lines 1a-1f: \$		97,949.			
	h Total. Add lines 1a-1f		17,646,412.			
	Program Service Revenue	2 a Data Collection Resear	Business Code 541700	397,385.	397,385.	
b Lab Research Agreement		541900	270,828.	270,828.		
c Health Training		541900	56,654.	56,654.		
d Health Surveillance		541900	52,953.	52,953.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			777,820.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		136,410.		136,410.
	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	2,039,273.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	2,043,876.			
		c Gain or (loss)	-4,603.			
	d Net gain or (loss)		-4,603.	-4,603.		
	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						
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					
	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					
	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.		18,556,039.	773,217.	0.	136,410.	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,577,504.	6,577,504.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	10,483,584.	10,483,584.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	795,701.	38,290.	435,830.	321,581.
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	2,209,439.	814,935.	821,284.	573,220.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	208,153.	77,242.	75,537.	55,374.
9 Other employee benefits	295,633.	107,963.	102,933.	84,737.
10 Payroll taxes	212,941.	70,912.	82,897.	59,132.
11 Fees for services (non-employees):				
a Management				
b Legal	192,925.	7,380.	172,613.	12,932.
c Accounting	92,500.		92,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	9,155,736.	8,531,956.	496,064.	127,716.
12 Advertising and promotion	19,799.		19,799.	
13 Office expenses	536,896.	299,818.	123,987.	113,091.
14 Information technology	614,603.	442,004.	159,524.	13,075.
15 Royalties				
16 Occupancy	425,125.	179,566.	173,478.	72,081.
17 Travel	1,554,065.	1,384,545.	51,442.	118,078.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	126,151.	126,151.		
19 Conferences, conventions, and meetings	698,907.	500,597.	44,973.	153,337.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	62,202.	20,952.	27,466.	13,784.
23 Insurance	26,033.	7,216.	18,817.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Miscellaneous	18,646.	7,733.	3,356.	7,557.
b Scientific Supplies	14,563.	14,563.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	34,321,106.	29,692,911.	2,902,500.	1,725,695.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	42,871,967.	2	39,543,452.
	3 Pledges and grants receivable, net	37,694,775.	3	24,756,393.
	4 Accounts receivable, net	794,727.	4	402,175.
	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	1,631,453.	9	1,635,229.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 453,534.		
	b Less: accumulated depreciation	10b 351,335.	145,316.	10c 102,199.
	11 Investments - publicly traded securities	4,388,232.	11	2,336,447.
	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)	87,526,470.	16	68,775,895.	
Liabilities	17 Accounts payable and accrued expenses	572,277.	17	602,875.
	18 Grants payable	4,245,036.	18	1,565,771.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	197,845.	21	219,324.
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,387,858.	25	12,032,301.
	26 Total liabilities. Add lines 17 through 25	17,403,016.	26	14,420,271.
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	9,208,266.	27	8,393,399.
	28 Temporarily restricted net assets	58,289,433.	28	43,267,508.
	29 Permanently restricted net assets	2,625,755.	29	2,694,717.
	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	70,123,454.	33	54,355,624.	
34 Total liabilities and net assets/fund balances	87,526,470.	34	68,775,895.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,556,039.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,321,106.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,765,067.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,123,454.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,763.
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	54,355,624.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		x
2b	Were the organization's financial statements audited by an independent accountant?	x	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	x	
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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	x	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I 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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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									

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,606,265.	57,288,392.	22,096,581.	38,886,465.	17,646,412.	148,524,116.
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	652,091.	498,406.	478,546.	496,081.	404,991.	2,530,115.
4 Total. Add lines 1 through 3	13,258,356.	57,786,798.	22,575,127.	39,382,547.	18,051,403.	151,054,231.
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)						70,269,832.
6 Public support. Subtract line 5 from line 4.						80,784,399.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	13,258,356.	57,786,798.	22,575,127.	39,382,547.	18,051,403.	151,054,231.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	968,876.	355,276.	151,940.	169,564.	136,410.	1,782,066.
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						152,836,297.
12 Gross receipts from related activities, etc. (see instructions)					12	4,000,003.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	52.86	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	47.64	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

CMB No. 1545-0047

2011

Name of the organization

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

Employer identification number

58-2106797

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 6,709,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 3,450,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 366,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 2,351,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 915,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 762,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 399,668.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2105707
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political expenditures ▼ \$ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		6,196.													
c Total lobbying expenditures (add lines 1a and 1b)		6,196.													
d Other exempt purpose expenditures		34,314,910.													
e Total exempt purpose expenditures (add lines 1c and 1d)		34,321,106.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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			17,971.	6,196.	24,167.
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) 2011

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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). 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. Table: Held at the End of the Tax Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 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. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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	2,516,794.	2,043,679.	1,934,568.	2,482,206.	
b Contributions	409,702.	237,213.	112,868.	62,808.	
c Net investment earnings, gains, and losses	-899.	382,727.	202,929.	-469,792.	
d Grants or scholarships					
e Other expenditures for facilities and programs	323,559.	146,825.	187,565.	124,074.	
f Administrative expenses			19,121.	16,580.	
g End of year balance	2,602,038.	2,516,794.	2,043,679.	1,934,568.	

