

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC

Doing business as
CDC FOUNDATION

Number and street (or P O box if mail is not delivered to street address) Room/suite
600 PEACHTREE STREET NE NO 1000

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30308

F Name and address of principal officer
DR JUDITH MONROE
600 PEACHTREE STREET NE NO 1000
ATLANTA, GA 30308

D Employer identification number
58-2106707

E Telephone number
(404) 653-0790

G Gross receipts \$ 119,310,193

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or 527

J Website: ▶ WWW.CDCFOUNDATION.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1993 **M** State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O THE CDC FOUNDATION HELPS THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) DO MORE, FASTER, BY FORGING EFFECTIVE PARTNERSHIPS BETWEEN CDC AND FOUNDATIONS, ORGANIZATIONS, CORPORATIONS AND INDIVIDUALS TO FIGHT THREATS TO HEALTH AND SAFETY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	192
6 Total number of volunteers (estimate if necessary)	6	25
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	57,819,416	76,118,865
9 Program service revenue (Part VIII, line 2g)	2,750,130	1,593,287
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	856,765	1,847,505
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,426,311	79,559,657
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,296,267	16,695,575
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,894,866	15,952,275
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,904,689		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,398,463	32,702,059
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	65,589,596	65,349,909
19 Revenue less expenses Subtract line 18 from line 12	-4,163,285	14,209,748
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	116,017,660	135,680,593
21 Total liabilities (Part X, line 26)	19,300,616	24,161,521
22 Net assets or fund balances Subtract line 21 from line 20	96,717,044	111,519,072

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2020-03-09

DR JUDITH MONROE PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: WARREN AVERETT LLC
Preparer's signature: [Signature]
Date: 2020-03-09
Check if self-employed
PTIN: P00846200
Firm's EIN: 45-4084437
Firm's address: SIX CONCOURSE PARKWAY SUITE 600
Phone no: (770) 396-1100
ATLANTA, GA 30328

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE CDC FOUNDATION HELPS THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) DO MORE, FASTER BY FORGING EFFECTIVE PARTNERSHIPS BETWEEN CDC AND OTHERS TO FIGHT THREATS TO HEALTH AND SAFETY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 3,725,823 including grants of \$ 1,455,074) (Revenue \$)

See Additional Data

4b (Code) (Expenses \$ 6,506,756 including grants of \$ 1,400,086) (Revenue \$)

See Additional Data

4c (Code) (Expenses \$ 5,636,216 including grants of \$ 377,922) (Revenue \$)

See Additional Data

(Code) (Expenses \$ 42,527,054 including grants of \$ 13,462,493) (Revenue \$ 1,593,287)

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

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

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 numbered questions regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		24a No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		25a No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		25b No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		26 No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		27 No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		28a No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		28b No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		28c No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		30 No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		31 No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		32 No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		33 No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		34 No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		35b
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		36 No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		37 No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 212	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	192		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CULLEN BRYENTON 600 PEACHTREE STREET NE NO 1000 ATLANTA, GA 30308 (404) 523-1872

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAULA JASINA FORMER CFO	56 00				X			178,352	0	23,713
(19) MONIQUE PATRICK COO	53 00				X			218,251	0	27,806
(20) PIERCE NELSON VP OF COMMUNICATIONS	52 00					X		223,132	0	28,363
(21) LAURA ANGEL VP FOR ADVANCEMENT	61 00					X		170,942	0	23,015
(22) CHLOE TONNEY CHIEF INNOVATION AND STRATEGY OFFICER	56 00					X		238,029	0	29,725
(23) MICHAEL BRANDON TALLEY VP FOR NON-INFECTIOUS DISEASE	55 00					X		156,765	0	21,510
(24) JEREMY MORTON SENIOR SURVEY METHODOLOGIST	41 00					X		148,367	0	15,669
1b Sub-Total ▶										
1c Total from continuation sheets to Part VII, Section A ▶										
1d Total (add lines 1b and 1c) ▶								1,679,719	0	198,237

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 23

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PROTEUS ON DEMAND FACILITIES LLC 6727 OAK RIDGE COMMERCE WAY AUSTELL, GA 30168	CONSTRUCTION SERVICES - EBOLA RESPONSE	1,987,788
DAVYCAS CONSULTING RUE 995 GOUGHIN, OUAGADOUGOU UV	FEES - VACCINE RESEARCH AND SURVEILLANCE	1,416,135
RESEARCH TRIANGLE INSTITUTE PO BOX 900002 RALEIGH, NC 276759000	FEES - FREEDOM FROM SMOKING INITIATIVE	1,250,090
DELOITTE CONSULTING LLP 4022 SELLS DRIVE HERMITAGE, TN 37076	TECHNOLOGY IMPLEMENTATION & DEVELOPMENT	788,279
POPULATION SERVICES INTERNATIONAL 1120 19TH ST NW SUITE 600 WASHINGTON, DC 20036	HOUSEHOLD SURVEYS IN HAITI	347,748

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 34

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for various contributions and 1h Total.

Table for Program Service Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f for different programs and 2g Total.

