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Content of the Transmitter Transmitter Content of the Cont	Form 990-T	Exempt Orga	nization Bus	ine	ss Income T	ax Return	ı L	OMB No 1545-0047	· +
For calculate you 20 to e one to your sognition of the Instructions and the letters information. Pure Not to work, now gord remided for finishment closure of the Vision of Committee of the Committee of the Committee of Committ	Turn O'O'O	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							
Second continues where Second continues Seco	,	For calendar year 2019 or other tax ye	ar beginning JUL 1, 20	19	, and ending JUN		_	2019	
Name of origination Check to xit name changed and see instructions; Diswards economic constructions Solicy 100 Check to xit name changed and see instructions; Diswards economic constructions Check to xit name changed and see instructions; Diswards economic constructions Check to xit name changed and see instructions; Check t	Department of the Treasury						-	Open to Public Inspection for	
Reference to the part of the									
B Exempt under section Fig. 10 Case C		,		-	•		Empl	loyees' trust, see	
The content of the parent competer Parts and flowers in the parent competers, was the competence of the parent competence. The parent The parent competen					o.c			58-2106707	
Addition			'		nstructions.				
Secretary Secr	_ =						(2881)	nsu actions)	
Comparison of decement of the comparison of the	408A 530(a)	City or town, state or pro	vince, country, and ZIP o	r foreig	n postal code]		
Enter the number of the organization type Enter the number of the organization survivaled trades or businesses. 1		ATLANTA, GA 303	08		·		90009	9	
HEnter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ 1 Unity one, complete Parts I-V. If more than one, describe the history in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule Mor each additional trade or business, then complete Parts III-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ▼ 1 Vis ▼ 100 More of 11	at end of year		'	<u> </u>					
Trade or business here								Other trust	
describe the first in the blank gazes at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tayer, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		•	businesses. $ ightharpoonup$	1		- ' '		than and	
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			us contendo complete Da	rte Lan		•		·	
During the tax year, was the corporation a subsidiary on an affidiated group or a parent-subsidiary controlled group? Ves			us semence, complete ra	i io i ai	u II, complete a Schedule	WI IOI CACII AUGILIOII	ai liauc	OI .	
If 'Yes', enter the name and identifying number of the parent corporation.			affiliated group or a parer	nt-subs	idiary controlled group?	▶ [Ye	s X No	
Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net	• •	•	* .						
a - Gross receipts or sales b Less returns and allowances c Balance t			-		Teleph	one number 🕨 4	04-52	3-1872	
b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 2 Different Subtract line 2 from line 1c 3 Different Subtract line 2 from line 1c 4 Capital gain net income (attach Schedule D) 5 Net gain (loss) (form 4797, Part II, line 17) (attach Form 4797) 6 Capital liess deduction for trusts 6 Rent income (Schedule S) 7 Umrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents form a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions, ont Taken Elsewhere (See instructions, on deductions) 15 Capital lies 3 through 12 16 Compensation of officers, directors, and trustees (Schedule K) 17 Deductions Mot Taken Elsewhere (See instructions) 18 Interest (attach schedule) (see instructions) 19 Deprecation (attach Form 4562) 10 Deprecation (attach Form 4562) 11 Less deprecation claimed on Schedule A and elsywhere on return 19 Depletion 20 Depl	Partil Unrelated	d Trade or Business Inc	ome		(A) Income	(B) Expenses	*******	/ (C) Net	
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D	G. (2018) rational roundation for the centers for Displace Control and		/ Page 2
Part	<u> </u>	, ,	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for timitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subject line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,	30.	
35	•		•
Dord	enter the smaller of zero or line 37 L'IV. Tax Computation	39	<u> </u>
		T	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on fine 39 from:	E.E	
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	t V/ Tax and Payments		
464	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	F-3	
		1891	
	General business credit. Attach Form 3800		
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_		460	
	Total credits. Add lines 46a through 46d	47	0.
47	Subtract line 46e from line 45 Other taxes, Check If from; Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		 -
48			
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	Payments; A 2018 overpayment credited to 2019		
b	2019 estimated tax payments	Jakil	
		1 2762 1	
C	Tax deposited with Form 8868	続	
c d	Foreign organizations; Tax paid or withheld at source (see instructions)		
c d e	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see Instructions) 516		
c d e f	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see Instructions) Credit for small employer health insurance premiums (attach Form 8941) 516	23	
c d e f	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see Instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439		
c d e f	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see Instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439		
c d e f	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total	23	
c d e f g	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Total payments. Add lines 51a through 51g	52	
c d e f 9	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 (s attached	52 53	
c d e f f 9	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	52 53 54	
c d e f f 9 52 53 54 55	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 (s attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	52 53 54 55	
52 53 54 55	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax dus. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want; Credited to 2020 estimated tax Refunded	52 53 54	
c d d e f f 9 52 53 54 55 58 Part	Foreign organizations: Tax paid or withheld at source (see instructions) 51d Backup withholding (see instructions) 51e Credit for small employer health insurance premiums (attach Form 8941) 51f Other credits, adjustments, and payments:	52 53 54 55	Vec Us
52 53 54 55	Foreign organizations: Tax paid or withheld at source (see instructions) 51d Backup withholding (see instructions) 51e Credit for small employer health insurance premiums (attach Form 8941) 51f Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 51g Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded Tax during the 2019 calendar year, did the organization have an interest in or a signature or other authority	52 53 54 55	Yes Ho
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52 53 54 55 56 Part 57	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see Instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want; Credited to 2020 estimated tax Refunded TVI, Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign truct? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under possible of parky: I deplicate that there examined the return, including accompanying schedules and statements, and to the best of my knowled correct and complete. Decked your of proferer (other than tax peayer) is based on all information of which prepayer has any knowledge Refunded PRESIDENT/CEO	52 53 54 55 56 adge and ballef it a true May the IRS discuss this ha preparer shown belo	X X X x x x x x x x x x x x x x x x x x
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NATIONAL FOUNDATION FOR THE CENTERS FOR Form 990-T (2019) DISEASE CONTROL AND PREVENTION, INC.