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

- a Board designated or quasi-endowment %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		x
(ii) related organizations		x
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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		37,481.	24,468.	13,013.
d Equipment		83,987.	77,309.	6,678.
e Other		332,066.	249,558.	82,508.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 102,199.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Contracts Payable	7,244,395.
(3) Deferred Rent	273,818.
(4) Other liabilities	39,112.
(5) Refundable advances	4,474,976.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	12,032,301.

2. 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	18,556,039.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	34,321,106.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-15,765,067.
4	Net unrealized gains (losses) on investments	4	-2,763.
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	-2,763.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-15,767,830.

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	19,059,067.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-2,763.
b	Donated services and use of facilities	2b	505,791.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	503,028.
3	Subtract line 2e from line 1	3	18,556,039.
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	18,556,039.

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

1	Total expenses and losses per audited financial statements	1	34,826,897.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	505,791.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	505,791.
3	Subtract line 2e from line 1	3	34,321,106.
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	34,321,106.

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

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, 2012 and 2011 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, 2012, tax years ended June 30, 2009, 2010 and 2011 remained open for possible examination by the IRS.

Part X, Refundable Advances: During a prior year the Foundation received \$5,000,000 in refundable advances to be used for Emergency Preparedness and Response which includes severe and/or infrequent national level emergencies. Recognition as revenue is contingent upon the Foundation using these funds for their intended purpose by November 14, 2014. Any amounts not used by this date must be returned to the donor. At June 30, 2012 and 2011, \$4,474,976 and \$4,974,976, respectively, remained available to be expended in future years.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

CMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

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 Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	0	0	Grantmaking	Grantmaking	2,831,917.
Central America and the Caribbean	0	0	Program Services	Conf/Meetings	274.
Central America and the Caribbean	0	0	Program Services	Consulting	17,960.
Central America and the Caribbean	0	0	Program Services	Travel	22,135.
East Asia and the Pacific	0	0	Grantmaking	Grantmaking	90,400.
East Asia and the Pacific	0	0	Program Services	Conf/Meetings	109,285.
East Asia and the Pacific	0	0	Program Services	Consulting	116,519.
East Asia and the Pacific	0	0	Program Services	Travel	207,524.
3 a Sub-total	0	0			3,396,014.
b Total from continuation sheets to Part I	0	0			10,288,562.
c Totals (add lines 3a and 3b)	0	0			13,684,576.

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

Schedule F (Form 990) 2011

Schedule F (Form 990)

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Grantmaking	Grantmaking	5,874,331.
Europe (Including Iceland and Greenland)	0	0	Program Services	Conf/Meetings	15,780.
Europe (Including Iceland and Greenland)	0	0	Program Services	Consulting	384,854.
Europe (Including Iceland and Greenland)	0	0	Program Services	Printing/Promotion	2,612.
Europe (Including Iceland and Greenland)	0	0	Program Services	Travel	368,180.
Middle East and North Africa	0	0	Program Services	Conf/Meetings	19,903.
Middle East and North Africa	0	0	Program Services	Consulting	605.
Middle East and North Africa	0	0	Program Services	Travel	70,978.
North America	0	0	Grantmaking	Grantmaking	5,590.
North America	0	0	Program Services	Consulting	31,932.
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
North America	0	0	Program Services	Equip-Repairs/Maint	176.
North America	0	0	Program Services	Supplies	306.
North America	0	0	Program Services	Travel	3,770.
Russia and the Newly Independent States	0	0	Program Services	Travel	23,621.
South America	0	0	Grantmaking	Grantmaking	107,000.
South America	0	0	Program Services	Conf/Meetings	229,852.
South America	0	0	Program Services	Consulting	5,185.
South America	0	0	Program Services	Supplies	17.
South America	0	0	Program Services	Travel	86,254.
South Asia	0	0	Grantmaking	Grantmaking	118,750.
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	Program Services	Conf/Meetings	5,000.
South Asia	0	0	Program Services	Consulting	76,363.
South Asia	0	0	Program Services	Travel	38,234.
Sub-Saharan Africa	0	0	Grantmaking	Grantmaking	1,455,597.
Sub-Saharan Africa	0	0	Program Services	Conf/Meetings	12,923.
Sub-Saharan Africa	0	0	Program Services	Consulting	931,840.
Sub-Saharan Africa	0	0	Program Services	Equip-Repairs/Maint	22,864.
Sub-Saharan Africa	0	0	Program Services	Occupancy	27,524.
Sub-Saharan Africa	0	0	Program Services	Printing/Promotion	1,620.
Sub-Saharan Africa	0	0	Program Services	Supplies	13,460.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Travel	353,441.
Totals					10,288,562.