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 for investment income, rental income, gain on assets, fundraising events, gaming activities, and inventory sales.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	13,030,957	13,030,957		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	3,664,618	3,664,618		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	839,516		631,355	208,161
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	12,547,476	9,678,094	1,822,776	1,046,606
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	866,163	582,902	175,791	107,470
9 Other employee benefits.	724,280	488,579	168,493	67,208
10 Payroll taxes.	974,840	733,604	160,681	80,555
11 Fees for services (non-employees):				
a Management.				
b Legal.	2,038		2,038	
c Accounting.	73,115		73,115	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	24,088,108	23,257,755	800,505	29,848
12 Advertising and promotion.	56,850		49,905	6,945
13 Office expenses.	2,703,417	2,559,691	86,890	56,836
14 Information technology.	274,559	56,877	185,558	32,124
15 Royalties.				
16 Occupancy.	747,582	330,804	272,216	144,562
17 Travel.	3,260,935	3,190,634	57,629	12,672
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	701,236	604,059	93,261	3,916
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	443,057	179,384	172,178	91,495
23 Insurance.	133,998	37,793	96,205	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a				
b				
c				
d				
e All other expenses.	217,164	98	200,775	16,291
25 Total functional expenses. Add lines 1 through 24e.	65,349,909	58,395,849	5,049,371	1,904,689
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	16,208,921	2	12,103,805
	3 Pledges and grants receivable, net	24,785,390	3	41,976,280
	4 Accounts receivable, net	1,764,539	4	4,911,712
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	942,790	9	2,103,142
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,369,310		
	b Less accumulated depreciation	10b 1,100,253	2,384,346	10c 2,269,057
	11 Investments—publicly traded securities	69,931,674	11	72,316,597
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	116,017,660	16	135,680,593	
Liabilities	17 Accounts payable and accrued expenses	1,368,434	17	1,900,107
	18 Grants payable	2,471,842	18	3,719,204
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	92,789	21	93,640
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	15,367,551	25	18,448,570
	26 Total liabilities. Add lines 17 through 25	19,300,616	26	24,161,521
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,529,669	27	15,312,807
	28 Temporarily restricted net assets	81,961,198	28	91,853,577
	29 Permanently restricted net assets	4,226,177	29	4,352,688
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	96,717,044	33	111,519,072	
34 Total liabilities and net assets/fund balances	116,017,660	34	135,680,593	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	79,559,657
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,349,909
3	Revenue less expenses Subtract line 2 from line 1	3	14,209,748
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,717,044
5	Net unrealized gains (losses) on investments	5	592,280
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	111,519,072

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 58-2106707

Name: NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Form 990 (2018)

Form 990, Part III, Line 4a:

MONITORING THE GLOBAL TOBACCO EPIDEMICSEE SCHEDULE O FOR DESCRIPTIONMONITORING THE GLOBAL TOBACCO EPIDEMICTHE CDC FOUNDATION CONTINUED ITS GLOBAL TOBACCO SURVEILLANCE WORK AS PART OF THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE TOBACCO USE KILLS APPROXIMATELY EIGHT MILLION PEOPLE ANNUALLY, WITH NEARLY 80% PERCENT OF THOSE DEATHS OCCURRING IN LOW- AND MIDDLE-INCOME COUNTRIES THE CDC FOUNDATION'S ROLE IN THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE HELPS STRENGTHEN CDC'S GLOBAL TOBACCO SURVEILLANCE EFFORTS IN HIGH BURDEN TOBACCO USE COUNTRIES AND TRACK THE GLOBAL TOBACCO EPIDEMIC AS ONE OF A NUMBER OF PARTNERS IN THE INITIATIVE, THE CDC FOUNDATION COLLABORATES WITH EXPERTS AT U S CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND OTHER PARTNER ORGANIZATIONS TO SUPPORT IMPLEMENTATION OF THE GLOBAL ADULT TOBACCO SURVEY (GATS) AND TOBACCO QUESTIONS FOR SURVEYS (TQS), BOTH COMPONENTS OF THE GLOBAL TOBACCO SURVEILLANCE SYSTEM (GTSS) GATS PRODUCES NATIONALLY REPRESENTATIVE DATA ON TOBACCO USE AND KEY TOBACCO CONTROL MEASURES ROUND 1 GATS HAS BEEN COMPLETED IN 32 COUNTRIES, AND 10 COUNTRIES HAVE COMPLETED ROUND 2 GATS ADDITIONALLY, THE ROUND 2 SURVEY IS PLANNED OR UNDERWAY IN SEVEN COUNTRIES DATA FROM THE SURVEY COVERS OVER 3 8 BILLION ADULTS TQS IS A GLOBALLY STANDARDIZED SET OF TOBACCO QUESTIONS MEANT TO IMPROVE COMPARABILITY OF TOBACCO DATA OVER TIME BY HARMONIZING TOBACCO SURVEILLANCE ACTIVITIES ACROSS VARIOUS ONGOING SURVEYS TQS HAS BEEN INTEGRATED INTO ONGOING SURVEYS IN 89 COUNTRIES, PROVIDING TOBACCO USE DATA ON OVER 4 0 BILLION ADULTS

Form 990, Part III, Line 4b:

DATA FOR HEALTH SEE SCHEDULE O FOR DESCRIPTION DATA FOR HEALTH THE CDC FOUNDATION CONTINUED ITS PARTNERSHIP ON THE DATA FOR HEALTH INITIATIVE THIS INNOVATIVE EFFORT TO SOLVING THE WORLD'S MOST PRESSING PUBLIC HEALTH PROBLEMS WITH TECHNOLOGY AND DATA HELPS TO FILL MAJOR GAPS IN GLOBAL HEALTH EACH YEAR, MORE THAN 50 MILLION PEOPLE DIE AROUND THE GLOBE NEARLY 30 MILLION OF THESE DEATHS ARE NEVER RECORDED, WHICH IS A MAJOR OBSTACLE TO DEVELOPING DATA-DRIVEN POLICIES THAT IMPROVE PUBLIC HEALTH THE DATA FOR HEALTH INITIATIVE ASSISTS 20 LOW- AND MIDDLE-INCOME COUNTRIES ACROSS LATIN AMERICA, ASIA AND AFRICA IN STRENGTHENING THEIR PUBLIC HEALTH DATA SYSTEMS AND OF DATA USE FOR CRITICAL POLICY-MAKING DECISIONS THE CDC FOUNDATION, WORKING ALONGSIDE EXPERTS AT U S CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND OTHER PARTNERS, SUPPORTS DEDICATED COUNTRY-LEVEL GOVERNMENT STAFF TO STRENGTHEN BIRTH AND DEATH REGISTRATION SYSTEMS AND IMPROVE INFORMATION ON CAUSE OF DEATH THE PARTNERSHIP ALSO SUPPORTS IMPROVING CAPACITY IN MINISTRIES OF HEALTH TO USE HEALTH DATA TO INFORM POLICY DEVELOPMENT AND COMMUNICATE HEALTH RESEARCH AND PRIORITIES TO DIVERSE AUDIENCES FINALLY, IN A SUBSET OF COUNTRIES, THE PARTNERSHIP CONVENES EXPERTS TO PILOT AN INNOVATIVE MOBILE PHONE RISK FACTOR SURVEY FOR NONCOMMUNICABLE DISEASES TO DATE, MORE THAN 1 BILLION PEOPLE HAVE BEEN REACHED BY THIS PROJECT, LIVING IN COUNTRIES WITH IMPROVED CAPACITY TO USE DATA TO INFORM CRITICAL PUBLIC HEALTH DECISIONS SINCE THE INITIATIVE'S LAUNCH IN 2015, 10 COUNTRIES WHICH WERE NOT USING THE INTERNATIONAL DEATH CERTIFICATE AT THE OUTSET OF DATA FOR HEALTH CHANGED THEIR DEATH CERTIFICATE TO ALIGN WITH INTERNATIONAL STANDARDS DATA ON OUT-OF-HOSPITAL DEATHS, WHICH IN SOME COUNTRIES REPRESENTS MOST DEATHS, IS BEING COLLECTED BY THE GOVERNMENT FOR THE FIRST TIME IN TWELVE COUNTRIES GOVERNMENTS ARE REALLOCATING EXISTING RESOURCES TO FIND SUSTAINABLE WAYS TO COLLECT ROUTINE DEATH DATA AND HAVE TRAINED OF OVER 6,000 PHYSICIANS IN THE MEDICAL CERTIFICATION OF CAUSE OF DEATH IN ADDITION, PARTICIPANTS FROM 12 COUNTRIES COMPLETED THE DATA TO POLICY TRAINING PROGRAM AND PRODUCED 64 POLICY BRIEFS, 35 OF WHICH HAVE RESULTED IN ACTION FINALLY, PILOT PROJECTS TO CONDUCT NATIONAL MOBILE PHONE SURVEYS THAT COLLECT NONCOMMUNICABLE DISEASE RISK FACTOR DATA HAVE BEGUN THIS IS THE FIRST TIME THAT A NATIONAL-SCALE MOBILE PHONE SURVEY OF THIS KIND HAS BEEN CONDUCTED, AND THE RESULTS ARE BEING COMPARED TO THE WORLD HEALTH ORGANIZATION'S STEPWISE SURVEY IN THE SAME COUNTRIES TO EVALUATE ACCURACY AND REPRESENTATIVENESS OF THIS INNOVATION

Form 990, Part III, Line 4c:

MALARIA ZERO SEE SCHEDULE O FOR DESCRIPTION MALARIA ZERO IN NOVEMBER 2014, THE BILL AND MELINDA GATES FOUNDATION GRANTED \$30 MILLION TO THE CDC FOUNDATION TO SUPPORT THE U S CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) TO LEAD A CONSORTIUM OF MALARIA EXPERTS AIMING TO ELIMINATE INDIGENOUS CASES OF MALARIA ON THE ISLAND OF HISPANIOLA BY 2020 HISPANIOLA, WHICH INCLUDES THE COUNTRIES OF HAITI AND THE DOMINICAN REPUBLIC, IS THE ONLY REMAINING ISLAND IN THE CARIBBEAN WHERE MALARIA IS ENDEMIC THE MALARIA ZERO (MZ) PARTNERSHIP FORMED THROUGH THIS GRANT WORKS CLOSELY WITH THE INTERNATIONAL COMMUNITY AND PARTNERS IN HISPANIOLA AND ARE ALIGNED WITH HAITI'S NATIONAL STRATEGIC PLAN FOR MALARIA ELIMINATION MZ PARTNERS INCLUDE CDC, THE CDC FOUNDATION, THE HAITI MINISTRY OF PUBLIC HEALTH AND POPULATION, THE DOMINICAN REPUBLIC MINISTRY OF PUBLIC HEALTH, THE PAN AMERICAN HEALTH ORGANIZATION, THE CARTER CENTER, THE CLINTON HEALTH ACCESS INITIATIVE, TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE, AND THE LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE MZ PARTNERS COLLECTIVELY WORK TO ASSIST THE COUNTRIES OF HISPANIOLA IN DEVELOPING AND IMPLEMENTING AN EVIDENCE-BASED STRATEGY AND OPERATIONAL PLAN FOR ACHIEVING MALARIA ELIMINATION COMPONENTS OF THIS PLAN TO REDUCE MALARIA TRANSMISSION INCLUDE 1) IMPROVING AND REFINING MALARIA SURVEILLANCE SYSTEMS TO SUPPORT DECISION-MAKING AND ACTION, AND 2) IMPLEMENTATION OF COMMUNITY-BASED INTERVENTIONS THAT ARE TAILORED TO THE LEVEL OF MALARIA RISK IN HIGH-PREVALENCE AREAS MZ CURRENTLY FOCUSES EFFORTS IN THE GRAND ANSE PROVINCE OF HAITI, THE AREA OF THE COUNTRY WITH THE HIGHEST BURDEN OF CASES FROM JULY 2018 TO JUNE 2019, THE PROJECT SHIFTED FROM RESEARCH AND PLANNING ACTIVITIES TO DIRECT IMPLEMENTATION OF THE TARGETED PACKAGE OF INTERVENTIONS IN THE FALL OF 2018 THE PACKAGE OF INTERVENTIONS INCLUDES SURVEILLANCE SYSTEM IMPROVEMENTS, HIRING AND TRAINING COMMUNITY HEALTH WORKERS TO INCREASE DIAGNOSIS AND TREATMENT FOR MALARIA IN REMOTE AREAS, A TARGETED MASS DRUG ADMINISTRATION CAMPAIGN, AND INDOOR RESIDUAL SPRAYING OF INSECTICIDES IN HOMES MALARIA CASES IN HAITI DECREASED BY MORE THAN 50% FROM 18,983 CASES IN 2017 TO 7,689 IN 2018, THE LOWEST NUMBER OF CASES IN OVER A DECADE THE LARGE DECREASE WAS LIKELY INFLUENCED BY THE ROLL OUT OF THE TARGETED MALARIA ELIMINATION ACTIVITIES, AS WELL AS POSSIBLE UNDER-REPORTING DUE TO SHORTAGES OF RAPID DIAGNOSTIC TESTS AND ENVIRONMENTAL FACTORS

