

Form **990**

### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</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	<b>C</b> Name of organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.		<b>D</b> Employer identification number 58-2106707		
	Doing business as CDC FOUNDATION		E Telephone number (404) 653-0790		
	Number and street (or P.O. box if mail is not delivered to street address) 600 PEACHTREE STREET NE		Room/suite 1000	<b>G</b> Gross receipts \$ 201,953,224. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30308				
	<b>F</b> Name and address of principal officer: DR. JUDITH MONROE SAME AS C ABOVE <b>I</b> 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 <b>J</b> Website: <a href="http://www.CDCFOUNDATION.ORG">www.CDCFOUNDATION.ORG</a> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: 1993 <b>M</b> State of legal domicile: GA				

#### Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	1436
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	14
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	252,838,369.	191,156,154.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	625,007.	1,083,289.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,019,884.	4,235,604.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	255,483,260.	196,475,047.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	18,513,417.	40,555,430.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	20,702,073.	76,574,717.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,906,436.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	74,228,421.	74,074,742.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	113,443,911.	191,204,889.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	142,039,349.	5,270,158.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	277,520,478.	289,595,087.
		22,432,062.	29,890,406.
		255,088,416.	259,704,681.

#### Part II Signature Block

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

Sign Here	Signature of officer	<i>Judith Monroe</i>		Date	3/16/2022
	DR. JUDITH MONROE, PRESIDENT/CEO	Type or print name and title			
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	M. SUSAN HILL	<i>M. Susan Hill</i>	03/11/22		P00846200
Preparer Use Only	Firm's name	Firm's EIN		45-4084437	
	WARREN AVERETT, LLC	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 \$ 117,874,049. including grants of \$ 23,480,385. ) (Revenue \$ \_\_\_\_\_ )  
COVID-19 RESPONSE

SEE SCHEDULE O FOR DESCRIPTION

**4b** (Code: \_\_\_\_\_) (Expenses \$ 1,050,608. including grants of \$ 82,971. ) (Revenue \$ \_\_\_\_\_ )  
OPIOID SURGE STAFFING

SEE SCHEDULE O FOR DESCRIPTION

**4c** (Code: \_\_\_\_\_) (Expenses \$ 3,654,153. including grants of \$ 2,247,414. ) (Revenue \$ \_\_\_\_\_ )  
MONITORING THE GLOBAL TOBACCO EPIDEMIC

SEE SCHEDULE O FOR DESCRIPTION

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 55,100,928. including grants of \$ 14,744,660. ) (Revenue \$ 1,083,289. )

**4e** Total program service expenses **▶** 177,679,738.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</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	
<b>15</b> 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	
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 1436		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>		
<b>4a</b>	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)? ..... <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	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? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? ..... <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ..... <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, 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 on 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 14 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 on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 14		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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 on Schedule O .....		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</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? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</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, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 **▶** \_\_\_\_\_  
**NEDRA R. JONES - (678) 733-1883**  
**600 PEACHTREE STREET NE, NO. 1000, ATLANTA, GA 30308**

**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. See instructions for the order in which to list the persons above.

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) AMELIE G RAMIREZ DIRECTOR	1.00	X						0.	0.	0.
(3) BROOKS BELL DIRECTOR	1.00	X						0.	0.	0.
(4) DAVID S. ALDRIDGE TREASURER	2.00	X		X				0.	0.	0.
(5) DIKEMBE MUTOMBO DIRECTOR	1.00	X						0.	0.	0.
(6) ELAINE CHAMBERS DIRECTOR	1.00	X						0.	0.	0.
(7) JAMES S. MARKS, MD DIRECTOR	1.00	X						0.	0.	0.
(8) JEFFREY KOPLAN DIRECTOR	1.00	X						0.	0.	0.
(10) KRISTEN SILVERBERG DIRECTOR	1.00	X						0.	0.	0.
(11) LEAH DEVLIN CHAIR	2.00	X		X				0.	0.	0.
(12) MATT JAMES DIRECTOR	2.00	X						0.	0.	0.
(13) PHIL KENT DIRECTOR	1.00	X						0.	0.	0.
(14) RAYMOND J. BAXTER, PH.D. SECRETARY	2.00	X		X				0.	0.	0.
(15) SHIRLEY FRANKLIN DIRECTOR	1.00	X						0.	0.	0.
(16) VANESSA BENAVIDES DIRECTOR	1.00	X						0.	0.	0.
(17) JUDITH MONROE PRESIDENT & CEO	53.00			X				454,889.	0.	33,009.
(18) MONIQUE PATRICK CHIEF OPERATING OFFICER	52.00				X			285,772.	0.	36,066.
(19) PIERCE NELSON VP FOR COMMUNICATIONS	52.00				X			252,221.	0.	24,345.

**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			
(20) LAURA ANGEL VP FOR ADVANCEMENT	56.00				X			197,747.	0.	26,536.
(21) MICHAEL BRANDON TALLEY VP NON-INFECTIOUS DISEASES	55.00				X			190,767.	0.	20,036.
(22) CULLEN BRYENTON FORMER VP OF FINANCE & CONTROLLER	54.00						X	154,936.	0.	28,464.
(23) RACHNA CHANDORA ASSOCIATE VP NON-INFECTIOUS DISEASES	40.00				X			161,104.	0.	20,669.
(24) JEREMY MORTON SENIOR SURVEY METHODOLOGIST	40.00				X			162,768.	0.	20,804.
(25) JENNIFER PARKER VP NON-INFECTIOUS DISEASES	40.00				X			182,520.	0.	17,754.
(26) LISA SPLITLOG SENIOR ADVISOR	40.00				X			153,209.	0.	13,506.
(27) CATHERINE ZILBER ASSOCIATE VP NON-INFECTIOUS DISEASES	40.00				X			153,817.	0.	20,071.
<b>1b Subtotal</b>								2,349,750.	0.	261,260.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,349,750.	0.	261,260.

**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 **18**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> 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	
<b>5</b> 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
GMMB 3050 K STREET NW, WASHINGTON, DC 20007	AWARENESS OF COVID 19 (COMMUNICATIONS)	4,367,786.
NORC AT THE UNIVERSITY OF CHICAGO 55 EAST MONROE STREET, CHICAGO, IL 60603	RESEARCH WORK ON COVID 19	3,963,969.
DELOITTE CONSULTING LLP 4022 SELLS DRIVE, HERMITAGE, TN 37076	RAPID DATA COLLECTION - COVID	3,811,688.
UNIVERSITY OF WASHINGTON PO BOX 94224, SEATTLE, WA 98124	RESEARCH WORK ON COVID 19	3,159,542.
MOMENTUM- NA, INC. 1831 CHESTNUT STREET, ST LOUIS, MO 63103	COMMUNICATION - SAFE RETURN TO CLASSROOM	1,962,000.