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

Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Global Disaster Response Fund	0.		25,572.	National Lab/Building	Cost
		Central America and the Caribbean	Global Disaster Response Fund	0.		53,000.	Ministry of Health Building	Cost
		Central America and the Caribbean	Global Disaster Response Fund	0.		116,875.	Ministry of Health Building	Cost
		Central America and the Caribbean	Global Disaster Response Fund	0.		116,875.	Ministry of Health Building	Cost
		Central America and the Caribbean	Global Disaster Response Fund	0.		118,512.	Ministry of Health Building	Cost
		Central America and the Caribbean	Global Disaster Response Fund	0.		159,453.	Ministry of Health Building	Cost
		Central America and the Caribbean	Global Disaster Response Fund	0.		263,025.	National Lab/Building	Cost
		Central America and the Caribbean	Global Disaster Response Fund	0.		263,025.	National Lab/Building	Cost

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **51**

3 Enter total number of other organizations or entities **0**

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Global Disaster Response Fund	0.		502,475.	National Lab/Building	Cost
		Central America and the Caribbean	Global Disaster Response Fund	0.		581,830.	National Lab/Building	Cost
		Central America and the Caribbean	Global Disaster Response Fund	0.		631,275.	National Lab/Building	Cost
		East Asia and the Pacific	Freedom from Smoking Initiative	10,400.	Wire Transfer	0.		
		East Asia and the Pacific	Freedom from Smoking Initiative	80,000.	Wire Transfer	0.		
		Europe	Testosterone Measurement Harmonization	15,863.	Check	0.		
		Europe	Testosterone Measurement Harmonization	22,426.	Check	0.		
		Europe	CDC Experience - Fellowship Year 2008/2009	65,088.	Check	0.		
		Europe	Strengthening Surveillance Response in Central Africa	2,235,880.	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	<table border="1"> <thead> <tr> <th data-bbox="162 315 243 525">(a) Name of organization</th> <th data-bbox="162 525 243 735">(b) IRS code section and EIN (if applicable)</th> <th data-bbox="162 735 243 945">(c) Region</th> <th data-bbox="162 945 243 1155">(d) Purpose of grant</th> <th data-bbox="162 1155 243 1365">(e) Amount of cash grant</th> <th data-bbox="162 1365 243 1575">(f) Manner of cash disbursement</th> <th data-bbox="162 1575 243 1785">(g) Amount of non-cash assistance</th> <th data-bbox="162 1785 243 1995">(h) Description of non-cash assistance</th> <th data-bbox="162 1995 243 2026">(i) Method of valuation (book, FMV, appraisal, other)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Europe</td> <td>Freedom from Smoking Initiative</td> <td>20,340</td> <td>Wire Transfer</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Europe</td> <td>Freedom from Smoking Initiative</td> <td>22,500</td> <td>Wire Transfer</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Europe</td> <td>Freedom from Smoking Initiative</td> <td>90,000</td> <td>Wire Transfer</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Europe</td> <td>Freedom from Smoking Initiative</td> <td>93,750</td> <td>Wire Transfer</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Europe</td> <td>Freedom from Smoking Initiative</td> <td>102,921</td> <td>Wire Transfer</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Europe</td> <td>Rotavirus Surveillance - Global</td> <td>123,735</td> <td>Wire Transfer</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Europe</td> <td>Freedom from Smoking Initiative</td> <td>226,473</td> <td>Wire Transfer</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Europe</td> <td>Freedom from Smoking Initiative</td> <td>297,500</td> <td>Wire Transfer</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Europe</td> <td>Freedom from Smoking Initiative</td> <td>375,000</td> <td>Wire Transfer</td> <td>0</td> <td></td> <td></td> </tr> </tbody> </table>	(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	20,340	Wire Transfer	0					Europe	Freedom from Smoking Initiative	22,500	Wire Transfer	0					Europe	Freedom from Smoking Initiative	90,000	Wire Transfer	0					Europe	Freedom from Smoking Initiative	93,750	Wire Transfer	0					Europe	Freedom from Smoking Initiative	102,921	Wire Transfer	0					Europe	Rotavirus Surveillance - Global	123,735	Wire Transfer	0					Europe	Freedom from Smoking Initiative	226,473	Wire Transfer	0					Europe	Freedom from Smoking Initiative	297,500	Wire Transfer	0					Europe	Freedom from Smoking Initiative	375,000	Wire Transfer	0			
(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	20,340	Wire Transfer	0																																																																																						
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		Europe	Freedom from Smoking Initiative	297,500	Wire Transfer	0																																																																																						
		Europe	Freedom from Smoking Initiative	375,000	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)
		Europe	Freedom from Smoking Initiative	380,810	Wire Transfer	0.		
		Europe	Freedom from Smoking Initiative	394,935	Wire Transfer	0.		
		Europe	Strengthening Surveillance Response in Central Africa	587,010	Wire Transfer	0.		
		Europe	Freedom from Smoking Initiative	820,000	Wire Transfer	0.		
		North America	Building Global Capacity for NCD Prevention	1,195	Wire Transfer	0.		
		North America	Building Global Capacity for NCD Prevention	4,395	Wire Transfer	0.		
		South America	Building Global Capacity for NCD Prevention	26,000	Wire Transfer	0.		
		South America	Freedom from Smoking Initiative	81,000	Wire Transfer	0.		
		South Asia	Road Traffic Injury Prevention and Control in India	31,250	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	31,250	Wire Transfer	0		
			South Asia	Road Traffic Injury Prevention and Control in India	31,250	Wire Transfer	0		
			South Asia	Freedom from Smoking Initiative	25,000	Wire Transfer	0		
			Sub-Saharan Africa	Martin Endowment Interest	6,114	Wire Transfer	0		
			Sub-Saharan Africa	Bed Net	8,000	Wire Transfer	0		
			Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	11,851	Wire Transfer	0		
			Sub-Saharan Africa	Freedom from Smoking Initiative	14,256	Wire Transfer	0		
			Sub-Saharan Africa	School Hand Hygiene in Parkistonm China, Philippines	49,480	Wire Transfer	0		
			Sub-Saharan Africa	Lymphatic Filariasis Morbidity Control in Mali	55,000	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)
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	108,737	Wire Transfer	0.		
		Sub-Saharan Africa	Freedom from Smoking Initiative	179,670	Wire Transfer	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	225,550	Wire Transfer	0.		
		Sub-Saharan Africa	Strengthening Surveillance Response in Central Africa	225,550	Wire Transfer	0.		
		Sub-Saharan Africa	Freedom from Smoking Initiative	400,000	Wire Transfer	0.		
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	0.		35,477	Laptops and software	Cost
		Sub-Saharan Africa	Phones for Health: PEPFAR Supported Countries	0.		135,912	130 printers and keypads	Cost