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	143,653,366	33,358,186	80,687,702	57,819,416	76,118,865	391,637,535
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	235,516	29,262	192,126	198,274	167,552	822,730
4 Total. Add lines 1 through 3	143,888,882	33,387,448	80,879,828	58,017,690	76,286,417	392,460,265
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						194,267,851
6 Public support. Subtract line 5 from line 4						198,192,414

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	143,888,882	33,387,448	80,879,828	58,017,690	76,286,417	392,460,265
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	293,426	413,449	456,063	856,785	1,725,480	3,745,203
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						396,205,468

12 Gross receipts from related activities, etc (see instructions) **12** 7,189,816

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	50.020 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	49.290 %

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 58-2106707

Name: NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

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

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

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-
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
c	Total lobbying expenditures (add lines 1a and 1b)	0													
d	Other exempt purpose expenditures	65,477,067													
e	Total exempt purpose expenditures (add lines 1c and 1d)	65,477,067													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	1,117				1,117
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

For each "Yes" response on 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

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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

Employer identification number
58-2106707

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| 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, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,151,331	5,019,488	4,573,784	4,278,646	3,971,135
b Contributions	110,161	71,631	20,707	327,144	327,765
c Net investment earnings, gains, and losses	475,683	103,655	463,085	1,739	25,904
d Grants or scholarships					
e Other expenditures for facilities and programs	46,253	43,443	38,088	33,745	46,158
f Administrative expenses					
g End of year balance	5,690,922	5,151,331	5,019,488	4,573,784	4,278,646

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 76 000 %
 - c** Temporarily restricted endowment ▶ 24 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | No |
| (ii) related organizations | No | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,120,065	740,647	1,379,418
d Equipment		129,500	63,301	66,199
e Other		1,119,745	296,305	823,440
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,269,057

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

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CONTRACTS PAYABLE	13,568,005
DEFERRED RENT	1,660,372
UNAMORTIZED LEASEHOLD ALLOWANCE	1,634,217
REFUNDABLE ADVANCES	1,585,976
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 18,448,570

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	80,222,442
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	592,280
b	Donated services and use of facilities	2b	167,552
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	759,832
3	Subtract line 2e from line 1	3	79,462,610
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	97,047
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	97,047
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	79,559,657

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

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

1	Total expenses and losses per audited financial statements	1	65,420,414
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	167,552
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	167,552
3	Subtract line 2e from line 1	3	65,252,862
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	97,047
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	97,047
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	65,349,909

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-2106707

Name: NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE FUNDS HELD IN CUSTODIAL ACCOUNTS ARE FOR CDC PROGRAMS FOR CONFERENCES AND MANAGEMENT TRAINING COURSES

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 17 INDIVIDUAL FUNDS ESTABLISHED BY DONORS FOR A VARIETY OF PURPOSES, INCLUDING PROGRAMS, AWARDS, RESEARCH AND OPERATIONS

Supplemental Information

Return Reference	Explanation
PART X, LINE 1, REFUNDABLE ADVANCES	DURING A PRIOR YEAR, THE FOUNDATION RECEIVED CERTAIN REFUNDABLE ADVANCES TO BE USED FOR EMERGENCY PREPAREDNESS AND RESPONSE WHICH INCLUDES SEVERE AND/OR INFREQUENT NATIONAL LEVEL EMERGENCIES RECOGNITION AS REVENUE WAS CONTINGENT UPON THE FOUNDATION USING THESE FUNDS FOR THEIR INTENDED PURPOSE, WITH ANY AMOUNTS NOT USED TO BE RETURNED TO THE DONOR DURING THE YEAR ENDED JUNE 30, 2018, THE DONOR AUTHORIZED THE FOUNDATION TO USE, AND THE FOUNDATION USED, \$1,889,000 OF THIS FUNDING AS A PART OF THE FOUNDATION'S RESPONSE TO THE EFFECTS OF DEVASTATING HURRICANES IN PUERTO RICO, LEAVING \$1,585,976 REMAINING AS OF JUNE 30, 2018 NO FURTHER FUNDS WERE SPENT DURING THE YEAR ENDED JUNE 30, 2019, WITH THE DONOR SPECIFYING THAT UNSPENT FUNDS CAN CONTINUE TO BE HELD BY THE FOUNDATION FOR A FUTURE EMERGENCY RESPONSE

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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

Employer identification number
58-2106707

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
See Add'l Data					
3a Sub-total	0	10			1,584,255
b Total from continuation sheets to Part I					16,691,012
c Totals (add lines 3a and 3b)	0	149			18,275,267

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. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 13

