

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc. Doing business as CDC Foundation		D Employer identification number 58-2106707
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 Park Place 400		E Telephone number (404) 653-0790
	City or town, state or province, country, and ZIP or foreign postal code Atlanta, GA 30303		G Gross receipts \$ 145,434,136.
	F Name and address of principal officer: DR. JUDITH MONROE same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number
J Website: www.cdcfoundation.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1993	M State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	140
	6 Total number of volunteers (estimate if necessary)	6	23
	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.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		42,595,150.	144,054,084.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,238,913.	1,086,626.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		166,292.	293,312.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,000,355.	145,434,022.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	12,516,490.	52,225,072.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,032,823.	10,188,818.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,243,263.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,949,634.	24,537,406.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	31,498,947.	86,951,296.
	20 Total assets (Part X, line 16)	12,501,408.	58,482,726.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	85,430,998.	143,593,939.
		20,509,240.	20,226,515.
		64,921,758.	123,367,424.

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 5/3/16			
	DR. JUDITH MONROE, President/CEO Type or print name and title				
Paid	Print/Type preparer's name Susan Hill	Preparer's signature	Date 05/02/16	Check if self-employed <input type="checkbox"/>	PTIN P00846200
	Preparer Firm's name Warren Averett, LLC	Firm's EIN 45-4084437			
Use Only	Firm's address Six Concourse Parkway, Suite 600 Atlanta, GA 30328	Phone no. 770-396-1100			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 \$ 45,397,827. including grants of \$ 35,748,305.) (Revenue \$ _____)
Global Disaster Response

See Schedule O for description

4b (Code: _____) (Expenses \$ 6,303,662. including grants of \$ 6,303,662.) (Revenue \$ _____)
Expanding the Immunization Data System in Nigeria

See Schedule O for description

4c (Code: _____) (Expenses \$ 3,686,649. including grants of \$ 99,586.) (Revenue \$ _____)
PEPFAR Public Private Partnership Cooperative Agreement

See Schedule O for description

4d Other program services (Describe in Schedule O.)
(Expenses \$ 26,150,274. including grants of \$ 10,073,519.) (Revenue \$ 1,086,626.)

4e Total program service expenses **81,538,412.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CT, DC, FL, GA, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request 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: **▶** _____
 Paula Jasina - (404) 653-0790
 55 Park Place, Suite 400, Atlanta, GA 30303-2915

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

Check if Schedule O contains a response 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) Andrew R. Klepchick, Jr. Treasurer	2.20	X		X				0.	0.	0.
(3) David M. Ratcliffe Secretary	1.30	X		X				0.	0.	0.
(4) Gary Cohen Director	2.80	X						0.	0.	0.
(5) Dr. Leah Devlin Director	1.30	X						0.	0.	0.
(6) Carlos Dominguez Director	0.70	X						0.	0.	0.
(7) James W. Down Director	1.30	X						0.	0.	0.
(8) Raymond J. Baxter, Ph.D. Director	1.30	X						0.	0.	0.
(9) Matt James Director	1.30	X						0.	0.	0.
(10) Ruth J. Katz Director	1.30	X						0.	0.	0.
(11) Phil Kent Director	0.70	X						0.	0.	0.
(12) Betty E. King Director	0.70	X						0.	0.	0.
(13) Charles H. "Pete" McTier Director	2.20	X						0.	0.	0.
(14) Dikembe Mutombo Director	0.50	X						0.	0.	0.
(15) John G. Rice Director	0.50	X						0.	0.	0.
(16) Charles Stokes President & CEO	60.00			X				456,957.	0.	33,823.
(17) Paula Jasina CFO	60.00			X				163,268.	0.	23,122.

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 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) Chloe Tonney Executive VP of External Affairs	60.00				X			238,418.	0.	30,637.
(19) Alan D. Harrison VP for Administration	45.00					X		134,668.	0.	20,262.
(20) William Parra Exec. Dir. of the Secretariat, HaMEC	32.00					X		136,068.	0.	13,593.
(21) Pierce Nelson VP of Communications	60.00					X		188,991.	0.	25,694.
(22) Luke Nkinsi SURVAC Project Director	40.00					X		217,547.	0.	27,230.
(23) Linda McGehee Associate VP for Programs	40.00					X		119,301.	0.	18,733.
1b Sub-total								1,655,218.	0.	193,094.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,655,218.	0.	193,094.

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 **11**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
eHealth and Information Systems Nigeria, 17971 E. Santa Clara Ave, Santa Ana, CA	Fees - Ebola response efforts	15,769,542.
Proteus on Demand Facilities LLC, 6727 Oak Ridge Commerce Way, Austell, GA 30168	Fees - W. Africa Emgcy Response Centers	2,474,100.
UPS Supply Chain Solutions Inc 28013 Network Place, Chicago, IL 60673-1280	Fees - Ebola response - vehicle airlift	1,404,896.
KYNE Communications Inc, 360 W. 31st Street, Suite 1501, New York, NY 10001	Fees - Media and other comm. consulting	735,553.
McKing Consulting Corporation, 2810 Old Lee Highway Suite 300, Fairfax, VA 22031	Fees - Freedom from Smoking Initiative	666,896.