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2011

Part V Supplemental Information

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2011
Open to Public
Inspection

**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.

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. 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
Alabama Coalition Against Domestic Violence - P O Box 4762 - Montgomery, AL 36103	63-0907890	501 (c)(3)	22,995.	0.			Integrating Prevention strategies for Intimate partner
Bleeding and Clotting Disorders Institute - 6811 N Knoxville Ave Suite A - Peoria, IL 61614	27-2050459	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
Bleeding and Clotting Disorders Institute - 6811 N Knoxville Ave Suite A - Peoria, IL 61614	27-2050459	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
Blood Center of Wisconsin 638 N. 18th Street Milwaukee, WI 53223	39-0807235	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
Blood Center of Wisconsin 638 N. 18th Street Milwaukee, WI 53223	39-0807235	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
BoardSource 750 9th Street, NW Suite 650 Washington, DC 20001-4590	52-1681375	501 (c)(3)	3,750.	0.			Integrating Prevention Strategies for Intimate Partner
2							195.
3							0.

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

Schedule I (Form 990) (2011)

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	28,500.	0.			Studies of RSV Protective Antibodies in Young Children
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	112,696.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	8,607.	0.			Meta-Leadership Resources and Best Practices
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	82,886.	0.			Emergency Obstetric Care in Tanzania
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	21,811.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	322.	0.			Innovative Uses of Technology in Existing Child Abuse
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	108,000.	0.			Study Of Inhibitors in Hemophilia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	6,894.	0.			CDC Experience - Fellowship
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	41,327.	0.			Building Global Capacity for NCD Prevention

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	7,000.	0.			Lymphatic Filariasis Morbidity Control
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,000.	0.			Integrating Prevention Strategies for Intimate Partner
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	21,000.	0.			Malaria Specimen Bank Evaluation - Phase II
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	75,000.	0.			Addressing Sexual Violence Against Girls
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	122,933.	0.			Emergency Obstetric Care In Tanzania
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	213,000.	0.			Strengthening Surveillance Response in Central Africa
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	40,901.	0.			Field Epidemiology Training Program
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25,000.	0.			Public Finance Priorities and Tobacco Taxation
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	243.	0.			Public Health Model for Violence Prevention

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	42,083.	0.			Mobile Surveillance for the Hajj - Saudi Arabia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	197.	0.			Watching Hands: Artists Respond to Keeping Well
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	774.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	117,542.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	700.	0.			Positive Parenting Program
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	52,638.	0.			Meta-Leadership Resources and Best Practices
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	104,071.	0.			RIFAQUIN Treatment for Pulmonary Tuberculosis
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Emergency Obstetric Care In Tanzania
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	13,731.	0.			Freedom from Smoking Initiative