3 Enter total number of other organizations or entities ▶ 4

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE CDC FOUNDATION MONITORS GRANT FUNDS IN MANY WAYS ALL PROGRAMS ARE IMPLEMENTED IN COLLABORATION WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AN AGENCY OF THE FEDERAL GOVERNMENT THE CDC WORKS CLOSELY WITH FOUNDATION PERSONNEL TO ACTIVELY MONITOR THE GRANTEE'S PROGRESS AND EXPENDITURES, AND BOTH THE GRANTEE AND THE CDC PROVIDE DETAILED INFORMATION TO THE CDC FOUNDATION'S PROGRAM OFFICERS WHO ARE ASSIGNED TO THE PROJECT OFTEN, THE FOUNDATION PROGRAM OFFICER WILL MAKE SITE VISITS TO ENSURE THAT THE PROGRAM IS PROCEEDING AS AGREED AND THAT THE FUNDS ARE PROPERLY SPENT ALL FOREIGN PAYEES ARE CHECKED AGAINST THE TREASURY'S SPECIALLY DESIGNATED NATIONALS LIST BEFORE DISBURSEMENT IS MADE

Additional Data

Software ID:

Software Version:

EIN: 58-2106707

Name: NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Form 990 Schedule F Part I - Activities Outside The United States

(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
CENTRAL AM & CARIBBEAN		10	PROGRAM SERVICES	PROFESSIONAL FEES	871,039
CENTRAL AM & CARIBBEAN			PROGRAM SERVICES	TRAVEL	61,546

Form 990 Schedule F Part I - Activities Outside The United States

(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
CENTRAL AM & CARIBBEAN			PROGRAM SERVICES	OCCUPANCY	47,451
CENTRAL AM & CARIBBEAN			GRANT MAKING	AWARD	85,680

Form 990 Schedule F Part I - Activities Outside The United States

(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
CENTRAL AM & CARIBBEAN			PROGRAM SERVICES	CONFERENCES, MEETINGS	
CENTRAL AM & CARIBBEAN			PROGRAM SERVICES	PRINTING, PROMOTION	579

Form 990 Schedule F Part I - Activities Outside The United States

(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
CENTRAL AM & CARIBBEAN			PROGRAM SERVICES	SUPPLIES	141,285
EAST ASIA & PACIFIC			GRANT MAKING	AWARD	376,675

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & PACIFIC			PROGRAM SERVICES	CONFERENCES, MEETINGS	50,743
EAST ASIA & PACIFIC		12	PROGRAM SERVICES	PROFESSIONAL FEES	624,121

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & PACIFIC			PROGRAM SERVICES	SUPPLIES	664,949
EAST ASIA & PACIFIC			PROGRAM SERVICES	TRAVEL	191,642

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & PACIFIC			PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	
EUROPE			GRANT MAKING	AWARD	955,454

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROGRAM SERVICES	CONFERENCES, MEETINGS	41,290
EUROPE			PROGRAM SERVICES	PRINTING, PROMOTION	828

Form 990 Schedule F Part I - Activities Outside The United States

(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		14	PROGRAM SERVICES	PROFESSIONAL FEES	2,021,555
EUROPE			PROGRAM SERVICES	SUPPLIES	38,002

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROGRAM SERVICES	TRAVEL	252,472
EUROPE			PROGRAM SERVICES	TELEPHONE	87

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & N AFRICA		13	PROGRAM SERVICES	PROFESSIONAL FEES	540,260
MIDDLE EAST & N AFRICA			PROGRAM SERVICES	TRAVEL	61,570

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & N AFRICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	
MIDDLE EAST & N AFRICA			GRANT MAKING	AWARD	212,358

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & N AFRICA			PROGRAM SERVICES	SUPPLIES	9,640
MIDDLE EAST & N AFRICA			PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	80,882

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			PROGRAM SERVICES	SUPPLIES	143
NORTH AMERICA		1	PROGRAM SERVICES	PROFESSIONAL FEES	56,811

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			PROGRAM SERVICES	TRAVEL	15,840
NORTH AMERICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	2,396

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & IND STATES		4	PROGRAM SERVICES	PROFESSIONAL FEES	80,359
RUSSIA & IND STATES			PROGRAM SERVICES	TRAVEL	71,577

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & IND STATES			PROGRAM SERVICES	PRINTING, PROMOTION	
SOUTH AMERICA		6	PROGRAM SERVICES	PROFESSIONAL FEES	270,111

Form 990 Schedule F Part I - Activities Outside The United States

(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 AMERICA			PROGRAM SERVICES	TRAVEL	58,863
SOUTH AMERICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	34,342

Form 990 Schedule F Part I - Activities Outside The United States

(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			GRANT MAKING	AWARD	518,943
SOUTH ASIA			PROGRAM SERVICES	CONFERENCES, MEETINGS	485

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA		21	PROGRAM SERVICES	PROFESSIONAL FEES	1,282,241
SOUTH ASIA			PROGRAM SERVICES	TRAVEL	287,781

Form 990 Schedule F Part I - Activities Outside The United States

(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			PROGRAM SERVICES	PRINTING, PROMOTION	52,552
SOUTH ASIA			PROGRAM SERVICES	SUPPLIES	21,191

Form 990 Schedule F Part I - Activities Outside The United States

(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			PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	117,067
SUB-SAHARAN AFRICA			GRANT MAKING	AWARD	1,515,508

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PROGRAM SERVICES	CONFERENCES, MEETINGS	3,258
SUB-SAHARAN AFRICA			PROGRAM SERVICES	EQUIPMENT, REPAIRS , MAINTENANCE	1,524

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PROGRAM SERVICES	PRINTING, PROMOTION	1,438
SUB-SAHARAN AFRICA		68	PROGRAM SERVICES	PROFESSIONAL FEES	5,430,257

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PROGRAM SERVICES	SUPPLES	229,500
SUB-SAHARAN AFRICA			PROGRAM SERVICES	TRAVEL	869,546

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PROGRAM SERVICES	DUES, SUBSCRIPTIONS	23,426