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 **26**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,467,195.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	140,586,889.				
	g Noncash contributions included in lines 1a-1f: \$		612,178.				
	h Total. Add lines 1a-1f		144,054,084.				
	Program Service Revenue	2 a Lab Research Agreement	Business Code				
		541900	416,082.	416,082.			
b Health Surveillance		541900	265,840.	265,840.			
c Data Collection Resear		541700	219,801.	219,801.			
d Health Training		541900	184,903.	184,903.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f		1,086,626.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		293,426.			293,426.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses	114.				
		c Gain or (loss)	-114.				
		d Net gain or (loss)		-114.			-114.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			145,434,022.	1,086,626.	0.	293,312.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	20,615,402.	20,615,402.		
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, lines 15 and 16	31,609,670.	31,609,670.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	902,489.	186,958.	321,432.	394,099.
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	7,615,310.	5,420,398.	1,234,724.	960,188.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	593,611.	348,538.	151,846.	93,227.
9 Other employee benefits	456,505.	271,475.	87,456.	97,574.
10 Payroll taxes	620,903.	435,742.	104,156.	81,005.
11 Fees for services (non-employees):				
a Management				
b Legal	138,129.	41,037.	86,952.	10,140.
c Accounting	54,669.		54,669.	
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 Sch. O.)	19,135,301.	18,523,516.	497,851.	113,934.
12 Advertising and promotion	46,114.		44,501.	1,613.
13 Office expenses	1,319,222.	1,044,622.	130,993.	143,607.
14 Information technology	166,319.	26,712.	107,273.	32,334.
15 Royalties				
16 Occupancy	492,297.	235,865.	144,174.	112,258.
17 Travel	2,441,335.	2,273,926.	73,258.	94,151.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	538,350.	441,496.	27,666.	69,188.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,219.	17,550.	15,529.	10,140.
23 Insurance	61,892.	21,364.	40,528.	
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 _____	100,559.	24,141.	46,613.	29,805.
25 Total functional expenses. Add lines 1 through 24e	86,951,296.	81,538,412.	3,169,621.	2,243,263.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	49,645,375.	2	71,125,340.
	3 Pledges and grants receivable, net	25,280,870.	3	60,120,037.
	4 Accounts receivable, net	401,678.	4	997,685.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,225,816.	9	2,271,327.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 657,089.		
	b Less: accumulated depreciation	10b 479,436.	28,426.	10c 177,653.
	11 Investments - publicly traded securities	8,848,833.	11	8,901,897.
	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)	85,430,998.	16	143,593,939.	
Liabilities	17 Accounts payable and accrued expenses	1,005,498.	17	939,628.
	18 Grants payable	3,083,043.	18	3,997,080.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	192,971.	21	166,879.
	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	16,227,728.	25	15,122,928.
	26 Total liabilities. Add lines 17 through 25	20,509,240.	26	20,226,515.
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	9,452,518.	27	10,485,431.
	28 Temporarily restricted net assets	52,047,722.	28	109,118,891.
	29 Permanently restricted net assets	3,421,518.	29	3,763,102.
	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	64,921,758.	33	123,367,424.	
34 Total liabilities and net assets/fund balances	85,430,998.	34	143,593,939.	

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	145,434,022.
2	Total expenses (must equal Part IX, column (A), line 25)	2	86,951,296.
3	Revenue less expenses. Subtract line 2 from line 1	3	58,482,726.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,921,758.
5	Net unrealized gains (losses) on investments	5	-37,060.
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	123,367,424.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,886,466.	17,646,412.	25,659,088.	42,589,150.	144,054,084.	268,835,200.
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 ...	496,081.	404,991.	216,472.	240,971.	235,516.	1,594,031.
4 Total. Add lines 1 through 3	39,382,547.	18,051,403.	25,875,560.	42,830,121.	144,289,600.	270,429,231.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						150,672,326.
6 Public support. Subtract line 5 from line 4.						119,756,905.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	39,382,547.	18,051,403.	25,875,560.	42,830,121.	144,289,600.	270,429,231.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	169,564.	136,410.	189,115.	163,405.	293,426.	951,920.
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						271,381,151.
12 Gross receipts from related activities, etc. (see instructions)					12	5,247,235.

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 2014 (line 6, column (f) divided by line 11, column (f))	14	44.13 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	61.81 %

16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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>		
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? Provide details in Part VI.		
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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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):		
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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

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

Employer identification number

58-2106707

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 30,705,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 3,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 46,342,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 6,016,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 25,075,751.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 12,900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 3,544,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (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 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.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		3,342.													
c Total lobbying expenditures (add lines 1a and 1b)		3,342.													
d Other exempt purpose expenditures		86,947,954.													
e Total exempt purpose expenditures (add lines 1c and 1d)		86,951,296.													
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) 2011	(b) 2012	(c) 2013	(d) 2014	(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	6,196.	3,193.	3,210.	3,342.	15,941.
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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014 Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part 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.

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

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

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

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,971,135.	3,151,940.	2,602,038.	2,516,794.	2,043,679.
b Contributions	327,765.	356,688.	370,113.	409,702.	237,213.
c Net investment earnings, gains, and losses	25,904.	491,183.	220,629.	-899.	382,727.
d Grants or scholarships					
e Other expenditures for facilities and programs	46,158.	28,676.	40,840.	323,559.	146,825.
f Administrative expenses					
g End of year balance	4,278,646.	3,971,135.	3,151,940.	2,602,038.	2,516,794.

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 87.95 %
- c Temporarily restricted endowment 12.05 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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" to 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		165,828.	62,937.	102,891.
d Equipment		157,679.	91,062.	66,617.
e Other		333,582.	325,437.	8,145.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				177,653.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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" to 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	
(2) Contracts payable	11,216,274.
(3) Deferred Rent	214,725.
(4) Other liabilities	216,953.
(5) Refundable advances	3,474,976.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,122,928.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	145,632,478.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-37,060.
b	Donated services and use of facilities	2b	235,516.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	198,456.
3	Subtract line 2e from line 1	3	145,434,022.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	145,434,022.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	87,186,812.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	235,516.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	235,516.
3	Subtract line 2e from line 1	3	86,951,296.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	86,951,296.

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.

Part IV, line 2b:

The funds held in custodial accounts are for CDC programs for conferences and management training courses.

Part V, line 4:

The Foundation's endowment consists of approximately 16 individual funds established by donors for a variety of purposes, including programs, awards, research and operations.

PART X, LINE 1, REFUNDABLE ADVANCES:

During a prior year, the Foundation received \$5,000,000 in refundable

advances to be used for Emergency Preparedness and Response which includes

Part XIII Supplemental Information *(continued)*

severe and/or infrequent national level emergencies. Recognition as
revenue is contingent upon the Foundation using these funds for their
intended purpose by November 14, 2017. Any amounts not used by this date
must be returned to the donor. During the year ended June 30, 2015, the
donor authorized the Foundation to use \$1,000,000 of this funding as a
part of the Foundation's response to the Ebola crisis in West Africa. At
June 30, 2015 \$3,474,976 remained available to be expended in future
years.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central Am. & Caribbean	0	0	Program Services	Travel	34,387.
East Asia & Pacific	0	0	Grant Making	Award	174,868.
East Asia & Pacific	0	0	Program Services	Supplies	124.
East Asia & Pacific	0	0	Program Services	Travel	100,920.
Europe	0	0	Grant Making	Award	1,509,555.
Europe	0	0	Program Services	Conferences, Meetings	60,630.
Europe	0	0	Program Services	Printing, Promotion	333.
Europe	0	0	Program Services	Supplies	249.
3 a Sub-total	0	0			1,881,066.
b Total from continuation sheets to Part I	0	0			37,737,718.
c Totals (add lines 3a and 3b)	0	0			39,618,784.