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	80,526.	0.		Freedom from Smoking Initiative	
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	9,341.	0.		Public Finance Priorities and Tobacco Taxation	
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25,000.	0.		Controlling Viral Foodborne Disease	
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	4,800.	0.		Primate Retroviral Transmission	
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	119,028.	0.		Study Of Inhibitors in Hemophilia	
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	15,505.	0.		Viral Variants for Rabies Research and Interventions	
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	17,045.	0.		Freedom from Smoking Initiative	
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	80,526.	0.		Freedom from Smoking Initiative	
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	36,135.	0.		Field Epidemiology Training Program	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	26,780.	0.			Public Finance Priorities and Tobacco Taxation
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	36,227.	0.			Public Finance Priorities and Tobacco Taxation
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,500.	0.			Sylvatic Reservoirs of Human Monkeypox
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	103,050.	0.			Controlling Viral Foodborne Disease
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25,000.	0.			Global Hepatitis Program Fellow
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	188,000.	0.			Strengthening Surveillance Response in Central Africa
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	120,363.	0.			Field Epidemiology Training Program-Saudi Arabia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,000.	0.			Viral Hepatitis Action Coalition
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	35,000.	0.			Testosterone Measurement Harmonization

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	50,000.	0.			Global Hepatitis Program Fellow
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25,348.	0.			Immunogenic Mechanisms of Vaccine Response
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	36,135.	0.			Field Epidemiology Training Program
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	14,741.	0.			AIDS/STD Programs
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	4,709.	0.			HIV Conference
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	7,064.	0.			Primate Retroviral Transmission
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	30,000.	0.			Sylvatic Reservoirs of Human Monkeypox
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,231.	0.			GM Vehicle Donation
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	327,819.	0.			Strengthening Surveillance Response in Central Africa

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	52,397.	0.			Assessing Field Triage Used with AACN System
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	146,680.	0.			Controlling Viral Foodborne Disease
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Malaria Specimen Bank Evaluation - Phase II
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,000.	0.			Malaria Specimen Bank Evaluation - Phase II
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	17,300.	0.			Viral Variants for Rabies Research and Interventions
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	30,000.	0.			Nat'l Campaign Appropriate Antibiotic - Get Smart
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	8,157.	0.			Healthy Swimming in the USA
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	20,893.	0.			Field Epidemiology Training Program-Saudi Arabia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	6,422.	0.			RIFAQUIN Treatment for Pulmonary Tuberculosis

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	42,694.	0.			Field Epidemiology Training Program-Saudi Arabia
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Chronic Hepatitis B and C Cohort Study
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Drug-resistant Candida - South Africa
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	18,900.	0.			National Hepatitis Educational Campaign
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	8,232.	0.			Viral Hepatitis Surveillance Fellow
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	57,428.	0.			Global Hepatitis Program Fellow
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	74,084.	0.			Hubert Fellowships
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	120,808.	0.			Misc. Gifts to CDC
Children's Mercy Hospital 2401 Gillham Road Kansas City, MO 64108	44-0605373	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia

(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
Children's Mercy Hospital 2401 Gillham Road Kansas City, MO 64108	44-0605373	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	60,270.	0.			Workforce Interventions for Weight & Tobacco Control
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	2,500.	0.			Atlanta Int'l Health Fellowship
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	3,250.	0.			Building Global Capacity for NCD Prevention
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	3,500.	0.			Building Global Capacity for NCD Prevention
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	4,750.	0.			Building Global Capacity for NCD Prevention
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	3,500.	0.			Building Global Capacity for NCD Prevention
Emory University 1599 Clifton Road Atlanta, GA 30322	58-0566256	501 (c)(3)	7,000.	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

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
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	82,566.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	75,708.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	174,780.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	81,537.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	98,705.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	59,297.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	80,247.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	97,356.	0.			Chronic Hepatitis B and C Cohort Study

Schedule I (Form 990)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	99,285.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	180,142.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	178,987.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	56,694.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	51,989.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	234,226.	0.			Chronic Hepatitis B and C Cohort Study
Henry Ford Health Systems One Ford Place - 3A Detroit, MI 48202	38-1357020	501 (c)(3)	100,000.	0.			Birth Cohort Evaluation
Indiana Hemophilia and Thrombosis Center, Inc. - 1915 West 18th Street Suite B - Indianapolis, IN 46202	31-1009769	501 (c)(3)	15,930.	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)	15,930.	0.			Study Of Inhibitors in Hemophilia

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
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National Association of County and City Health Officials - 1100 17th Street, NW 7th Floor - Washington, DC 20036	52-1426663	501 (c)(3)	223,428.	0.			Positive Parenting Program
National Association of County and City Health Officials - 1100 17th Street, NW 7th Floor - Washington, DC 20036	52-1426663	501 (c)(3)	167,571.	0.			Positive Parenting Program
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	30,717.	0.			Birth-Cohort Evaluation
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	4,959.	0.			Birth-Cohort Evaluation
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	2,794.	0.			Birth-Cohort Evaluation
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	5,124.	0.			Birth-Cohort Evaluation
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	14,401.	0.			Birth-Cohort Evaluation
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	37,537.	0.			Birth-Cohort Evaluation
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501 (c)(3)	964.	0.			Birth-Cohort Evaluation