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	HAITI MALARIA ELIMINATION CONSORTIUM	60,680	WT			
		CENTRAL AMERICA AND THE CARIBBEAN	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	25,000	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CLINICAL TRIALS UNIT FOR HIV/AIDS AND TB RESEARCH	49,267	WT			
		EAST ASIA AND THE PACIFIC	FREEDOM FROM SMOKING INITIATIVE	200,000	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	FREEDOM FROM SMOKING INITIATIVE	127,408	WT			
		EUROPE	IMPROVING HEPATITIS E OUTBREAK CONTROL	21,789	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	MENA FRINET MENINGITIS SURVEILLANCE IN AFRICA	12,000	WT			
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	214,315	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	FREEDOM FROM SMOKING INITIATIVE	98,310	WT			
		EUROPE	LEVERAGING ROTAVIRUS NETWORKS	319,040	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	90,000	WT			
		EUROPE	MENA FRINET MENINGITIS SURVEILLANCE IN AFRICA	200,000	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		MIDDLE EAST AND NORTH AFRICA	MENA FRINET MENINGITIS SURVEILLANCE IN AFRICA	150,000	WT			
		MIDDLE EAST AND NORTH AFRICA	DATA FOR HEALTH	32,900	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		MIDDLE EAST AND NORTH AFRICA	DATA FOR HEALTH	29,458	WT			
		SOUTH ASIA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	15,000	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	10,000	WT			
		SOUTH ASIA	FREEDOM FROM SMOKING INITIATIVE	493,943	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	50,000	WT			
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	45,001	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 GLOBAL EMERGENCY MANAGEMENT CAPACITY	349,228	WT			
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA	40,000	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	MENA FRINET MENINGITIS SURVEILLANCE IN AFRICA	42,319	WT			
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	18,000	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	SUPPORTING WATER AND HYGIENE INFRASTRUCTURE IN AFRICA	38,845	WT			
		SUB-SAHARAN AFRICA	SUPPORTING WATER AND HYGIENE INFRASTRUCTURE IN AFRICA	5,208	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SCHOLARSHIP FOR UNDERPRIVILEGED GIRLS	5,024	WT			
		SUB-SAHARAN AFRICA	SCHOLARSHIP FOR UNDERPRIVILEGED GIRLS	8,791	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	MONITORING AND EVALUATION OF TYPHOID CONJUGATE VACCINATION CAMPAIGN	20,000	WT			
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	58,737	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	200,000	WT			
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	25,124	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	8,395	WT			
		SUB-SAHARAN AFRICA	MONITORING AND EVALUATION OF TYPHOID CONJUGATE VACCINATION CAMPAIGN	81,320	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	140,968	WT			
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	28,250	WT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	11,300	WT			
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	339,000	WT			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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

Employer identification number
58-2106707

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE CDC FOUNDATION MONITORS GRANT FUNDS IN MANY WAYS ALL PROGRAMS ARE IMPLEMENTED IN COLLABORATION WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AN AGENCY OF THE FEDERAL GOVERNMENT THE CDC WORKS CLOSELY WITH FOUNDATION PERSONNEL TO ACTIVELY MONITOR THE GRANTEE'S PROGRESS AND EXPENDITURES, AND BOTH THE GRANTEE AND THE CDC PROVIDE DETAILED INFORMATION TO THE CDC FOUNDATION'S PROGRAM OFFICERS WHO ARE ASSIGNED TO THE PROJECT OFTEN, THE FOUNDATION PROGRAM OFFICER WILL MAKE SITE VISITS TO ENSURE THAT THE PROGRAM IS PROCEEDING AS AGREED AND THAT THE FUNDS ARE PROPERLY SPENT

Additional Data

Software ID:
Software Version:
EIN: 58-2106707
Name: NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		13,110			KEEGAN POLIO HEROES FUND
ASSOCIATION OF IMMUNIZATION MANAGERS (AIM) 620 HUNGERFORD DRIVE SUITE 29 ROCKVILLE, MD 20850	52-2346043	501(C)(3)		168			CHILDHOOD IMMUNIZATON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AZ ADVISORS LLC 580 CROWN STREET 102 BROOKLYN, NY 11213	36-4801786	501(C)(3)		7,200			AMERICANS HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		28,633			DEV OF GLOB COST PLANS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		149,911			DEV OF GLOB COST PLANS
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		98,072			DEV OF GLOB COST PLANS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		75,589			CAPACITY BUILDING FOR FOLATE MEASUREMENT
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		371,694			500 CITIES PROJECT - PHASE 2

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		120,000			ANTIBIOTIC USE DATA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		18,120			ANTIRETROVIRAL RINGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		63,620			ANTIRETROVIRAL RINGS
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		20,839			CHILD ANTHROPOMETRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		20,839			CHILD ANTHROPOMETRY
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		20,839			CHILD ANTHROPOMETRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		98,878			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		367,735			DATA FOR HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		49,164			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		42,604			DATA FOR HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		94,643			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		58,367			DATA FOR HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		183,475			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		56,378			DATA FOR HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		79,368			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		97,349			DATA FOR HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		1,000,000			DHIS2 NIGERIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		360,000			DHIS2 NIGERIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		1,000			ENTERIC FEVER IN ASIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		107,398			EVALUATION OF MALARIA VACCINE IMPLEMENTATION PILOT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		41,897			EVALUATION OF NOVEL POLYMER-BASED IMPLANT
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		20,000			EVALUATION OF PNEUMOCOCCAL CONJUGATE VACCINE SCHEDULE CHANGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		659,888			FETP SAUDIA ARABIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		6,000			FILM ANTIRETROVIRAL MICROBICIDE EVALUATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		80,979			FIREFIGHTER RISK EXPOSURE STUDY DISSEMINATION
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		84,000			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK (2019)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		300,000			GAVI PEF
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		10,000			GAVI PEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		31,000			GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		18,442			GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		9,221			GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		28,000			HAND HYGIENE 2 0