**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 **101**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	64,519,133.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	126,637,021.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,548,498.				
	<b>h Total.</b> Add lines 1a-1f .....			191,156,154.			
Program Service Revenue	<b>2 a</b> EMERGENCY RESPONSE	Business Code	541900	640,642.	640,642.		
	<b>b</b> HEALTH SURVEILLANCE		541900	393,375.	393,375.		
	<b>c</b> DATA COLLECTION RESEAR		541700	43,519.	43,519.		
	<b>d</b> LAB RESEARCH AGREEMENT		541900	5,753.	5,753.		
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			1,083,289.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,655,957.		1,655,957.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				8,057,824.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,478,177.				
<b>c</b> Gain or (loss) .....	<b>7c</b>	2,579,647.					
<b>d</b> Net gain or (loss) .....			2,579,647.		2,579,647.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			196,475,047.	1,083,289.	0.	4,235,604.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	36,453,217.	36,453,217.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	4,102,213.	4,102,213.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,712,859.	196,660.	1,032,088.	484,111.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	63,724,506.	59,187,013.	3,650,456.	887,037.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,971,827.	2,557,912.	318,773.	95,142.
<b>9</b> Other employee benefits .....	2,735,607.	2,362,474.	335,690.	37,443.
<b>10</b> Payroll taxes .....	5,429,918.	5,029,908.	293,979.	106,031.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	20,753.		20,753.	
<b>c</b> Accounting .....	100,998.		100,998.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	114,884.		114,884.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	62,925,029.	58,974,743.	3,278,067.	672,219.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	7,215,237.	6,769,930.	320,158.	125,149.
<b>14</b> Information technology .....	1,177,000.	493,930.	437,267.	245,803.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	840,257.	313,888.	395,006.	131,363.
<b>17</b> Travel .....	133,950.	132,704.	1,158.	88.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	192,333.	111,648.	80,546.	139.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	454,406.	180,914.	183,035.	90,457.
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CONTRIBUTED GOODS	672,325.	672,325.		
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	227,570.	140,259.	55,857.	31,454.
<b>25</b> Total functional expenses. Add lines 1 through 24e	191,204,889.	177,679,738.	10,618,715.	2,906,436.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	106,046,040.	<b>2</b>	54,773,674.
	<b>3</b> Pledges and grants receivable, net .....	96,203,433.	<b>3</b>	145,272,169.
	<b>4</b> Accounts receivable, net .....	2,013,717.	<b>4</b>	2,339,890.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	4,393,652.	<b>9</b>	2,861,435.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,465,243.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,056,960.	1,786,351.	<b>10c</b> 1,408,283.
	<b>11</b> Investments - publicly traded securities .....	67,077,285.	<b>11</b>	82,939,636.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	277,520,478.	<b>16</b>	289,595,087.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,585,601.	<b>17</b>	5,437,956.
	<b>18</b> Grants payable .....	7,375,946.	<b>18</b>	12,806,838.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	77,847.	<b>21</b>	12,305.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	12,392,668.	<b>25</b>	11,633,307.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	22,432,062.	<b>26</b>	29,890,406.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	29,318,131.	<b>27</b>	35,872,286.
	<b>28</b> Net assets with donor restrictions .....	225,770,285.	<b>28</b>	223,832,395.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	255,088,416.	<b>32</b>	259,704,681.
<b>33</b> Total liabilities and net assets/fund balances .....	277,520,478.	<b>33</b>	289,595,087.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	196,475,047.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	191,204,889.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,270,158.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	255,088,416.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-653,893.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	259,704,681.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	80,687,702.	57,819,416.	76,118,865.	252,838,369.	191,156,154.	658,620,506.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...	192,126.	198,274.	167,552.	229,894.	270,464.	1,058,310.
<b>4 Total.</b> Add lines 1 through 3 .....	80,879,828.	58,017,690.	76,286,417.	253,068,263.	191,426,618.	659,678,816.
<b>5</b> 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) .....						149,029,831.
<b>6 Public support.</b> Subtract line 5 from line 4.						510,648,985.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	80,879,828.	58,017,690.	76,286,417.	253,068,263.	191,426,618.	659,678,816.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	456,063.	856,785.	1,725,480.	2,014,825.	1,655,957.	6,709,110.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						666,387,926.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,870,514.

**13 First 5 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**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	76.63 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	68.59 %

**16a 33 1/3% support test - 2020.** 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 - 2019.** 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 - 2020.** 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 - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ►

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, 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>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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>2a</b>			
<b>b</b> Did the activities described in line 2a, above, 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>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>3a</b>			
<b>b</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>			
<b>3b</b>			

**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 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



# 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	<b>Employer identification number</b> 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	_____ _____ _____	\$ 22,465,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 80,120,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 4,579,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 8,636,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 4,792,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 4,613,566.	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.	<b>Employer identification number</b> 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	_____ _____ _____	\$ 8,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 18,306,857.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 7,410,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 4,610,072.	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.)

Name of organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	<b>Employer identification number</b>  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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

**2020**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of 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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	0.													
<b>d</b>	Other exempt purpose expenditures	191,204,889.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	191,204,889.													
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> 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)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	<b>5</b>	

**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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC. **Employer identification number** 58-2106707

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONTRACTS PAYABLE	8,870,726.
(3) DEFERRED RENT	1,481,709.
(4) UNAMORTIZED LEASEHOLD ALLOWANCE	1,280,872.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,633,307.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	212,606,293.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	-653,893.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	16,900,023.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	16,246,130.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	196,360,163.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	114,884.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	114,884.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	196,475,047.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	207,990,028.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	16,900,023.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	16,900,023.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	191,090,005.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	114,884.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	114,884.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	191,204,889.

**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 20 INDIVIDUAL FUNDS  
ESTABLISHED BY DONORS FOR A VARIETY OF PURPOSES, INCLUDING PROGRAMS,  
AWARDS, RESEARCH AND OPERATIONS.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AM. & CARIBBEAN	0	0	GRANT MAKING	AWARD	112,284.
CENTRAL AM. & CARIBBEAN	0	15	PROGRAM SERVICES	PROFESSIONAL FEES	1,129,420.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL	19,030.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL - FLIGHT	120.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	CONFERENCE, MEETING	88.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	POSTAGE, SHIPPING	40.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPP	4,037.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	SUPPLIES - OTHER	145,504.
<b>3 a</b> Subtotal .....	0	15			1,410,523.
<b>b</b> Total from continuation sheets to Part I .....	0	154			15,924,155.
<b>c Totals</b> (add lines 3a and 3b) .....	0	169			17,334,678.

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

Schedule F (Form 990) 2020

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION, INC.