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
NorthShore University HealthSystem 1001 University Place Evanston, IL 60201	36-2167060	501 (c)(3)	33,596.	0.			12- Step Antimicrobial Resistance
Pennsylvania Coalition Against Domestic Violence - 3605 Vartan Way, Suite 101 - Harrisburg, PA 17110	23-2052886	501 (c)(3)	23,000.	0.			Integrating Prevention Strategies for Intimate Partner
The Administrators of the Tulane University - 1430 Tulane Avenue, Box SL - New Orleans, LA 70112	72-0423889	501 (c)(3)	5,833.	0.			Study Of Inhibitors in Hemophilia
The Administrators of the Tulane University - 1430 Tulane Avenue, Box SL - New Orleans, LA 70112	72-0423889	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
The Administrators of the Tulane University - 1430 Tulane Avenue, Box SL - New Orleans, LA 70112	72-0423889	501 (c)(3)	15,930.	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)	18,180.	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)	18,180.	0.			Study Of Inhibitors in Hemophilia
The Regents of the University of Michigan - Box 223131 - Pittsburgh, PA 15251-2131	38-6006309		54,347.	0.			12- Step Antimicrobial Resistance
The University of Texas Health PO Box 203382 Houston, TX 77216-3382	74-1761309	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Texas Health PO Box 203382 Houston, TX 77216-3382	74-1761309	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
University of Utah 295 Chipeta Way RM #28036 Salt Lake City, UT 84108	87-6000525	501 (c)(3)	18,180.	0.			Study Of Inhibitors in Hemophilia
University of Utah 295 Chipeta Way RM #28036 Salt Lake City, UT 84108	87-6000525	501 (c)(3)	18,180.	0.			Study Of Inhibitors in Hemophilia
Treasurer of Virginia Blacksburg Blacksburg, VA 24060	54-0721690	501 (c)(3)	16,000.	0.			Reducing Rocky Mountain Spotted Fever
University of Colorado Denver Hemophilia & Thrombosis - 13001 E 17th Place Bldg 500 - Aurora, CO 80045	84-6000555	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
University of Colorado Denver Hemophilia & Thrombosis - 13001 E 17th Place Bldg 500 - Aurora, CO 80045	84-6000555	501 (c)(3)	15,930.	0.			Study Of Inhibitors in Hemophilia
University of Massachusetts 55 Lake Avenue North Worcester, MA 01655	54-2084125	501 (c)(3)	17,055.	0.			Study Of Inhibitors in Hemophilia
University of Massachusetts 55 Lake Avenue North Worcester, MA 01655	54-2084125	501 (c)(3)	17,055.	0.			Study Of Inhibitors in Hemophilia
University of Miami P O Box 405803 Atlanta, GA 30384-5803	59-0624458	501 (c)(3)	17,954.	0.			Antimicrobial Education For Medical Students

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

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

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University of Miami P O Box 405803 Atlanta, GA 30384-5803	59-0624458	501 (c)(3)	13,465.	0.			Antimicrobial Education For Medical Students
University of Washington 901 Boren Avenue, Suite 1300 Seattle, WA 98104	43-0653611	501 (c)(3)	32,795.	0.			Phones for Health: PEPFAR Supported Countries
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
Virginia Commonwealth University Virginia Commonwealth University Richmond, VA 23284-3039	54-0757884	501 (c)(3)	17,055.	0.			Study Of Inhibitors in Hemophilia
Virginia Commonwealth University Virginia Commonwealth University Richmond, VA 23284-3039	54-0757884	501 (c)(3)	17,055.	0.			Study Of Inhibitors in Hemophilia
Pan American Health Organization 525 Twenty Third Street NW Washington, DC 20037	23-7072046	501 (c)(3)	114,130.	0.			Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	21,452.	Cost	8,000 Cold/Flu Brochures	Nat'l Campaign Appropriate Antibiotic - Get Smart
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,024.	Cost	5,000 Hand Hygiene	12- Step Antimicrobial Resistance

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	0.	22,997. Cost		100,000 Hand Hygiene Saves Lives Brochure	12- Step Antimicrobial Resistance
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	225. Cost		Glassworks	CDC Visitor and Education Center
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,400. Cost		Flower beds	CDC Visitor and Education Center
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	45,000. Cost		AutoDELTA Plat Proc.	Newborn Screening Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,929. Cost		Software	Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,929. Cost		Software	Freedom from Smoking Initiative
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	116. Cost		Waste System	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	835. Cost		Unison Phenyl	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	590. Cost		Androstene-3	Testosterone Measurement Harmonization

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.	1,559, Cost		Androstene-3	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	110, Cost		Hemoglobin	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	130, Cost		Hemoglobin	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	31, Cost		Ammonium Acetat	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	327, Cost		Kaydry	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,314, Cost		3UM Gold Phenyl	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	269, Cost		Androstene-3	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,333, Cost		Scientific Supplies	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	24, Cost		Batteries	Testosterone Measurement Harmonization

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.	1,898.	Cost	Gemini 3u C6 Phenyl	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,515.	Cost	100 RAPID EPS Plate Seal	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	631.	Cost	10 Tipacks	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	615.	Cost	2 Propanol Cert	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	11,278.	Cost	Human Serum	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	273.	Cost	Packing supplie	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	636.	Cost	24 INSUL SHIP K	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	130.	Cost	2 Hemoglobin Standard	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	875.	Cost	Electrodes	Testosterone Measurement Harmonization