58-2106707

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	aluation N/A				
1 Inventory at beginning of year	1		_	Inventory at end of year	r		6	
2 Purchases	2	· <u> </u>	_	Cost of goods sold. St		ine 6 ,	熱湿	
3 Cost of labor	3		7	from line 5. Enter here				
4a Additional section 263A costs				line 2		,	7	
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to	-	Yes No
b Other costs (attach schedule)	4b		7	property produced or a		107cm 1077		
5 Total. Add lines 1 through 4b	5		7	the organization?	•	,,		3.1373-8.1
Schedule C - Rent Income (From Real	Property and	Pers		ease	d With Real Prop	erty)	
(see instructions)								
Description of property								
(1)						······································		
(2)							-	
(3)						_		
(4)								
		ed or accrued				04-10-4-4-4		
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	or rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connected w nd 2(b) (attach	ith the income in schedule)
(1)								
(2)								
(3)								
(4)								•
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated Deb		Income (see	instru	ctions)	<u> </u>	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		2	. Gross income from		3. Deductions directly control to debt-finance		allocable
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b)	Other deductions attach schedule)
(1)		·						
(2)								
(3)		<u>,</u>						
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property a schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deductions nn 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				•
	-					nter here and on page 1, art I, line 7, column (A)		here and on page 1, l, line 7, column (B)
Totals				>		0		0.
Total dividends-received deductions in	cluded in column	18				>	-	0.
								Form 000 7 (0010)