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

Schedule F (Form 990) 2014

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	0	Program Services	Travel	224,433.
Middle East & N. Africa	0	0	Program Services	Conferences, Meetings	13,802.
Middle East & N. Africa	0	0	Program Services	Travel	94,800.
North America	0	0	Program Services	Printing, Promotion	85.
North America	0	0	Program Services	Travel	19,629.
North America	0	0	Marketing	Website	988.
North America	0	0	Program Services	Supplies	569.
North America	0	0	Program Services	Conferences, Meetings	1,350.
Russia & Ind. States	0	0	Program Services	Travel	30,145.
South America	0	0	Program Services	Conferences, Meetings	7,178.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Office Supplies	920.
South America	0	0	Program Services	Travel	47,102.
South Asia	0	0	Grant Making	Award	17,515.
South Asia	0	0	Program Services	Travel	102,205.
Sub-Saharan Africa	0	0	Grant Making	Award	29,907,733.
Sub-Saharan Africa	0	0	Program Services	Conferences, Meetings	3,966.
Sub-Saharan Africa	0	0	Program Services	Professional Fees	6,743,286.
Sub-Saharan Africa	0	0	Program Services	Travel	522,012.
Totals					37,737,718.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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)
		Sub-Saharan Africa	Freedom from Smoking Initiative	30,908.	WT	0.		
		Europe	Freedom from Smoking Initiative	375,000.	WT	0.		
		Europe	Freedom from Smoking Initiative	36,069.	WT	0.		
		Europe	Freedom from Smoking Initiative	52,969.	WT	0.		
		East Asia and the Pacific	Freedom from Smoking Initiative	62,998.	WT	0.		
		Europe	Freedom from Smoking Initiative	65,823.	WT	0.		
		Europe	Freedom from Smoking Initiative	52,969.	WT	0.		
		Europe	Freedom from Smoking Initiative	5,467.	WT	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **17**

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Freedom from Smoking Initiative	99,157.	WT	0.		
		East Asia and the Pacific	Monitoring the Tobacco Epidemic in Africa & Southeast Asia	12,713.	WT	0.		
		Sub-Saharan Africa	Global Adult Tobacco Survey II	135,694.	WT	0.		
		Sub-Saharan Africa	Global Adult Tobacco Survey II	90,306.	WT	0.		
		Europe	Global Adult Tobacco Survey II	139,838.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	87,575.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	100,300.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	59,000.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	27,900.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	7,987.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	217,628.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	45,973.	WT	0.		
		Sub-Saharan Africa	Strengthening Surveillance & Response in Central Africa	7,916.	WT	0.		
		Sub-Saharan Africa	Leveraging Rotavirus Networks	25,000.	WT	0.		
		Sub-Saharan Africa	Leveraging Rotavirus Networks	25,000.	WT	0.		
		Sub-Saharan Africa	Family Planning Project in Tanzania	8,380.	WT	0.		
		Sub-Saharan Africa	Family Planning Project in Tanzania	187,263.	WT	0.		
		Sub-Saharan Africa	Family Planning Project in Tanzania	19,973.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	MenAFriNet Meningitis Surveillance in Africa	52,080.	WT	0.		
		Europe	MenAFriNet Meningitis Surveillance in Africa	94,848.	WT	0.		
		Europe	MenAFriNet Meningitis Surveillance in Africa	26,040.	WT	0.		
		Europe	MenAFriNet Meningitis Surveillance in Africa	47,424.	WT	0.		
		Europe	MenAFriNet Meningitis Surveillance in Africa	20,832.	WT	0.		
		Europe	MenAFriNet Meningitis Surveillance in Africa	37,939.	WT	0.		
		Sub-Saharan Africa	MenAFriNet Meningitis Surveillance in Africa	80,000.	WT	0.		
		Sub-Saharan Africa	MenAFriNet Meningitis Surveillance in Africa	80,075.	WT	0.		
		Europe	Global Cervical Cancer Screening & Treatment	163,398.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Global Cervical Cancer Screening & Treatment	28,590.	WT	0.		
		Europe	Global Cervical Cancer Screening & Treatment	81,699.	WT	0.		
		Sub-Saharan Africa	Alternative Sanitation in Protracted Emergencies	19,729.	WT	0.		
		Sub-Saharan Africa	Tobacco Control Surveillance in Africa	76,275.	WT	0.		
		Europe	Data for Health	228,571.	WT	0.		
		Sub-Saharan Africa	Vaccine Research & Surveillance	79,760.	WT	0.		
		South Asia	Vaccine Research & Surveillance	17,515.	WT	0.		
		Sub-Saharan Africa	Vaccine Research & Surveillance	5,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	100,000.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Global Disaster Response	500,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	250,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	750,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	750,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	300,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	300,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	1,500,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	200,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	1,450,000.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Global Disaster Response	600,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	806,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	250,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	400,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	1,995,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	695,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	150,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	600,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	600,000.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Global Disaster Response	600,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	4,326,560.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	700,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	200,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	300,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	1,100,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	315,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	255,000.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	150,000.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Global Disaster Response	1,186,366.	WT	0.		
		Sub-Saharan Africa	Global Disaster Response	1,726,468.	WT	0.		
		Sub-Saharan Africa	Together for Girls	50,080.	WT	0.		
		Sub-Saharan Africa	Together for Girls	21,700.	WT	0.		
		Sub-Saharan Africa	Together for Girls	33,895.	WT	0.		
		Sub-Saharan Africa	Together for Girls	0.	WT	150.	USB Flash Drives	Cash
		Sub-Saharan Africa	Together for Girls	0.	WT	160.	Power protector/transformer	Cash
		Sub-Saharan Africa	Together for Girls	0.	WT	657.	Cables and USB Flash Drives	Cash
		Sub-Saharan Africa	Together for Girls	0.	WT	719.	Computer supplies	Cash

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Together for Girls	0.	WT	62,300.	Computers	Cash
		Sub-Saharan Africa	Together for Girls	0.	WT	35,600.	Computers	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	150,118.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	175,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	175,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	375,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	199,100.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	250,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	250,000.	Emergency Operations Center	Cash

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	325,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	153,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	199,100.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	150,118.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	175,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	175,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	500,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	375,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	625,000.	Emergency Operations Center	Cash

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	250,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	250,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	325,000.	Emergency Operations Center	Cash
		Sub-Saharan Africa	Global Disaster Response	0.	CHK	153,000.	Emergency Operations Center	Cash

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not 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.