Schedule F (Form 990)

58-2106707 Page 1

**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
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	TELEPHONE	10,311.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	INSURANCE	109.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	EQUIPMENT, REPAIRS,	58,643.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	OCCUPANCY	11,100.
EAST ASIA & PACIFIC	0	0	GRANT MAKING	AWARD	40,000.
EAST ASIA & PACIFIC	0	11	PROGRAM SERVICES	PROFESSIONAL FEES	21,124.
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES	SUPPLIES - OTHER	310.
EUROPE	0	0	GRANT MAKING	AWARD	879,870.
EUROPE	0	9	PROGRAM SERVICES	PROFESSIONAL FEES	845,356.
EUROPE	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPP	2,306.
<b>Totals</b> .....					

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION, INC.

Schedule F (Form 990)

58-2106707 Page 1

**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	SUPPLIES - OTHER	24,530.
MIDDLE EAST & N. AFRICA	0	0	GRANT MAKING	AWARD	272,319.
MIDDLE EAST & N. AFRICA	0	19	PROGRAM SERVICES	PROFESSIONAL FEES	852,330.
MIDDLE EAST & N. AFRICA	0	0	PROGRAM SERVICES	EQUIPMENT, REPAIRS,	45,580.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROFESSIONAL FEES	5,005.
SOUTH AMERICA	0	0	GRANT MAKING	AWARD	334,120.
SOUTH AMERICA	0	3	PROGRAM SERVICES	PROFESSIONAL FEES	1,500.
SOUTH AMERICA	0	0	PROGRAM SERVICES	SUPPLIES - OTHER	9,630.
SOUTH ASIA	0	0	GRANT MAKING	AWARD	638,810.
SOUTH ASIA	0	30	PROGRAM SERVICES	PROFESSIONAL FEES	723,478.
<b>Totals</b> .....					

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION, INC.

Schedule F (Form 990)

58-2106707 Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	PRINTING, PROMOTION	1,234.
SOUTH ASIA	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPP	94,118.
SOUTH ASIA	0	0	PROGRAM SERVICES	SUPPLIES - OTHER	979,149.
SOUTH ASIA	0	0	PROGRAM SERVICES	EQUIPMENT, REPAIRS,	4,794.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING	AWARD	2,543,400.
SUB-SAHARAN AFRICA	0	82	PROGRAM SERVICES	PROFESSIONAL FEES	6,846,658.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL	1,002.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CONFERENCES, MEETINGS	1,050.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	POSTAGE, SHIPPING	3,068.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PRINTING, PROMOTION	8,545.
<b>Totals</b> .....					



**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	75,000.		0.		
		SOUTH AMERICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	210,000.		0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	40,000.		0.		
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC	378,436.		0.		
		EUROPE	TOBACCO CONTROL SURVEILLANCE IN AFRICA	4,008.		0.		
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	140,967.		0.		
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	109,610.		0.		
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	108,424.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 19

3 Enter total number of other organizations or entities ..... 3

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	253,940.		0.		
		SUB-SAHARAN AFRICA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	865,477.		0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	31,346.		0.		
		SUB-SAHARAN AFRICA	NATIONAL INTRODUCTION OF HPV VACCINE EVALUATION	12,206.		0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	342,800.		0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	149,725.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MONITORING THE GLOBAL TOBACCO EPIDEMIC	105,039.		0.		
		MIDDLE EAST AND NORTH AFICA	THE BOB KEEGAN POLIO ERADICATION HEROES FUND	2,030.		0.		
		MIDDLE EAST AND NORTH AFICA	THE BOB KEEGAN POLIO ERADICATION HEROES FUND	2,030.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	52,600.		0.		
		SOUTH AMERICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	19,000.		0.		
		SOUTH ASIA	IMPACT STUDY OF ROTAVIRUS VACCINE IN INDIA	22,059.		0.		
		SOUTH ASIA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	30,000.		0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	20,000.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	267,800.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	166,110.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	149,151.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	100,120.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	40,000.		0.		
		SUB-SAHARAN AFRICA	LABS FOR LIFE 2020	70,128.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	65,000.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	40,000.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	100,880.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	35,000.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	35,000.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS (INTERNATIONAL)	25,000.		0.		
		SUB-SAHARAN AFRICA	CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA	23,472.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA	7,824.		0.		
		SUB-SAHARAN AFRICA	THE BOB KEEGAN POLIO ERADICATION HEROES FUND	2,030.		0.		



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

PART I, LINE 2:

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

ALL FOREIGN PAYEE'S 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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADVOCATES FOR THE AGING OF FREDERICK COUNTY, MD, INC. - 8222 GLENDALE DRIVE - FREDERICK, MD 21702	46-5336766	GOVT	1,202,690.	0.			ANALYSIS OF IMMUNOGENICITY AND SHEDDING OF NEW ORAL POLIOVIRUS VACCINES
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM - 4000 AMBASSADOR DRIVE - ANCHORAGE, AK 99508	92-0162721	GOVT	629,771.	0.			IMPROVED TRACKING OF HEALTHCARE-ASSOCIATED INFECTIONS
ALBANY STATE UNIVERSITY 504 COLLEGE DRIVE ALBNAY, GA 31705	58-6001996	GOVT	583,438.	0.			SICKLE CELL DATA COLLECTION
ALCONA CITIZENS FOR HEALTH, INC 1035 W WASHINGTON AVE ALPENA, MI 49707	38-2170985	GOVT	491,022.	0.			500 CITIES AND BEYOND
AMERICAN PUBLIC HEALTH ASSOCIATION 800 I STREET NW WASHINGTON, DC 20001-3710	13-1628688	GOVT	431,986.	0.			USING BENCHMARKS TO IMPROVE JEE SCORES
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PKWY AUGUSTA, GA 30909	47-1606321	GOVT	353,000.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS PHASE 2

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **142.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **22.**

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ASSOCIATION OF IMMUNIZATION MANAGERS (AIM) - 620 HUNGERFORD DRIVE, SUITE 29 - ROCKVILLE, MD 20850	52-2346043	GOVT	334,537.	0.			ELIMINATING LYMPHATIC FILARIASIS IN AMERICAN SAMOA
ASSOCIATION OF PUBLIC HEALTH LABORATORIES - 8515 GEORGIA AVENUE - SILVER SPRING, MD 20910	52-1800436	GOVT	320,625.	0.			CLINICAL TRIALS UNIT FOR HIV/AIDS AND TB RESEARCH
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS - 2231 CRYSTAL DRIVE - ARLINGTON, VA 22202	35-1044487	GOVT	313,068.	0.			2020 GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
ATLANTA FIRE RESCUE FOUNDATION 1300 JOSEPH E. BOONE BLVD NW, ATLANTA, GA 30314	30-0245635	GOVT	274,684.	0.			DATA FOR HEALTH
BALTIMORE CIVIC FUND, INC. ONE NORTH CHARLES ST. BALTIMORE, MD 21201	52-1212473	GOVT	270,000.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
BIPARTISAN POLICY CENTER, INC 1225 I STREET WASHINGTON, DC 20005	73-1628382	GOVT	183,670.	0.			FIREFIGHTER CANCER COHORT EXPANSION
BOULDER PRIDE DBA OUT BOULDER COUNTY - PO BOX 1018 - BOULDER, CO 80306	84-1467134	GOVT	139,500.	0.			BIOMARKER DISCOVERY THROUGH SERUM EPITOPE REPERTOIRE ANALYSIS (SERA)
BRAC USA, INC. 110 WILLIAM STREET NEW YORK, NY 10038	20-8456741	GOVT	123,502.	0.			UNDERSTANDING ANTIBIOTIC USE DATA
CAMBRIDGE PUBLIC HEALTH DEPARTMENT 350 MAIN STREET MALDEN, MA 02148-5111	04-3320571	GOVT	110,081.	0.			LEHEIGH VALLEY PUBLIC HEALTH INFORMATICS FELLOWSHIP