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Dan	•	4

	90-T (2019) DISEASE CO					· ·				58-210		Page 4
Sche	dule F - Interest, A	nnuitie	s, Royal						ition	S (see ins	struction	is)
			,	Exer	mpt C	ontrolled O	rganızat	ions			•	
	Name of controlled organization	on -	2. Em identifi num	cation (los		lated income instructions)	4. To pay	tal of specified ments made	ınclud	rt of column 4 led in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
•												<u> </u>
(1)												
(2)												1
(3)										` .		
(4)												
Nonex	empt Controlled Organiz	ations										
	7. Taxable Income		nrelated incom ee instructions		Total o	f specified payn made	nents	10. Part of column the controll gross	mn 9 the ing orgai s income	nization's		ductions directly connected in income in column 10
												·
<u>(1)</u>												<u></u> .
(2)							-					
_(3) ·	·											
(4)												
								Add colum Enter here and line 8, 4		1, Part I,	l	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
T-4-1-										0.		0
Totals	dula O Java Maria) +i 504 (-1/71	(0) (<u> </u>			0.		0.
Sche	dule G - Investmer		ne or a s	section 501(C)(/)	, (9), or (17) Or	ganization				
	(see instri	uctions)										1
	1. Descri	ption of inco	me			2. Amount of	ıncome	3. Deductio directly conne		4. Set-		5. Total deductions and set-asides
							_	(attach sched	śule)	(attach s	schedule)	(col 3 plus col 4)
(1)			•	<u> </u>	.							
(2)												
(3)											. <u> </u>	
(4)			-							ļ		
				•		Enter here and o Part I, line 9, col	umn (A)					Part I, line 9, column (B)
Totals	 			·	<u> </u>		0.					0.
Sche	edule I - Exploited E	-	Activity	Income, Ot	her	Than Adv	ertisir	ng Income				•
	(see instru	ctions)										
				3. Expenses		4. Net incom		5 0		ļ		7. Excess exempt
	1. Description of	unrelated		directly connected with production		from unrelated business (co	lumn 2	5. Gross inco	that	6. Exp		expenses (column 6 minus column 5,
	exploited activity	incom trade or l		of unrelated		minus column gain, compute		is not unrelat		colu		but not more than
				business incom	Θ	through						column 4)
(1)										_		
(2)												
(3)		_										
(4)				 ,								,
<u> </u>	 -	Enter her		Enter here and o		a watupa						Enter here and
		page 1, line 10,		page 1, Part I, line 10, col (B)					R.	125.7		on page 1, Part II, line 25
Totals			0.		0.							0.
	edule J - Advertisin	a Incon		etrictions)	<u> </u>	E. SEARCH, SELECTION OF TAXABLE	balless Tr.18848	es crementation de la constant de la	12Caprapaga	halt halt dans de met 1996 fra 1986 a. 201	Olia L Patral Million	IREA .
	I Income From P				'one	olidated	Racie					
HOW CHAN	·····································	eriodic	ais i tept	orted on a C	,O113	ondated	Dasis					
												
	1. Name of periodical		2. Gross advertising income	3. Direct advertising of		4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulation		6. Read		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		+					or expense	-				CONTRACTOR PROPERTY.
(1)												
(2)	•							M				
(3)		_			_							
(4)						PRINCE		堀			_	Harminetta Gulfaffició
Totals	(carry to Part II, line (5))	•		0.	0.			,				0.

Form 990-T (2019) DISEASE				58-2106707
Part II Income From	Periodicals	Reported on a	Separate Basis	(For each periodical listed in Part II, fill in

58-2106707

Page 5

0.

columns 2 through 7 on a line-by-line basis) Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 2. Gross 6. Readership costs 3. Direct 5. Circulation advertising income 1. Name of periodical (1) (2) (3) (4) ō. Totals from Part I 0. ٥.

Totals, Part II (lines 1-5) 0. Schedule K - Compensation of Officers, Directors, and Trustees

Enter here and on page 1, Part I, line 11, col (B)

Enter here and on page 1, Part I, line 11, col (A)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to urrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		▶	0

Form 990-T_(2019)

Enter here and