Part I, Line 2:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

Employer identification number
58-2106707

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Association of Maternal & Child Health Programs - 2030 M Street NW Suite 350 - Washington, DC 20036	52-1529448	501(c)(3)	19,000.	0.			Early Childhood Inequities Awareness Campaign
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	81,427.	0.			Study Of Inhibitors in Hemophilia
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	100,000.	0.			Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50,000.	0.			Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	150,000.	0.			Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50,000.	0.			Global Disaster Response

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **26.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **2.**

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

Schedule I (Form 990) (2014)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50,000.	0.			Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	18,668.	0.			Organ Transplant Infection Project Study
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	17,307.	0.			Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25.	0.			Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	97,536.	0.			Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	35,075.	0.			Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,166.	0.			Freedom from Smoking Initiative
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	102,265.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	300.	0.			Improving Health Care Provider Performance in Developing Countries

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	27,272.	0.			Improving Health Care Provider Performance in Developing Countries
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,923.	0.			Global Adult Tobacco Survey II
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25,896.	0.			Global Adult Tobacco Survey II
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	41,718.	0.			Global Adult Tobacco Survey II
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,927.	0.			Global Adult Tobacco Survey II
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	6,555.	0.			Global Adult Tobacco Survey II
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	20,000.	0.			Viral Hepatitis Action Coalition (VHAC)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,000.	0.			Together for Girls
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25,000.	0.			Together for Girls

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	123,500.	0.			Emergency Obstetric Care in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	35,500.	0.			Emergency Obstetric Care in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,167.	0.			Emergency Obstetric Care in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	11,270.	0.			Drug-resistant Candida - South Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	54,531.	0.			Sylvatic Reservoirs of Human Monkeypox
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,249.	0.			Rabies Prevention in Developing Countries
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	90,021.	0.			Controlling Viral Foodborne Disease
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,681.	0.			Primate Retroviral Transmission
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	34,471.	0.			Point-of-Care Diagnostics for Norovirus

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	1,840.	0.			Monitoring the Tobacco Epidemic in Africa & Southeast Asia
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	15,713.	0.			Echinocandin Resistance in Candida glabrata
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	14,457.	0.			Reducing Collisions Through Feedback to Truck Drivers
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	34,000.	0.			Rotavirus Intussusception Study in South Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	20,000.	0.			Rotavirus Journal Supplement on Vaccines in India
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	40,000.	0.			Rotavirus Journal Supplement on Vaccines in India
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	32,931.	0.			Improving Public Health Management for Action
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	18,000.	0.			Improving Public Health Management for Action
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	137,463.	0.			Law and Policy Impact for Healthy People 2020

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	52,583.	0.			Law and Policy Impact for Healthy People 2021
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	47,956.	0.			Law and Policy Impact for Healthy People 2022
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	42,400.	0.			Family Planning Project in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	36,000.	0.			Family Planning Project in Tanzania
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	15,000.	0.			Laboratory Surveillance for Factor XIII Deficiency
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	3,000.	0.			MenAFriNet Meningitis Surveillance in Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	50,000.	0.			MenAFriNet Meningitis Surveillance in Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	408,423.	0.			Saudi Arabia FETP
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	55,000.	0.			Addressing Health Disparities in the US & Brazil

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,000.	0.			Chronic Kidney Disease in Central American Workers
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	106,000.	0.			Clinical Trials Unit for HIV/AIDS and TB Research
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	3,000.	0.			Pneumococcal Disease in Qatar
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	10,000.	0.			Pneumococcal Disease in Qatar
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	15,000.	0.			Pneumococcal Disease in Qatar
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	30,600.	0.			Pneumococcal Disease in Qatar
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	40,000.	0.			Reducing Ebola Transmission in Guinea
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	62,288.	0.			Alternative Sanitation in Protracted Emergencies
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,664.	0.			Alternative Sanitation in Protracted Emergencies

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	2,189.	0.			Alternative Sanitation in Protracted Emergencies
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	4,854.	0.			Alternative Sanitation in Protracted Emergencies
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	496.	0.			Cancer: Survivors in Focus Traveling Exhibition
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	653,750.	0.			Viral Hepatitis in Resource-Limited Countries
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	3,680.	0.			Tobacco Control Surveillance in Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	65,755.	0.			Haiti Malaria Elimination Consortium
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	6,303,662.	0.			Expanding the Immunization Data System in Nigeria
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	38,000.	0.			Cryptococccal Meningitis Screening in South Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	16,000.	0.			Water Quality Testing in Low-Resource Settings

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	42,934.	0.			Data for Health
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	5,165.	0.			Data for Health
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	130,000.	0.			Fortification Assessment Coverage Tool Surveys
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	25,690.	0.			Rapid Diagnostic Tests for Malaria Elimination
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	19,582.	0.			CDC's overall operations and meetings
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	12,095.	0.			CDC's overall operations and meetings
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	431.	Cost	Award Certificates	Mann Lecture 99
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	252.	Cost	Wristbands for Ebola Response Teams	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	7,635.	Cost	Pico Projectors	Global Disaster Response

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,301.	Cost	Swabs and Vials	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	172.	Cost	Postcards	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,298.	Cost	Thermometers	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	22,219.	Cost	Tablets	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	17,645.	Cost	Pico Projectors	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	682.	Cost	Pandigital Handheld Wand Document Scanners	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	55,979.	Cost	Telephones	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	9,499.	Cost	Thermometers	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	184,000.	Cost	Infusion therapy and blood sampling devices	Global Disaster Response