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CAMDEN COALITION OF HEALTHCARE PROVIDERS - 800 COOPER STREET SUITE 700 - CAMDEN, NJ 08102	32-0332843	GOVT	105,123.	0.			PHASE II EVALUATION OF MALARIA VACCINE IMPLEMENTATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	1,471,852.	0.			CONTRACEPTIVE USE MODULE FOR STATES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	104,596.	0.			IMPROVING FIREFIGHTER PROTECTIVE EQUIPMENT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	102,529.	0.			MECHANISMS OF NOROVIRUS PROTECTIVE IMMUNITY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	98,000.	0.			RSV GENOMIC SURVEILLANCE LEVERAGING GISRS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	97,736.	0.			UNDERSTANDING THE EFFECTS OF CROSS-SEX HORMONE THERAPY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	88,534.	0.			SUPPORTING PRECLINICAL DEVELOPMENT OF INACTIVATED ROTAVIRUS VACCINES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	82,971.	0.			PUBLIC HEALTH AND SAFETY PARTNERSHIPS TO REDUCE OPIOID OVERDOSE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	75,429.	0.			EVALUATION OF PNEUMOCOCCAL CONJUGATE VACCINE SCHEDULE CHANGE

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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	63,875.	0.			EVALUATION OF NOVEL POLYMER-BASED IMPLANT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	59,130.	0.			IMMUNOLOGIC ENDPOINTS AGAINST YOUNG INFANT GROUP B STREPTOCOCCAL DISEASE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	53,381.	0.			CHOLERA SURVEILLANCE IN HAITI
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	48,875.	0.			DATA FOR CHANGE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	43,903.	0.			INTEGRATING GENOMIC DATA SURVEILLANCE IN SENEGAL
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	31,850.	0.			GAS AND PARTICULATE EXPOSURE ON PERSONAL PROTECTIVE EQUIPMENT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	28,872.	0.			GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	24,000.	0.			GLOBAL PNEUMOCOCCAL SEQUENCING 2.0
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	21,420.	0.			DEVELOPMENT OF ANTIRETROVIRAL RINGS FOR HIV PREVENTION

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	20,000.	0.			EVALUATION OF MALARIA SPECIMEN BANK - PHASE V
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	18,000.	0.			HEALTHY PEOPLE LAW AND HEALTH POLICY PROJECT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	13,255.	0.			GLOBAL ROAD SAFETY CLEARINGHOUSE AND EVALUATION LAB
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	1,000.	0.			PREVENTING CHILD SEXUAL ABUSE IN YOUTH-SERVING ORGANIZATIONS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	27,284.	0.			CHOLERA SURVEILLANCE IN HAITI
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	10,000.	0.			2020 GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	268,259.	0.			FIELD EPIDEMIOLOGY TRAINING PROGRAM - SAUDI ARABIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	170,425.	0.			COMBINATION HIV PREVENTION INTERVENTION IN THAILAN
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	91,902.	0.			LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	149,051.	0.			MATERNAL AND REPRODUCTIVE HEALTH IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	140,418.	0.			INNOVATIONS IN ANTENATAL AND POSTNATAL CARE IN KENYA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	135,983.	0.			PNEUMOCOCCAL CONJUGATE VACCINE SURVEILLANCE AND EVALUATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	6,378.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	1,000,000.	0.			EARLY CHILDHOOD NUTRITION SURVEILLANCE OPTIMIZATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	990,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	241,914.	0.			MICRONEEDLE PATCH FOR MEASLES AND RUBELLA VACCINATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	220,506.	0.			FIELD EPIDEMIOLOGY TRAINING PROGRAM - SAUDI ARABIA - PHASE II
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	174,000.	0.			INTEGRATED SEROSURVEILLANCE CENTER AND SEROLOGIC SURVEILLANCE IN NIGE

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	125,969.	0.			GAS AND PARTICULATE EXPOSURE ON PERSONAL PROTECTIVE EQUIPMENT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	112,000.	0.			UNDERSTANDING THE EFFECTS OF CROSS-SEX HORMONE THERAPY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	105,000.	0.			CONSOLIDATING TUBERCULOSIS ANALYTICS AND EVIDENCE TOOLS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	102,200.	0.			EVALUATION OF NOVEL POLYMER-BASED IMPLANT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	100,442.	0.			TOBACCO CONTROL SURVEILLANCE IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	94,002.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	92,163.	0.			LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	55,212.	0.			DATA FOR CHANGE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	45,000.	0.			INDIAN ROTAVIRUS VACCINES IN EARLY ADOPTER COUNTRIES

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	40,033.	0.			PNEUMOCOCCAL CONJUGATE VACCINE SURVEILLANCE AND EVALUATION IN BURKINA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	40,000.	0.			IMPACT STUDY OF ROTAVIRUS VACCINE IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	40,000.	0.			EVALUATION OF ROTAVIRUS VACCINE IN VIETNAM
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	1,700,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	1,650,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	650,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	150,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	600,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	600,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	589,330.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	581,151.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	574,849.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	475,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	384,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	350,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	350,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	350,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	501(C)(3)	350,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CHANGE HAPPENS 3353 ELGIN ST. HOUSTON, TX 77004	76-0297531	501(C)(3)	350,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CHANGE, INC. 3158 WEST STREET WEIRTON, WV 26062	55-0629135	501(C)(3)	349,720.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CHINESE COMMUNITY CENTER INC 9800 TOWN PARK DRIVE HOUSTON, TX 77036	78-0067885	501(C)(3)	345,000.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
CITY OF HARTFORD 550 MAIN STREET HARTFORD, CT 06103	06-6001870	501(C)(3)	335,931.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
CITY OF HOUSTON HEALTH & HUMAN SERVICES DEPARTMENT - PO BOX 88361 - HOUSTON, TX 77288-8861	01-1673537	501(C)(3)	335,930.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
CITY OF MANCHESTER (NEW HAMPSHIRE) ONE CITY HALL PLAZA MANCHESTER, NH 03101	02-6000517	501(C)(3)	335,930.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
CITY OF PATERSON (NEW JERSEY) 155 MARKET STREET PATERSON, NJ 07505	22-6002200	501(C)(3)	335,930.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
CITY OF ST. LOUIS 1200 MARKET ST. ST. LOUIS, MO 63103	43-6003231	501(C)(3)	335,930.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES

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CITY OF TRENTON 319 EAS T STATE STREET TRENTON, NJ 08608	21-6001242	501(C)(3)	142,203.	0.			FOOD FORTIFICATION INITIATIVE - PHASE III
COCOON HOUSE 3530 COLBY AVENUE EVERETT, WA 98201	81-1497667	501(C)(3)	137,850.	0.			BUILDING CAPACITY TO REVIEW AND PREVENT OVERDOSE DEATHS DURING AND PREGNANCY
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT - 8100 LOWRY BLVD. - DENVER, CO 80230	84-0644739	501(C)(3)	260,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
COMBINED ARMS 2929 MCKINNEY ST HOUSTON, TX 77003	22-3882560	501(C)(3)	21,937.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN
COMMUNITY MINISTRY OF PRINCE GEORGE'S CO. - PO BOX 250 - CAPITOL HEIGHTS, MD 20743	52-0974092	501(C)(3)	5,100.	0.			ENDOWMENT SPENDING ACCOUNT
COMUNIDADES ORGANIZANDO EL PODER Y LA ACCION LATINA EDUCATION FUND (COPAL) - 3702 EAST LAKE STREET MINNEAPOLIS - MINNEAPOLIS, MN	83-1380358	GOVT	246,250.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
COUNTY OF IMPERIAL PUBLIC HEALTH DEPARTMENT - 935 BROADWAY - IMPERIAL, CA 92243	95-6000924	GOVT	10,000.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN
CUNY GRADUATE SCHOOL OF PUBLIC HEALTH AND HEALTH POLICY FOUNDATION, INC. - 55 WEST 125TH STREET - NEW YORK, NY 10027	81-2072207	GOVT	250,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
DE BEAUMONT FOUNDATION 7501 WISCONSIN AVENUE SUITE 1310-E BETHESDA, MD 20814	04-3467074	501(C)(3)	250,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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DE BEAUMONT FOUNDATION 7501 WISCONSIN AVENUE SUITE 1310-E BETHESDA, MD 20814	04-3467074	501(C)(3)	250,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
DORCAS INTERNATIONAL INSTITUTE OF RI, INC. - 645 ELMWOOD AVE. - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	245,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
EL CENTRO HISPANO INC. 2000 CHAPEL HILL ROAD DURHAM, NC 27707	56-2011661	501(C)(3)	109,476.	0.			PH WINS DATA VISUALIZATION DASHBOARD AND CONSORTIUM WORKFORCE DEVELOPMENT PROJEC
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193-5089	58-0566256	501(C)(3)	109,162.	0.			CITYHEALTH EXPANSION SUPPORT
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193-5089	58-0566256	501(C)(3)	215,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
EMORY UNIVERSITY OFFICE OF GRANTS AND CONTRACTS - 201 DOWMAN DR - ATLANTA, GA 30322-1620	58-0566256	GOVT	200,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
EMORY UNIVERSITY ROLLINS SCHOOL OF PUBLIC HEALTH - 1518 CLIFTON RD. NE - ATLANTA, GA 30322	58-0566256	501(C)(3)	200,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
EMORY UNIVERSITY ROLLINS SCHOOL OF PUBLIC HEALTH - 1518 CLIFTON RD. NE - ATLANTA, GA 30322	58-0566256	501(C)(3)	200,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
EXCELLA, INC. PO BOX 17701 ARLINGTON, VA 22216	54-2062249	GOVT	200,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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FILIPINO YOUNG LEADERS PROGRAM (FYLPRO) - 123 W NYE LANE - CARSON CITY, NV 89706	47-3782661	501(C)(3)	200,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FOOD AND SOCIETY AT THE ASPEN INSTITUTE - 2300 N. STREET NW - WASHINGTON, DC 20037	84-0399006	501(C)(3)	200,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FORCES UNITED 701 GREENE STREET AUGUSTA, GA 30901	26-1176267	501(C)(3)	198,847.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FORD COUNTY HEALTH DEPARTMENT 507 AVENUE L DODGE CITY, KS 67801	48-6008434	501(C)(3)	182,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FORSYTH COUNTY BOARD OF EDUCATION 1120 DAHLONEGA HWY CUMMING, GA 30040	58-6000243	501(C)(3)	175,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FUND FOR PUBLIC HEALTH IN NY, INC. 22 CORTLANDT STREET, SUITE 802 NEW YORK, NY 10007	05-0539199	501(C)(3)	175,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
GEORGETOWN UNIVERSITY 37TH & O STREETS, N.W. WASHINGTON, DC 20007	53-0196603	501(C)(3)	159,684.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION - POB 3999 - ATLANTA, GA 30302-3999	58-1845423	501(C)(3)	152,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
GEORGIA TECH RESEARCH CORPORATION 505 TENTH STREET NW ATLANTA, GA 30318	58-0603146	501(C)(3)	150,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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GREATER AUBURN GRESHAM DEVELOPMENT CORPORATION - 1159 W 79TH STREET - CHICAGO, IL 60620	36-4377387	GOVT	150,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
GUADALUPE CENTERS 1015 AVENIDA CESAR E CHAVEZ KANSAS CITY, MO 64108	44-0610781	501(C)(3)	150,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HAWAII PUBLIC HEALTH INSTITUTE 850 RICHARDS STREET HONOLULU, HI 96813	68-0637054	501(C)(3)	149,940.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HEALTH CARE COALITION OF LAFAYETTE COUNTY - 825 SOUTH BUSINESS HIGHWAY 13 - LEXINGTON, MO 64067	30-0349221	501(C)(3)	140,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HEALTH RESEARCH, INC 150 BROADWAY SUITE 560 MENANDS, NY 12204-2726	14-1402155	501(C)(3)	140,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HEART TO HEART INTERNATIONAL, INC. 13250 WEST 98TH STREET LENEXA, KS 66215	48-1108359	501(C)(3)	140,000.	0.			SICKLE CELL DATA COLLECTION
HENNEPIN HEALTH FOUNDATION 701 PARK AVENUE MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)	131,065.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HISPANIC ADVOCACY AND COMMUNITY EMPOWERMENT THROUGH RESEARCH (HACER) - 155 WABASHA ST. S., STE 105 - SAINT PAUL, MN 55107	41-1900934	501(C)(3)	130,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HMONG AMERICAN CENTER, INC. 1109 N6TH STREET WAUSAU, WI 54476	39-1459824	501(C)(3)	119,182.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HOOSIER ACTION RESOURCE CENTER 1461 W BLOOMFIELD RD BLOOMINGTON, IN 47403	83-4091031	501(C)(3)	115,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HOUSTON HEALTH FOUNDATION 8000 N STADIUM DRIVE HOUSTON, TX 77054	27-2920745	501(C)(3)	112,707.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ILLINOIS ASSOCIATION OF FREE AND CHARITABLE CLINICS - 42 STEPHEN ST, #416 - LEMONT, IL 60439	20-1942444	GOVT	112,500.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ILLINOIS MIGRANT COUNCIL 62 N. AYER ST. ANNA, IL 62906	36-2597070	501(C)(3)	99,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
IMPERIAL VALLEY WELLNESS FOUNDATION - 2415 IMPERIAL BUSINESS PARK DRIVE - IMPERIAL, CA 92251	83-4329327	GOVT	96,283.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
INDIANA MINORITY HEALTH COALITION, INCORPORATED - 3737 NORTH MERIDIAN STREET - INDIANAPOLIS, IN 46208	35-1924268	501(C)(3)	95,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
INSTITUTE FOR THE ADVANCEMENT OF HEALTH & WELL-BEING - 158 HUN ROAD - PRINCETON, NJ 08540	83-3699225	GOVT	92,500.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
INTERFAITH VOLUNTEER CAREGIVERS 25650 KELLY ROAD ROSEVILLE, MI 48066	38-3180665	501(C)(3)	91,789.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
INTERNATIONAL ASSOCIATION FOR INDIGENOUS AGING - 11101 GEORGIA AVE #320 - SILVER SPRING, MD 20902	52-1704037	501(C)(3)	90,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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IOWA PUBLIC HEALTH ASSOCIATION 6919 VISTA DRIVE WEST DES MOINES, IA 50266	23-7327835	501(C)(3)	90,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
JACKSON STATE UNIVERSITY 1400 J R LYNCH STREET JACKSON, MS 39217	64-6000507	501(C)(3)	88,180.	0.			BUILDING CAPACITY TO REVIEW AND PREVENT OVERDOSE DEATHS DURING AND PREGNANCY
JUDSON CENTER INC. 30301 NORTHWESTERN HIGHWAY #100 FARMINGTON HILLS, MI 48334	38-1359084	501(C)(3)	88,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
LATIN AMERICAN COMMUNITY CENTER 403 VAN BUREN STREET WILMINGTON, DE 19805	23-7047048	501(C)(3)	86,408.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
LATINO CENTER FOR PREVENTION & ACTION IN HEALTH & WELFARE (LATINO HEALTH ACCESS) - 450 WEST 4TH STREET - SANTA ANA, CA 92701	33-0562943	501(C)(3)	86,160.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
LATINO COMMUNITY CENTER 212 9TH ST. 5TH FLOOR PITTSBURGH, PA 15222	82-0647985	501(C)(3)	75,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
LATINO COMMUNITY FUND OF GEORGIA PO BOX 3299 ATLANTA, GA 30303	82-0911954	501(C)(3)	74,146.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY - 2210 SAN JOAQUIN STREET - FRESNO, CA 93721	46-1517800	GOVT	70,436.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
LEARNING NETWORK OF CLINTON COUNTY 1111 S. JACKSON ST. FRANFORT, IN 46041	72-1543172	501(C)(3)	66,034.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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MARYLAND ASSOCIATION OF NONPROFIT ORGANIZATIONS, INC. - 1500 UNION AVE SUITE 2500 - BALTIMORE, MD 21211	52-1749231	501(C)(3)	65,625.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MASSACHUSETTS DEPARTMENT OF HEALTH 250 WASHINGTON STREET 2ND FLOOR BOSTON, MA 02108	04-6002284	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MENTAL HEALTH ASSOCIATION OF SAN MATEO COUNTY - 2686 SPRING STREET - REDWOOD CITY, CA 94063	94-6034112	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MICHIGAN CENTER FOR RURAL HEALTH 218B WEST FEE HALL EAST LANSING, MI 48824	38-3180997	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 360 EAST LANSING, MI 48824	38-6005984	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MIDWEST ASIAN HEALTH ASSOCIATION 230 W CERMAK RD 2ND FLOOR CHICAGO, IL 60616	36-4526722	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MIGRANT CLINICIANS NETWORK, INC. P O BOX 164285 AUSTIN, TX 78746	74-2662919	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MIGRANT FARMWORKERS ASSISTANCE FUND - PO BOX 413223 - KANSAS CITY, MO 64141	43-1805495	501(C)(3)	18,750.	0.			IMPROVING STD PREVENTION AND CARE THROUGH PARTNERSHIPS
MINARY'S DREAM ALLIANCE, INC. 223 BRIARWOOD CIRCLE DENTON, MD 21629	85-0988396	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE - 10615 N. DALTON AVENUE - KANSAS CITY, MO 64154	46-3104615	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MONTGOMERY AREA COMMUNITY WELLNESS COALITION (THE WELLNESS COALITION) - 3060 MOBILE HIGHWAY - MONTGOMERY, AL 36108	30-0092712	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310-1495	58-1438873	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NATIONAL ACADEMY OF SCIENCE KECK CENTER, ROOM 843 WASHINGTON, DC 20001	53-0196932	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS - 1100 17TH STREET NW 7TH FLOOR - WASHINGTON, DC 20036	52-1426663	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NATIONAL INDIAN COUNCIL ON AGING, INC. - 8500 MENCIAL BLVD NE - ALBUQUERQUE, NM 87112-2284	86-0321646	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NATIONALITIES SERVICE CENTER 1216 ARCH STREET, 4TH FLOOR PHILADELPHIA, PA 19107	23-1352336	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NEBRASKA ASSOCIATION OF LOCAL HEALTH DIRECTORS - 800 S. 13TH ST. - LINCOLN, NE 68508	27-1695019	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NEBRASKA ASSOCIATION OF LOCAL HEALTH DIRECTORS - 800 S. 13TH ST. - LINCOLN, NE 68508	27-1695019	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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NEIGHBOR RIDE, INC. 5570 STERRETT PLACE SUITE 102 COLUMBIA, MD 21044	32-0123282	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NEW YORK UNIVERSITY 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NIHB 910 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	23-7226316	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NINE HEALTH SERVICES INC. 1139 DELAWARE ST DENVER, CO 80204	74-2452969	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NORC AT THE UNIVERSITY OF CHICAGO 6054 S. DREXEL AVENUE THIRD FLOOR CHICAGO, IL 60637	36-2167808	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NORTH CAROLINA PUBLIC HEALTH ASSOCIATION - 222 N. PERSON STREET - RALEIGH, NC 27601	56-0786947	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NORTHEAST COLORADO HEALTH DEPARTMENT - 700 COLUMBINE STREET - STERLING, CO 80751	84-6002486	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NORTHRUP GRUMMAN P.O. BOX 88830 CHICAGO, IL 60695-1830	95-6095343	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
OBJECTIVE ZERO FOUNDATION 209 HARRY BELL ROAD FORT LEAVENWORTH, KS 66027	81-4324563	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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OBJECTIVE ZERO FOUNDATION 209 HARRY BELL ROAD FORT LEAVENWORTH, KS 66027	81-4324563	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
OHIO DEPARTMENT OF HEALTH 246 N. HIGH STREET COLUMBUS, OH 43215	31-1334820	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
OKLAHOMA TRIBAL ENGAGEMENT PARTNERS, INC. - P.O. BOX 878 - STILLWATER, OK 74076	84-1978659	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
PROJECT SANCTUARY P.O. BOX 1563 GRANBY, CO 80446	26-1410596	501(C)(3)	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
PUBLIC HEALTH - SEATTLE & KING COUNTY - 516 THIRD AVENUE - SEATTLE, WA 98104	91-6001327	GOVT	63,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
PUBLIC HEALTH FOUNDATION INC 1300 L STREET NW WASHINGTON, DC 20005	52-1237297	GOVT	61,338.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
PUBLIC HEALTH INSTITUTE 555 12TH STREET OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	60,000.	0.			FRIES FOUNDATION COLLABORATION/OPERATING ACCOUNT
PUTNAM COUNTY AGING PROGRAM, INC 2558 WINFIELD ROAD SAINT ALBANS, WV 25177	31-1149267	GOVT	39,766.	0.			BUILDING CAPACITY TO REVIEW AND PREVENT OVERDOSE DEATHS DURING AND PREGNANCY
REFUGEES AND IMMIGRANTS COMMUNITY FOR EMPOWERMENT (RICE) - 3581 W NORTHERN AVE #8 - PHOENIX, AZ 85051	82-3242931	GOVT	20,000.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN