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		1,850			HBV IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		175,077			HIV PREVENTION THAILAND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		337,137			HIV PREVENTION THAILAND
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		108,526			HIV PREVENTION THAILAND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		1,817,794			IMMUNOLOGIC ENDPOINTS AGAINST YOUNG INFANT GROUP B STREPTOCOCCAL DISEASE
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		59,880			IMPROVING UNDERSTANDING OF DROWNING IN AFRICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		12,287			IMPROVING UNDERSTANDING OF DROWNING IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		6,144			IMPROVING UNDERSTANDING OF DROWNING IN AFRICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		45,060			INFECTION PREVENTION AND CONTROL PRACTICES ANALYSIS
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		97,463			LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS IN INDIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		36,400			LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		210,000			LAW HEALTH POLICY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		158,621			MALARIA ZERO
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		158,621			MALARIA ZERO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		220,751			MATERNAL RH TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		230,000			MATERNAL RH TANZANIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		49,886			MATERNAL RH TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		55,203			MICROBICIDE INTRAUTERINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		100,000			MICRONEEDLE PATCH VACCINE
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		40,000			MONITORING AND EVALUATION OF TYPHOID CONJUGATE VACCINATION CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		89,048			MONITORING TOBACCO EPIDEMIC
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		125,600			MONITORING TOBACCO EPIDEMIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		115,625			NATIONAL INTRODUCTION OF HPV VACCINE EVALUATION
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		54,336			PUBLIC HEALTH AND SAFETY PARTNERSHIPS TO REDUCE OPIOID OVERDOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		11,084			RECTAL MICROBICIDES
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		29,221			ROTAVIRUS IBVPD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		41,289			SEROTYPING PNEUMO
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		679,490			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		250,750			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		823,965			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		95,943			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		6,157			SYSTEMIC SUSTAINED RELEASE DELIVERY OF ANTIRETROVIRAL AGENTS FOR HIV PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		11,626			TOBACCO CONTROL AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		24,400			TOBACCO CONTROL AFRICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		20,000			WASH IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		20,000			WASH IN AFRICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		25,000			WEARABLE DEVICE DATA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		53,249			EXPANDING THE IMMUNIZATION DATA SYSTEM IN NIGERIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		400,000			EXPANDING THE IMMUNIZATION DATA SYSTEM IN NIGERIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT		306,662			ACCELERATING DEVELOPMENT OF GLOBAL COSTED PLANS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COLLEGE OF CHARLESTON FOUNDATION 86 WENTWORTH STREET CHARLESTON, SC 29424	23-7069236	501(C)(3)		2,571			SAFE WATER
COLLEGE OF CHARLESTON FOUNDATION 86 WENTWORTH STREET CHARLESTON, SC 29424	23-7069236	501(C)(3)		549			SAFE WATER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT 8100 LOWRY BLVD DENVER, CO 80230	84-0644739	GOVT		150,000			NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY
DREXEL UNIVERSITY 3201 ARCH STREET SUITE 420 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)		25,000			EXCELLENCE IN PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY ROLLINS SCHOOL OF PUBLIC HEALTH 1518 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501(C)(3)		599			ATLANTA INTERNATIONAL HEALTH FELLOWSHIP
INTERDISCIPLINARY ASSOCIATION FOR POPULATION HEALTH SCIENCE PO BOX 160191 CLEARFIELD, UT 84016	47-2715016	501(C)(3)		60,000			EXCELLENCE IN PUBLIC HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL ACADEMY OF SCIENCE 2101 CONSTITUTION AVE NW WASHINGTON, DC 20001	53-0196932	501(C)(3)		25,000			AMERICAN'S HEALTH
NEW JERSEY DEPARTMENT OF HEALTH 369 S WARREN STREET TRENTON, NJ 08608	21-6000928	GOVT		150,000			NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUERTO RICO DEPARTMENT OF HEALTH 1111 CALLE TENIENTE CSAR LUIS GONZLEZ SAN JUAN, PR 00927	66-0437470	GOVT		10,000			HURRICANE
ROCKEFELLER PHILANTHROPY ADVISORS INC 6 WEST 48TH STREET NEW YORK, NY 10036	13-3615533	501(C)(3)		50,000			AMERICAN'S HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 OHIO STATE UNIVERSITY PO BOX 182646 COLUMBUS, OH 43218	31-6025986	501(C)(3)		44,637			GAVI PEF
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET 6TH FLOOR COLUMBIA, SC 29208	57-6001153	501(C)(3)		56,250			GRANT 1 FS2 STD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF VIRGINIA 1001 EMMET STREET NORTH CHARLOTTESVILLE, VA 229044195	54-6001796	501(C)(3)		27,605			LEVERAGING ROTAVIRUS NETWORKS
VILLA INTERNATIONAL ATLANTA 1749 CLIFTON ROAD NE ATLANTA, GA 303294019	23-7052934	501(C)(3)		3,181			GUEST RESEARCH

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC	Employer identification number 58-2106707
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Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JUDITH MONROE PRESIDENT & CEO	(i)	345,881	0	0	0	28,436	374,317	0
	(ii)	0	0	0	0	0	0	0
2 PAULA JASINA FORMER CFO	(i)	178,352	0	0	0	23,713	202,065	0
	(ii)	0	0	0	0	0	0	0
3 MONIQUE PATRICK COO	(i)	218,251	0	0	0	27,806	246,057	0
	(ii)	0	0	0	0	0	0	0
4 PIERCE NELSON VP OF COMMUNICATIONS	(i)	223,132	0	0	0	28,363	251,495	0
	(ii)	0	0	0	0	0	0	0
5 LAURA ANGEL VP FOR ADVANCEMENT	(i)	170,942	0	0	0	23,015	193,957	0
	(ii)	0	0	0	0	0	0	0
6 CHLOE TONNEY CHIEF INNOVATION AND STRATEGY OFFICE	(i)	238,029	0	0	0	29,725	267,754	0
	(ii)	0	0	0	0	0	0	0
7 MICHAEL BRANDON TALLEY VP FOR NON-INFECTIOUS DISEASE	(i)	156,765	0	0	0	21,510	178,275	0
	(ii)	0	0	0	0	0	0	0
8 JEREMY MORTON SENIOR SURVEY METHODOLOGIST	(i)	148,367	0	0	0	15,669	164,036	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	ALL EMPLOYEES WHO WORK 30 HOURS OR MORE ARE PROVIDED DISABILTY INSURANCE. THE EMPLOYEE'S SALARY IS GROSSED UP FOR THE PREMIUM AND THEN THE INSURANCE PREMIUM IS DEDUCTED AND PAID TO THE VENDOR.