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.	462, Cost		Estrinol 1 mg	Testosterone Measurement Harmonization
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	21,052, Cost		25,000 fact sheets	Preventing Infections in Cancer Patients
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	5,779, Cost		7,500 chemo materials	Preventing Infections in Cancer Patients
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	52,028, Cost		26,250 Magnets	Preventing Infections in Cancer Patients
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	73, Cost		Copies	Watching Hands: Artists Respond to Keeping Well
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	256, Cost		Color Cert.	Watching Hands: Artists Respond to Keeping Well
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,008, Cost		Graphic Element	Watching Hands: Artists Respond to Keeping Well
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	689, Cost		Graphic Element	Watching Hands: Artists Respond to Keeping Well
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,515, Cost		3,500 CDC Art Exhibit	Watching Hands: Artists Respond to Keeping Well

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	0.	2,500, Cost		Art Exhibit	Watching Hands: Artists Respond to Keeping Well
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	8,026, Cost		3,000 Exhibit Books	Watching Hands: Artists Respond to Keeping Well
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	2,031, Cost		153 CONHI-DIV	Sylvatic Reservoirs of Human Monkeypox
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	316, Cost		18 CONHI-DIV	Sylvatic Reservoirs of Human Monkeypox
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	5,101, Cost		XIC-3 Animal Isolation Chamber	Sylvatic Reservoirs of Human Monkeypox
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	764, Cost		Transit cages	Sylvatic Reservoirs of Human Monkeypox
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	5,748, Cost		Rats	Sylvatic Reservoirs of Human Monkeypox
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	2,122, Cost		Spectrum/200	Sylvatic Reservoirs of Human Monkeypox
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	1,360, Cost		Rat Transports	Sylvatic Reservoirs of Human Monkeypox

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
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	1,109, Cost		Rat Transports	Sylvatic Reservoirs of Human Monkeypox
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	2,640, Cost		D-Luciferin	Sylvatic Reservoirs of Human Monkeypox
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	147, Cost		ULTRSN NTL	Sylvatic Reservoirs of Human Monkeypox
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	164, Cost		Cryotube	Sylvatic Reservoirs of Human Monkeypox
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	1,506, Cost		Surelock w/blot module	Sylvatic Reservoirs of Human Monkeypox
US Geological Survey 6005 Schroeder Rd Madison, WI 53711	53-0196958	Govt	0.	1,138, Cost		Geneious Licenses	Sylvatic Reservoirs of Human Monkeypox
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,620, Cost		M-Colibblue24 Broth	Evaluating Safe Water Intervention
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	880, Cost		Conductivity So	Evaluating Safe Water Intervention
Centers for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,461, Cost		4 ORP Testers	Evaluating Safe Water Intervention

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)**

Compensation Information

OMB No. 1545-0047

2011

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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

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?

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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?
 - b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) 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?
 - b Any related organization?
- 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?
 - b Any related organization?
- 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

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

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

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

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Charles Stokes	(i) 346,754	0	3,368	48,010	27,740	425,872	0
	(ii) 0	0	0	0	0	0	0
2 Paula Jasina	(i) 145,695	0	0	14,569	11,656	171,920	0
	(ii) 0	0	0	0	0	0	0
3 Chloe Tomney	(i) 192,322	0	0	19,232	15,386	226,940	0
	(ii) 0	0	0	0	0	0	0
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

3. The Foundation follows IRS prescribed procedures

for establishing a rebuttable presumption of reasonableness of all

compensation paid to "disqualified persons" (as detailed in Section 4958 of

The Internal Revenue Code of 1986) The Foundation hires an independent,

international human resources firm to provide market data for all staff

positions. This firm uses a variety of surveys and using these and their

expertise, it recommends market values and salary ranges for staff

positions. The Executive Committee of the Foundation which is comprised of

the Chair, Treasurer, Secretary, and the Chairs of the Advancement and

Nominating Committees are independent, voting members of the Board of

Directors. The Committee reviews the data, evaluates the performance of the

President/CEO and votes on his, the CFO's, and the Executive VP of External

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

regulations under Section 4958 of the Code.

**SCHEDULE M
(Form 990)**

Noncash Contributions

CMB No. 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>Sequencer</u>)	X	1	49,500.	Fair Market Value
26	Other ▶ (<u>Processor</u>)	X	1	45,000.	Fair Market Value
27	Other ▶ (<u>Dell Computer</u>)	X	1	2,449.	Fair Market Value
28	Other ▶ (<u>Exec Chair</u>)	X	1	1,000.	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**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

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

2011
Open to Public
Inspection

Name of the organization	National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number	58-2106707
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Form 990, Part I, Line 1, Description of Organization Mission:

The CDC Foundation helps the Centers for Disease Control and Prevention
(CDC) do more, faster, by forging effective partnerships between CDC
and corporations, foundations, organizations and individuals to fight
threats to health and safety.