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	34,893.	Cost	Ebola response supplies	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	384.	Cost	Ebola response supplies	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	5,731.	Cost	Ebola response supplies	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	264,031.	Cost	Telephones for Ebola Response	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	36,293.	Cost	Lab Supplies	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	33,664.	Cost	Ebola response supplies	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	5,683.	Cost	Bumper Stickers	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,075.	Cost	CDC Shirts	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	443,269.	Cost	Laptops	Global Disaster Response

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,674.	Cost	Tablet covers	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,690.	Cost	Face shields	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	5,000.	Cost	Lab equipment	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	18,442.	Cost	Toner Cartridges for Printers	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	176,394.	Cost	Computers, Printers and Other Computer Equipment	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	17,742.	Cost	Gloves, Mask and Hospital Gowns	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,095.	Cost	Anti-Theft Stickers	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	16,007.	Cost	Thermometers	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	353,160.	Cost	Lab Supplies	Global Disaster Response

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	875.	Cost	CDC Shirts	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	17,800.	Cost	Microsoft Office Licenses	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	5,120.	Cost	Digital Thermometers	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	3,214.	Cost	Furniture for EOCs	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	7,100.	Cost	Soap	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	9,045.	Cost	Tablets	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	5,284,800.	Cost	Vehicles	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,425.	Cost	Furniture for EOCs	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	301.	Cost	Surge protector and other electronics	Global Disaster Response

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,001.	Cost	Portable Hand Washing Station	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	307.	Cost	Batteries for Laptops, Jump Drives	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	303.	Cost	Thermometers	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,058.	Cost	Phones/SIM cards	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	835.	Cost	Door Magnets	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	444.	Cost	Fridge, Freezer, Incubator and Thermometers	Global Disaster Response
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	342.	Cost	Lab Supplies	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	709.	Cost	Lab courses on DVD	Testosterone Measurement Harmonization
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,742.	Cost	Supplies	Testosterone Measurement Harmonization

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	504.	Cost	VHAC Pens	Viral Hepatitis Action Coalition (VHAC)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	6,000.	Cost	Lab Supplies	Controlling Viral Foodborne Disease
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	179.	Cost	Lab Samples	International Flour Fortification - Phase 11 - (New)
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	14,311.	Cost	Lab Supplies	Multistate Fungal Meningitis Outbreak Management
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,802.	Cost	Lab Supplies	MenAFriNet Meningitis Surveillance in Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,810.	Cost	Sterilized Tipacks	MenAFriNet Meningitis Surveillance in Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	2,535.	Cost	Lab Supplies	MenAFriNet Meningitis Surveillance in Africa
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,105.	Cost	Air Compressor	Pneumococcal Disease in Qatar
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	497.	Cost	TRYPT SOY AGR 100/PK	Pneumococcal Disease in Qatar

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,830.	Cost	Project supplies	Crimean-Congo Hemorrhagic Fever Study
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,906.	Cost	Lab analysis supplies	Crimean-Congo Hemorrhagic Fever Study
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	6,091.	Cost	Reagents for Lab Analysis	Crimean-Congo Hemorrhagic Fever Study
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,823.	Cost	Reagents for Lab Analysis	Crimean-Congo Hemorrhagic Fever Study
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	4,768.	Cost	Reagents for Lab Analysis	Crimean-Congo Hemorrhagic Fever Study
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	233.	Cost	Reagents for Lab Analysis	Crimean-Congo Hemorrhagic Fever Study
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	1,397.	Cost	Sampling Spatulas	Alternative Sanitation in Protracted Emergencies
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	58.	Cost	Lab Equipment for Soil Testing	Alternative Sanitation in Protracted Emergencies
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	113.	Cost	Supplies for Lab Analysis	Alternative Sanitation in Protracted Emergencies

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	161.	Cost	Equipment for Soil Sampling	Alternative Sanitation in Protracted Emergencies
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	497.	Cost	Laboratory Supplies	Alternative Sanitation in Protracted Emergencies
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	497.	Cost	Laboratory Supplies	Alternative Sanitation in Protracted Emergencies
Center for Disease Control & Prevention - 1600 Clifton Road - Atlanta, GA 30333	58-6051157	Govt	0.	208.	Cost	Reagents for Lab Analysis	Malaria Research & Reference Reagent Repository - Phase 2
Children's Hospital Corporation 300 Longwood Avenue Boston, MA 02115	04-2774441	501(c)(3)	2,500.	0.			Expanding Community Participation in SaludBoricua
City of Houston Health and Human Services Department - P.O. Box 88361 - Houston, TX 77288	74-6001164	Govt	10,000.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
College of Charleston Foundation 66 George Street Charleston, SC 29424	23-7069236	501(c)(3)	12,785.	0.			Gangarosa Endowment for Safe Water
Futures Without Violence 100 Montgomery St, The Presidio San Francisco, CA 94129	94-3110973	501(c)(3)	17,186.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
George W. Bush Foundation 2943 SMU Blvd Dallas, TX 75205	20-4119317	501(c)(3)	5,801.	0.			Global Cervical Cancer Screening & Treatment

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
George W. Bush Foundation 2943 SMU Blvd Dallas, TX 75205	20-4119317	501(c)(3)	160,118.	0.			Global Cervical Cancer Screening & Treatment
Health Connect South 1950 Lake Park Drive Smyrna, GA 30080	46-3967515	501(c)(3)	7,500.	0.			HCS Conference Sponsorship
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	45,463.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	69,359.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	204,205.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	94,976.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	55,777.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	211,273.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	138,736.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	33,081.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	105,830.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	18,763.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	54,892.	0.			Chronic Hepatitis B and C Cohort Study (CHECS)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	35,000.	0.			Birth-Cohort Evaluation (BEST-C)
Henry Ford Health System One Ford Place - 3A Detroit, MI 48202	38-1357020	501(c)(3)	23,333.	0.			Birth-Cohort Evaluation (BEST-C)
Mount Sinai School of Medicine One Gustave L Levy Place New York, NY 10029	13-6171197	501(c)(3)	35,000.	0.			Birth-Cohort Evaluation (BEST-C)
Multnomah County 421 SW Oak Street, Suite 210 Portland, OR 97204	93-6002309	Govt	9,772.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
National Association of County & City Health Officials - 1100 17th Street, NW 7th Floor - Washington, DC 20036	52-1426663	501(c)(3)	225,208.	0.			Positive Parenting Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Association of County & City Health Officials - 1100 17th Street, NW 7th Floor - Washington, DC 20036	52-1426663	501(c)(3)	166,087.	0.			Positive Parenting Program
National Association of County & City Health Officials - 1100 17th Street, NW 7th Floor - Washington, DC 20036	52-1426663	501(c)(3)	225,421.	0.			Positive Parenting Program
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	4,519.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	10,874.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	21,806.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	13,461.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	25,780.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	15,087.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	19,548.	0.			Birth-Cohort Evaluation (BEST-C)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	33,746.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	30,195.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	5,786.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	23,414.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	18,037.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	27,375.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	1,131.	0.			Birth-Cohort Evaluation (BEST-C)
NORC at the University of Chicago 55 East Monroe Street 20th Floor Chicago, IL 60603	36-2177139	501(c)(3)	1,417.	0.			Birth-Cohort Evaluation (BEST-C)
Pan American Sanitary Bureau 525 Twenty-Third Street, NW Washington, DC 20037	52-1804954	Govt	42,714.	0.			Freedom from Smoking Initiative