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RELATIONSHIP UNLEASHED 1840 PYRAMID PL SUITE 238 MEMPHIS, TN 38132	47-2296570	501(C)(3)	56,780.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
RICHMOND MEMORIAL HEALTH FOUNDATION - 4901 LIBBIE MILL EAST BLVD. - RICHMOND, VA 23230	51-0211020	501(C)(3)	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
RIDE CONNECTION INC. 9955 NE GLISAN STREET PORTLAND, OR 97220	94-3076771	501(C)(3)	50,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ROCKY MOUNTAIN TRIBAL LEADERS COUNCIL - 2929 3RD AVE. N. - BILLINGS, MT 59101	81-0509779	501(C)(3)	50,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
SACRAMENTO STEPS FORWARD 2150 RIVER PLAZA DRIVE, SUITE 385 SACRAMENTO, CA 95833	27-4907397	501(C)(3)	48,881.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
SAGE METRO DETROIT 290 W NINE MILE ROAD FERNDALE, MI 48220	47-3464425	501(C)(3)	48,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
SALINE COUNTY HEALTH DEPARTMENT 1825 ATCHISON AVE MARSHALL, MO 65340	74-3131557	501(C)(3)	45,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
SOMALI HEALTH BOARD 545 STRANDER BLVD TUKWILA, WA 98188	46-5114580	501(C)(3)	40,538.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
STACK UP 14913 W. NAVARRE WAY SYLMAR, CA 91342	47-5424265	501(C)(3)	40,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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STATE OF TENNESSEE DEPARTMENT OF HEALTH - 710 JAMES ROBERTSON PARKWAY - NASHVILLE, TN 37243	62-6001445	501(C)(3)	40,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
STATE OF UTAH, DEPARTMENT OF HEALTH - 288 N 1460 W - SALT LAKE CITY, UT 84114-4003	87-6000545	GOVT	40,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
STATE OF UTAH, DEPARTMENT OF HEALTH - 288 N 1460 W - SALT LAKE CITY, UT 84114-4003	87-6000545	501(C)(3)	40,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
STATE OF WISCONSIN-DEPARTMENT OF HEALTH SERVICES - 1 WEST WILSON STREET - MADISON, WI 53703	39-6006469	501(C)(3)	40,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
STATE OF WISCONSIN-DEPARTMENT OF HEALTH SERVICES - 1 WEST WILSON STREET - MADISON, WI 53703	39-6006469	501(C)(3)	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION - 401 VAN NESS AVE. - SAN FRANCISCO, CA 94102	94-2260626	501(C)(3)	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
TASK FORCE FOR GLOBAL HEALTH, INC. 325 SWANTON WAY DECATUR, GA 30030	58-1698648	501(C)(3)	35,000.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 3)
THE TASK FORCE FOR GLOBAL HEALTH INC - 325 SWANTON WAY - DECATUR, GA 30030	58-1698648	GOVT	30,000.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA - 2929 N. CENTRAL AVE - PHOENIX, AZ 85012	86-0975231	501(C)(3)	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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THAI COMMUNITY DEVELOPMENT CENTER 6376 YUCCA STREET SUITE B LOS ANGELES, CA 90028	95-4531770	GOVT	35,000.	0.			SUPPORTING PRECLINICAL DEVELOPMENT OF INACTIVATED ROTAVIRUS VACCINES
THE ADVERTISING COUNCIL, INC (AD COUNCIL) - 815 SECOND AVE., 9TH FLOOR - NEW YORK, NY 10017	13-0417693	501(C)(3)	33,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE AFYA FOUNDATION OF AMERICA 140 SAW MILL RIVE ROAD YONKERS, NY 10701	26-1300361	501(C)(3)	32,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE COUNTY OF SANTA CLARA 976 LENZEN AVENUE, 2ND FLOOR SAN JOSE, CA 95126	94-6000533	501(C)(3)	32,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE HOWARD UNIVERSITY 2400 6TH STREET NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	32,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE INSTITUTE FOR HUMAN SERVICES, INC. (IHS) - 546 KAAHI STREET - HONOLULU, HI 96817	99-0199107	501(C)(3)	32,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE OHIO STATE UNIVERSITY 208 BRICKER HALL COLUMBUS, OH 43210	31-6025986	501(C)(3)	31,337.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA ON BEHALF OF ITS SAN FRANCISCO CAMPUS - 333 CALIFORNIA STREET SUITE 435 - SAN FRANCISCO,	94-6036493	501(C)(3)	30,000.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 3)
THE WARRIOR ALLIANCE 1000 ABERNATHY ROAD SANDY SPRINGS, GA 30328	47-1049454	501(C)(3)	25,000.	0.			AMERICANS HEALTH-1005-284