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

Bloomberg Initiative to Reduce Tobacco Use

The CDC Foundation continued and expanded its work on the Bloomberg
Initiative to Reduce Tobacco Use. As one of a number of partners in
that Initiative, the CDC Foundation collaborates with experts at CDC
and other partner organizations to support implementation of the Global
Tobacco Surveillance System (GTSS) in approximately 40 countries;
development of a tobacco taxation program at the World Bank; and
integration of tobacco-control modules into the Field Epidemiology
Training Program (FETP). Previously, the CDC Foundation's tobacco
control work was mostly limited to only one GTSS component - the Global
Adult Tobacco Survey (GATS). The GATS component alone produced
nationally representative data on tobacco use and tobacco control
measures in nearly 20 countries, covering almost 4.2 billion people or
approximately 65% of the world's population. The CDC Foundation's
expanding role in the Initiative helps strengthen CDC's efforts to end
the tobacco epidemic, which is the world's leading cause of preventable
death and kills 6 million people annually.

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

Schedule O (Form 990 or 990-EZ) (2011)

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Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Form 990, Part 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 3) developing capacity for advocacy to ensure these efforts are assumed by the Ministries of Health in the selected countries.

From the project's inception in November of 2008 until June 2011, project activities included supporting administrative functions necessary for developing strategies that would enable project partners to work collaboratively on accomplishing overall goals; 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

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

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be implemented in each selected country; and 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.

Project activities for the period of July 2011 through June 2012

included:

- The Central Africa Field Epidemiology and Laboratory Training

Program (FELTP) has successfully recruited two cohorts, a total of 34

trainees, and the first cohort will graduate in October 2012.

Recruitment for the third cohort will occur by November

2012. FELTP trainees have been involved in outbreak investigations such

as cholera and measles.

- Three national field epidemiology courses and sub-regional workshops

were held. A total of 90 participants from the regional, central and

district levels were trained on the integrated disease surveillance and

response modules.

- Sentinel surveillance sites activities include formal hands-on

training and supportive supervision to laboratorians, clinicians, and

data managers on diagnostic techniques, protocols, and data management.

- National Surveillance Coordination Committees have been implemented

for the coordination of programs by facilitating the systematic

analysis, interpretation and communication of surveillance information

for priority conditions and providing a forum for integration of

related interventions.

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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- All three countries have surveillance systems in place for Vaccine

Preventable Diseases, Integrated Disease Surveillance and Neglected

Tropical Diseases. These surveillance systems have the capacity to

detect and report cases routinely.

- Laboratory equipment has been procured and installed in all three

countries and guidelines for National Laboratory Networks have been

adopted in all three countries.

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

priority diseases

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

MSSP and NPHL construction

The earthquake in Haiti represents one of the worst natural disasters

in modern history, with over 200,000 deaths and over two million people

displaced. Public health workers and the facilities they need to carry

out their jobs didn't escape the destruction.

Following the earthquake, Haiti's Ministry of Public Health and

Population (MSPP) turned to CDC's Haiti office for assistance. At that

time, the CDC Foundation committed to help rebuild and strengthen

Haiti's public health infrastructure, and we established a health

systems reconstruction office to work with MSPP and other agencies to

assess and respond to health-related needs.

One building replaces the destroyed Ministry of Public Health and

Population (MSPP) facility and will serve as the platform from which

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106797
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all public health activities will be managed in Haiti by the country's

MSPP minister. The second building is where CDC and Haitian staff work

side-by-side in Haiti's National Public Health Laboratory (NPHL)

complex and where disease surveillance and field epidemiology work are

managed. In this building, the new Field Epidemiology Training Program

- a CDC effort that's helped foreign countries develop and implement

strategies to improve and strengthen their public health system while

also protecting U.S. interests - is conducted for Haiti.

Importantly, these two new buildings have encouraged additional

investments that are serving to rebuild Haiti's public health

infrastructure. For instance, the investments by the CDC Foundation's

partners in the MSPP building helped to leverage additional support

from the United Nations and USAID for a critical MSPP complex in Haiti,

which will soon open and include 11 buildings for approximately 200

employees. All told, these investments will create synergies to better

serve the public health needs of the Haitian people.

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 \$ 14,483,533. incl grants of \$ 5,919,216. Revenue \$ 777,820.

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Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Form 990, Part VI, Section B, line 11: The Form 990 was prepared by the Foundation's public accounting firm in conjunction with key accounting staff of CDC Foundation. Subsequently, the Form 990 was reviewed by legal counsel. Prior to electronic filing, key accounting staff reviewed the Form 990 with the Foundation's CEO/President. In addition, the Form 990 was sent to the Finance Committee of the Board of Directors for their review, comments, and questions and then given to the Board for their review.

Form 990, Part VI, Section B, Line 12c: All members of the Board are required to sign the conflict of interest policy annually. The Foundation maintains a copy of the signature indicating compliance with the rules. Legal counsel reviews the policy annually with all Board members.

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

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

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

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01-23-12

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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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 losses on investments: -2,763.