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rotary Club of Atlanta 100 Edgewood Avenue Suite 508 Atlanta, GA 30303	58-6035356	501(c)(4)	350.	0.			Contribution
The Commerce Club 191 Peachtree Street NE Atlanta, GA 30303	58-0830190	501(c)(4)	40.	0.			Holiday Fund
The Regents of the University of Michigan - Box 223131 - Pittsburgh, PA 15251	38-6006309	501(c)(3)	3,799.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
The Trustees of Indiana University P.O. Box 78000 Detroit, MI 48278	35-6001673	501(c)(3)	62,499.	0.			Global Cervical Cancer Screening & Treatment
The Trustees of Indiana University P.O. Box 78000 Detroit, MI 48278	35-6001673	501(c)(3)	187,495.	0.			Global Cervical Cancer Screening & Treatment
The Trustees of the University of Pennsylvania - 3451 Walnut Street - Philadelphia, PA 19104	23-1352685	501(c)(3)	67,291.	0.			Piloting the Cardiff Model for Violence Prevention
The University of New Mexico 1 University of New Mexico Albuquerque, NM 87131	85-6000642	501(c)(3)	21,550.	0.			Extension for Community Healthcare Outcomes (ECHO)
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	150,096.	0.			Investigating Chronic Kidney Disease in Nicaragua
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	15,669.	0.			Chronic Kidney Disease in Central American Workers

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	12,733.	0.			Chronic Kidney Disease in Central American Workers
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	13,423.	0.			Chronic Kidney Disease in Central American Workers
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	32,850.	0.			Chronic Kidney Disease in Central American Workers
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	16,871.	0.			Chronic Kidney Disease in Central American Workers
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	15,658.	0.			Chronic Kidney Disease in Central American Workers
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	106,647.	0.			Chronic Kidney Disease in Central American Workers
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	27,660.	0.			Chronic Kidney Disease in Central American Workers
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	120,679.	0.			Chronic Kidney Disease in Central American Workers
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	17,450.	0.			Chronic Kidney Disease in Central American Workers

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	16,979.	0.			Viral Hepatitis in Resource-Limited Countries
Trustees of Boston University P.O. Box 55058 Boston, MA 02205	04-2103547	501(c)(3)	25,000.	0.			Cryptococccal Meningitis Screening in South Africa
University of Alabama Birmingham 1720 2nd Avenue South Birmingham, AL 35294	63-6005396	501(c)(3)	29,012.	0.			HBV & HCV Early Identification and Linkage to Care
University of Pittsburgh 116 Atwood Street, Suite 201 Pittsburgh, PA 15260	25-0965591	501(c)(3)	3,288.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
University of Pittsburgh 116 Atwood Street, Suite 201 Pittsburgh, PA 15260	25-0965591	501(c)(3)	13,300.	0.			Adaptation of Evidence-Based Interventions in Violence Prevention
University of Virginia P.O. Box 400195 Charlottesville, VA 22904	54-6001796	501(c)(3)	117,411.	0.			Leveraging Rotavirus Networks
University of Virginia P.O. Box 400195 Charlottesville, VA 22904	54-6001796	501(c)(3)	117,411.	0.			Leveraging Rotavirus Networks
University of Virginia P.O. Box 400195 Charlottesville, VA 22904	54-6001796	501(c)(3)	93,929.	0.			Leveraging Rotavirus Networks
Villa International Atlanta 1749 Clifton Road, NE Atlanta, GA 30329	23-7052934	501(c)(3)	5,000.	0.			Sponsorship of 2014 Viva Villa Benefit

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Weill Cornell Medical College 575 Lexington Ave, 9th Floor New York, NY 10022	13-1623978	501(c)(3)	5,150.	0.			PET-C HCV in Opiate Agonist Treatment Settings
World Affairs Council of Atlanta 3348 Peachtree Road, NE Atlanta, GA 30306	58-6033185	501(c)(3)	2,000.	0.			Sponsorship of Atlanta Summit: Health in Latin America
Yunus Creative Lab 1420 Peachtree Street Suite 800 Atlanta, GA 30339	45-3683977	501(c)(3)	2,500.	0.			Global Summit on Health Technology Education

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

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

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

Part I, Line 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number 58-2106707

Part I Questions Regarding Compensation

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

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2014

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

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

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

(A) Name 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Charles Stokes President & CEO	(i)	398,793.	0.	58,164.	25,750.	8,073.	490,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Paula Jasina CFO	(i)	162,937.	0.	331.	16,294.	6,828.	186,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Chloe Tonney Executive VP of External Affairs	(i)	238,087.	0.	331.	23,809.	6,828.	269,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Alan D. Harrison VP for Administration	(i)	134,343.	0.	325.	13,434.	6,828.	154,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Pierce Nelson VP of Communications	(i)	188,660.	0.	331.	18,866.	6,828.	214,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Luke Nkinsi SURVAC Project Director	(i)	217,216.	0.	331.	21,722.	5,508.	244,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Part I, Line 1a:

The Foundation pays an annual premium of \$23,500 on a \$1,000,000 universal
life insurance policy for Charles Stokes for which Mr. Stokes is the owner.