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THE WRIGHT CENTER FOR COMMUNITY HEALTH - 501 S. WASHINGTON AVE - SCRANTON, PA 18505	23-2772504	501(C)(3)	22,500.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
TOWNSHIP OF HOWELL 4567 ROUTE 9 NORTH, 2ND FLOOR HOWELL, NJ 07731	21-6000749	501(C)(3)	22,400.	0.			SICKLE CELL DATA COLLECTION
TRENTON HEALTH TEAM, INC 1 WEST STATE ST., 4TH FLOOR TRENTON, NJ 08608	45-1257757	501(C)(3)	15,000.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 3)
TRI-VALLEY OPPORTUNITY COUNCIL, INC - 102 N BROADWAY - CROOKSTON, MN 56716	41-0888488	501(C)(3)	6,928.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 2)
TRUST FOR AMERICA'S HEALTH (TFAH) 1730 M STREET NW SUITE 900 WASHINGTON, DC 20036	52-2257066	501(C)(3)	20,000.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN
TRUTH INITIATIVE FOUNDATION 900 G STREET NW WASHINGTON, DC 20001	91-1956621	501(C)(3)	20,000.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 3)
TULANE UNIVERSITY 6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	GOVT	20,000.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN
UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	GOVT	20,000.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN
UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE (UTOPIA) - 205 E MEEKER ST. - KENT, WA 98032	61-1668192	501(C)(3)	18,860.	0.			BUILDING CAPACITY TO REVIEW AND PREVENT OVERDOSE DEATHS DURING AND PREGNANCY