Return Reference	Explanation
PART I, LINE 3	THE FOUNDATION FOLLOWS IRS PRESCRIBED PROCEDURES FOR ESTABLISHING A REBUTTABLE PRESUMPTION OF REASONABLENESS OF ALL COMPENSATION PAID TO "DISQUALIFIED PERSONS" (AS DETAILED IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986) THE FOUNDATION HIRES AN INDEPENDENT, INTERNATIONAL HUMAN RESOURCES FIRM TO PROVIDE MARKET DATA FOR ALL STAFF POSITIONS THIS FIRM USES A VARIETY OF SURVEYS AND USING THESE AND THEIR EXPERTISE, IT RECOMMENDS MARKET VALUES AND SALARY RANGES FOR STAFF POSITIONS THE EXECUTIVE COMMITTEE OF THE FOUNDATION WHICH IS COMPRISED OF THE CHAIR, TREASURER, SECRETARY, AND THE CHAIRS OF THE ADVANCEMENT AND NOMINATING COMMITTEES ARE INDEPENDENT, VOTING MEMBERS OF THE BOARD OF DIRECTORS THE COMMITTEE REVIEWS THE DATA, EVALUATES THE PERFORMANCE OF THE PRESIDENT/CEO AND VOTES ON HER COMPENSATION THESE ACTIONS ARE DOCUMENTED IN ACCORDANCE WITH THE REGULATIONS UNDER SECTION 4958 OF THE CODE



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

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 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>BED NETS</u>)	X	150,000	250,950	COST
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC

Employer identification number

58-2106707

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY THE FOUNDATION'S PUBLIC ACCOUNTING FIRM IN CONJUNCTION WITH KEY ACCOUNTING STAFF OF CDC FOUNDATION. SUBSEQUENTLY, THE FORM 990 WAS REVIEWED BY LEGAL COUNSEL PRIOR TO ELECTRONIC FILING, KEY ACCOUNTING STAFF REVIEWED THE FORM 990 WITH THE FOUNDATION'S CEO/PRESIDENT. IN ADDITION, THE FORM 990 WAS SENT TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW, COMMENTS, AND QUESTIONS AND THEN GIVEN TO THE BOARD FOR THEIR REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE FOUNDATION POSTS THE PRIOR TEN YEARS OF 990'S AND FORM 1023 ON ITS WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION POSTS THE PRIOR THREE YEARS OF AUDITS ON ITS WEBSITE THE FOUNDATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICES EXPENSE PROGRAM SERVICE EXPENSES 23,257,755 MANAGEMENT AND GENERAL EXPENSES 800,505 FUNDRAISING EXPENSES 29,848 TOTAL EXPENSES 24,088,108

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 19	THE CDC FOUNDATION FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THEREFORE, IT RECOGNIZES COMMITMENTS MADE BY DONORS TO FUND PROJECTS AS CONTRIBUTIONS AT THE TIME OF THE COMMITMENT WHEREAS DISBURSEMENT OF PROJECT FUNDS MAY SPAN MULTIPLE YEARS ACCORDINGLY, IN CERTAIN YEARS BASED ON THE TIMING OF DISBURSEMENT, PROJECT COSTS AND EXPENSES MAY EXCEED TOTAL CONTRIBUTIONS RECEIVED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART II-A, LINE 2C, LOBBYING ACTIVITIES BY ELECTING ORGANIZATIONS	THE FOUNDATION INCURRED NO LOBBYING EXPENDITURES FOR THE YEAR ENDED JUNE 30, 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G, OTHER PROGRAM SERVICE DETAIL	HEALTH CARE ORGANIZATIONS - \$6,552,533 RESEARCH ORGANIZATIONS - \$2,327,588 INDIVIDUALS - \$1,984,997 CONSTRUCTION - \$415,792 GOVERNMENTAL ORGANIZATIONS - \$1,315,310 COLLEGE AND UNIVERSITIES - \$3,662,094 HUMANITARIAN ORGANIZATIONS - \$3,851,760 TRANSLATIONS, COMMUNICATIONS AND PUBLISHING - \$748,587 SOFTWARE AND TECHNOLOGY - \$907,336 OTHER - \$2,322,111

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	THE FOUNDATION, WORKING IN CONCERT WITH THE CDC, SPENDS THE VAST MAJORITY OF ITS FUNDS DIRECTLY FOR PROGRAMS AND PROJECTS THAT FURTHER ITS EXEMPT PURPOSES THESE DISBURSEMENTS ARE EITHER IN THE FORM OF GRANTS OR AWARDS OR IN THE FORM OF FEES FOR SERVICES FEES FOR SERVICES RANGE FROM TRANSLATOR FEES FOR THE TOBACCO SURVEYS IN TWENTY-FOUR COUNTRIES, TO CONSULTANTS FOR THE PRODUCTION OF ENVIRONMENTAL SCANS, SURVEY AND STATISTICAL WORK, TRAINING MANUALS AND RESEARCH PLANNING THE AUTHORITY OF THE FOUNDATION TO PAY FOR THESE SERVICES IS ADDRESSED IN THE FEDERAL STATUTE CREATING THE FOUNDATION AND PLAYS A VITAL ROLE IN HELPING CDC ACCOMPLISH ITS MISSION THE FOUNDATION MONITORS THESE FEES AND SERVICES TO ENSURE THAT THE AMOUNTS PAID ARE REASONABLE AND THAT PROGRAM GOALS ARE BEING MET