The annual premium is treated as taxable income to Mr. Stokes and is
grossed up for the applicable tax impact to him. Additional taxes related
to the gross up amount are the responsibility of Mr. Stokes.

Additionally, 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.

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

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.

staff positions. The Executive Committee of the Foundation which is
comprised of the Chair, Treasurer, Secretary, and the Chairs of the
Advancement and Nominating Committees are independent, voting members
of the Board of Directors. The Committee reviews the data, evaluates
the performance of the President/CEO and votes on his, the CFO's, and
the Executive VP of External Affairs' compensation. These actions are
documented in accordance with the regulations under Section 4958 of the
Code.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

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	X	1,339	17,742.	Cost
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EOC extension)	X	6	306,000.	Cost
26 Other ▶ (Infusion Ther)	X	366,200	184,000.	Cost
27 Other ▶ (Server upgrad)	X	116	74,536.	COST
28 Other ▶ (Microsoft Off)	X	200	17,800.	Cost

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2014)

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.

Part I, Other Types of Property:

Soap

- (a) Check if applicable = X
- (b) Number of Contributions = 10000
- (c) Revenue Reported on Form 990, Part VIII \$ 7100.
- (d) Method of determining revenue: Cost

Lab Equipment

- (a) Check if applicable = X
- (b) Number of Contributions = 26
- (c) Revenue Reported on Form 990, Part VIII \$ 5000.
- (d) Method of determining revenue: Cost

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

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

THE CDC FOUNDATION HELPS THE CENTERS FOR DISEASE CONTROL AND PREVENTION

(CDC) DO MORE, FASTER, BY FORGING EFFECTIVE PARTNERSHIPS BETWEEN CDC

AND CORPORATIONS, FOUNDATIONS, ORGANIZATIONS AND INDIVIDUALS TO FIGHT

THREATS TO HEALTH AND SAFETY.

Form 990, Part III, Line 2, New Program Services:

See below for description of Global Disaster Response as listed on Part

III, line 4a.

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

Global Disaster Response

The 2014-15 Ebola epidemic in West Africa is the deadliest the world
has ever seen, and has taken the lives of more than 11,000 of the more
than 28,000 people suspected of being infected with the disease.

Equally extraordinary is the scale and duration of the response by the
U.S. Centers for Disease Control and Prevention (CDC) and partners. The
size and scope of this epidemic illustrate the need for stronger,
sustainable disease detection and prevention capacity worldwide.

CDC ramped up its Ebola response in early July 2014, and overall the
agency's staff completed more than 3,000 deployments to West Africa
(Guinea, Liberia and Sierra Leone), the United States and other

affected countries. CDC staff members provided logistics, staffing,

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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communication, analytics, management and other support functions.

Importantly, CDC staff set up systems to conduct and participated in

surveillance, contact tracing, database management and health

education.

The CDC Foundation assisted CDC by providing critical assistance and

supplies through donations to the Foundation's Global Disaster Response

Fund, which has enabled CDC staff to respond quickly to changing

circumstances and needs. These included overall incident management,

treatment, burial support, health care system strengthening and

communications. Significant needs identified by CDC include infection

control, epidemiologic work, lab screenings, border health, health

promotion/social mobilization/communications and a vaccine trial. For

these efforts, CDC Foundation support has funded more than 300 discrete

projects in areas including the following:

- Equipment and staffing

- Airport screeners

- Emergency operations centers in Guinea, Liberia and Sierra Leone

- Vehicles - SUVs, trucks and motorcycles

- Medical supplies

- Technology for connectivity and to speed the response (cell phones,

laptops, tablets)

- Trainings

- In-country staffing

- Communications (Example: Africa United soccer star campaign aimed at

preventing the

spread of Ebola, weareafricaunited.org

Name of the organization	National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number	58-2106707
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At the peak of the epidemic during the summer of 2014, CDC and officials from Guinea, Liberia and Sierra Leone identified the need for public health emergency management systems and emergency operations centers (EOCs) to coordinate Ebola response activities. To meet this need, the Paul G. Allen Family Foundation rapidly and generously donated \$12.9 million to fund temporary and permanent EOCs in all three countries and to develop national Ebola call centers in Sierra Leone and Guinea.

Flexible funding built and equipped emergency operations center infrastructure and contributed to hiring and training emergency operation center staff in each of the three most affected countries.

With CDC's lead, eHealth Africa was also able to develop custom and integrated data management tools for surveillance and contact tracing, and provide furnishings, generators, equipment and supplies. EOC dedication ceremonies in September 2015 brought together governments, partners and dignitaries to recognize the impact of the Paul G. Allen Family Foundation's investment.

Over the long term, these EOCs will help to better establish and fortify systematic actions to prevent, detect and respond to outbreaks through strong emergency management systems, staff and protocols ready at a moment's notice; surveillance data collection and analysis to guide prevention and response activities; access to laboratory testing to identify outbreaks early on; and communication systems to disseminate important health messages.

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Form 990, Part III, Line 4b, Program Service Accomplishments:

Expanding the Immunization Data System in Nigeria

In November 2014, The Bill and Melinda Gates Foundation established a program with the CDC Foundation to support the scale-up of the National Health management Information System for reporting and use of routine immunization in Nigeria. The aim of the project is to support the following outcomes:

1) Development of a nation-wide information system for monitoring of and increasing accountability for Nigeria's routine immunization program.

2) Creation of an institution of a high-quality system for monitoring national routine immunization program data that includes a dedicated routine immunization dashboard on the District Health Information System (DHIS-2) platform.

The CDC Foundation's role is to provide financial support to the US Centers for Disease Control and Prevention, one of the project's main implementing partner, to accomplish the program's aims. From November 2014 - June 2015, the project made substantial progress in implementing activities across four states in Nigeria, specifically Kano, Bauchi, Enugu, and Akwa Ibom. Activities included the introduction of the DHIS-2 platform to various health facilities and the appropriate trainings to teach staff how best to utilize the system. The project partners hope to continue on its success in supporting sustainable improvements to Nigeria's immunization data system by expanding to a

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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larger number of states in the next reporting period.

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

PEPFAR Public Private Partnership Cooperative Agreement

2015 represented an extension of the fifth year of PEPFAR (the President's Emergency Fund for AIDS Relief) funding for project implementation in PEPFAR-designated countries. Under a Cooperative Agreement, the Foundation supported five Public-Private Partnership (PPP) projects: mHealth Tanzania including an Accreditation program, mHealth Kenya, the African Center for Laboratory Equipment Maintenance in Nigeria (ACLEM), Labs for Life and Together for Girls including the Violence against Children Surveys (VACS).

The mHealth Tanzania PPP is co-led by the CDC Foundation and the Ministry of Health and Social Welfare of Tanzania (MoHSW), with support from the CDC Tanzania, as well as numerous Tanzanian and international public and private sector partners. The Partnership convenes multiple sectors, combining expertise and resources to implement sustainable and scalable public health programs that leverage the booming mobile phone infrastructure in Tanzania. This project was recognized for its breakthroughs in attracting registrants and forging industry partnerships to reduce program-related costs. 2015 also saw the continuation of the Accreditation program. Through the PPP, the MoHSW has taken significant steps to achieve a long-standing goal of establishing an accreditation system to help assure the quality of health services in the country by collaborating with a technical assistance partner to establish a stepwise certification program as a

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

The mHealth Kenya project's purpose is to bridge communication gaps among remote healthcare facilities, community workers and central government headquarters. mHealth Kenya also endeavors to explore the other numerous applications of mobile health (mHealth) technology, such as increasing direct patient care, rapid lab result communication, worker training and drug supply-level management. In 2015, mHealth Kenya achieved the goal of expanding mHealth into broader public-private partners that utilize the full spectrum of mHealth technology, including the use of phones.

The African Center for Laboratory Equipment Maintenance (ACLEM) in Nigeria is a joint project of the US CDC, CDC Nigeria, the African Society for Laboratory Medicine, and the Federal Ministry of Health. The project seeks to train Nigerian engineers to repair and maintain biosafety laboratory cabinets (BSC) and to develop a curriculum for laboratory equipment maintenance in Nigeria. This builds local infrastructure and capacity to improve the delivery and quality of HIV/AIDS and related disease services, especially with the need to scale up intervention in the areas of PMTCT, care and treatment, all of which require robust laboratory systems. The project continued in 2015 with the training of Nigerian professionals at the Eagleson Institute in Maine. Upon their return to Nigeria, the students participated in a mentoring program to practice the newly learned skills.

Biosafety is a critical component of laboratory and health care systems that is often neglected. However, it is central in point-of-care and

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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laboratory settings not only to the diagnosis, care, and treatment of

patients but also to the safety of health care providers and other

staff workers of health and laboratory facilities. The Labs for Life

project's purpose is to provide support to existing public private

partnerships (PPP) among Becton Dickinson, Siemens, Roche Diagnostics

and PEPFAR-funded activities. Providing staff to assist in day-to-day

activities related to managing the PPPs is an initial objective.

Another objective is to conduct a stakeholders meeting to build upon

and expand beyond the PEPFAR investments in creating laboratory

capacity by providing a collaborative forum for discussions on how best

to strengthen biosafety practices in low-to middle-income countries.

The focus of the meeting was to establish consensus for minimal

biosafety requirements in human health labs in low- to middle-income

countries and to explore innovative, practical, and sustainable best

practices for biosafety implementation and management at different

tiers of laboratory networks in low-to middle-income countries.

Together for Girls supports evidence-based coordinated actions in

countries to address issues identified through surveys, including legal

and policy reform, prevention of sexual violence and improved services

for children who have experienced sexual violence. They work to

increase awareness of violence against children and promote

evidence-based solutions through global advocacy. VACS is a

population-based survey administered in PEPFAR-designated countries by

the Centers for Disease Control and Prevention to obtain national

estimates of violence against children with a special emphasis on

sexual violence against girls. VACS directly supports PEPFAR's

continued focus on women, girls, and gender equality, and its interest

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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in preventing and reducing gender-based violence through policies and programs that are guided by scientific evidence. In 2015, the VACS was completed in Rwanda, Uganda, and Botswana.

The extension of the fifth year of the Cooperative Agreement ended September 29, 2015. MHealth Kenya was awarded funds through their own cooperative agreement that began later in 2015. MHealth Tanzania and the accreditation project in Tanzania will receive PEPFAR funds to continue their work through another cooperative agreement award.

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

The Foundation, working in collaboration with the CDC, spends the vast majority of its funds directly for programs and projects that further its exempt purposes. These disbursements are either in the form of grants or awards or in the form of fees for services. In addition to the programs mentioned in detail on Schedule O, the Foundation manages a variety of programs that include such things as chronic health and infectious diseases, global health priorities such as safe water and programs for environmental health and occupational health and safety.

Expenses \$ 26,150,274. incl grants of \$ 10,073,519. Revenue \$ 1,086,626.

Form 990, Part VI, Section B, line 11:

The Form 990 was prepared by the Foundation's public accounting firm in conjunction with key accounting staff of CDC Foundation. Subsequently, the Form 990 was reviewed by legal counsel. Prior to electronic filing, key accounting staff reviewed the Form 990 with the Foundation's CEO/President.

In addition, the Form 990 was sent to the Finance Committee of the Board of Directors for their review, comments, and questions and then given to the

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

Form 990, Part VI, Section B, Line 12c:

All members of the Board are required to sign the conflict of interest policy annually. The Foundation maintains a copy of the signature indicating compliance with the rules. Legal counsel reviews the policy annually with all Board members.

Form 990, Part VI, Section B, Line 15:

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

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

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

Form 990, Part VI, Section C, Line 18:

The Foundation posts the prior three years of 990's and Form 1023 on its website.

Name of the organization National Foundation for the Centers for Disease Control and Prevention, Inc.	Employer identification number 58-2106707
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Form 990, Part VI, Section C, Line 19:

The Foundation posts the prior three years of audits on its website.

Governing documents and the conflict of interest policy are not made public.

Form 990, Part IX, Line 11g, Other Fees:

Other:

Program service expenses	18,523,516.
Management and general expenses	497,851.
Fundraising expenses	113,934.
Total expenses	19,135,301.
Total Other Fees on Form 990, Part IX, line 11g, Col A	19,135,301.

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.