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UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 N STATE STREET - JACKSON, MS 39216	64-6008520	501(C)(3)	18,000.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 3)
UNIVERSITY OF NEVADA, LAS VEGAS FOUNDATION (UNLV FOUNDATION) - 4505 S. MARYLAND PKWY - LAS VEGAS, NV 89154-1006	94-2790134	501(C)(3)	245.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 2)
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - P.O. BOX 26901 - OKLAHOMA CITY, OK 73104	73-1563627	501(C)(3)	18,000.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 3)
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET, 6TH FLOOR COLUMBIA, SC 29208	57-6001153	GOVT	16,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - 1027 BARNWELL STREET - COLUMBIA, SC 29208	57-6017985	501(C)(3)	15,169.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
UNIVERSITY OF UTAH 201 PRESIDENT CIRCLE RM 411 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	15,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
UNIVERSITY OF WASHINGTON 4300 ROSEVELT WAY NE STE 300 BOX 35 SEATTLE, WA 98195-4966	91-6001537	GOVT	15,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
UPPER GREAT LAKES FAMILY HEALTH CENTER - 135 E M-35 - GWINN, MI 49841	26-4299275	501(C)(3)	14,746.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
URBAN HEALTH PLAN, INC. 1065 SOUTHERN BOULEVARD BRONX, NY 10459	23-7360305	501(C)(3)	11,679.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VANTAGE POINT FOUNDATION P.O. BOX 31224 CHARLESTON, SC 29417	81-3500667	501(C)(3)	11,250.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
VEN00007292 ICAP AT COLUMBIA UNIVERSITY - 615 WEST 131ST STREET, 3RD FL. - NEW YORK, NY 10027	13-5598093	501(C)(3)	1,000.	0.			SARA LOWTHER FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP) MEMORIAL FUND
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK (COLUMBIA UNIVERSITY - 615 WEST 131ST STREET, 3RD FL. - NEW YORK,	13-5598093	501(C)(3)	25,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
VETS' COMMUNITY CONNECTIONS P.O. BOX 99922 SAN DIEGO, CA 92109	82-4702420	GOVT	10,000.	0.			NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY
VOCES COALICION DE VACUNACION DE PUERTO RICO, INC. - PMB 290, 35 JUAN C. BORBON - GUAYNABO, PUERTO RICO, PUERTO RICO 00969	66-0798610	501(C)(3)	8,438.	0.			BUILDING CAPACITY TO PREVENT VETERAN SUICIDE
VOLUNTEERS OF AMERICA OF ILLINOIS 47 W. POLK ST CHICAGO, IL 60605	36-2723047	501(C)(3)	6,500.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
VOSE RIVER CHARITABLE FUND 7501 WISCONSIN AVENUE, SUITE 1310E BETHESDA, MD 20814	85-2817512	501(C)(3)	5,908.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 2)
WALTER REED ARMY INSTITUTE OF RESEARCH (DEFENSE FINANCE ACCOUNTING SYSTEMS DFAS) - 503 ROBERT GRANT AVENUE - SILVER	53-0196956	501(C)(3)	4,294.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 2)
WASHINGTON STATE UNIVERSITY PO BOX 641025 PULLMAN, WA 99164	91-6001108	501(C)(3)	3,705.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 2)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WASHINGTON STATE UNIVERSITY PO BOX 641025 PULLMAN, WA 99164	91-6001108	501(C)(3)	3,604.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE (YEAR 2)
WAYNE STATE UNIVERSITY 5057 WOODWARD, 13TH FLOOR DETROIT, MI 48202	38-6028429	501(C)(3)	2,893.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN
WE ARE OCEANIA 720 N. KING STREET HONOLULU, HI 96817	85-0514098	GOVT	2,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
WELL BEING TRUST 436 14TH STREET SUITE 1120 OAKLAND, CA 94612	81-4260130	GOVT	2,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
WISCONSIN IMMUNIZATION NEIGHBORHOOD / RWHC HEALTHY WISCONSIN, INC - 880 INDEPENDENCE LN - SAUK CITY, WI 53583	85-1468041	501(C)(3)	2,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
WOMEN MAKE MOVIES INC 115 W 29TH ST STE 1200 NEW YORK, NY 10001	13-2740460	501(C)(3)	2,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
XAVIER UNIVERSITY OF LOUISIANA 1 DREXEL DRIVE NEW ORLEANS, LA 70125	72-0635884	501(C)(3)	161,497.	0.			MONITORING E-CIGARETTE USE AMONG YOUTH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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. MOST PROGRAMS ARE  
 IMPLEMENTED IN COLLABORATION WITH THE CENTERS FOR DISEASE CONTROL AND  
 PREVENTION, AN AGENCY OF THE FEDERAL GOVERNMENT. THE CDC WORKS CLOSELY WITH  
 FOUNDATION PERSONNEL TO ACTIVELY MONITOR THE GRANTEE'S PROGRESS AND  
 EXPENDITURES, AND BOTH THE GRANTEE AND THE CDC PROVIDE DETAILED INFORMATION  
 TO THE CDC FOUNDATION'S PROGRAM OFFICERS WHO ARE ASSIGNED TO THE PROJECT.  
 OFTEN, THE FOUNDATION PROGRAM OFFICER WILL MAKE SITE VISITS TO ENSURE THAT  
 THE PROGRAM IS PROCEEDING AS AGREED AND THAT THE FUNDS ARE PROPERLY SPENT.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.  
 Employer identification number: 58-2106707

**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (such as 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 on line 1a? .....

- 3** Indicate which, if any, of the following the 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.
- Compensation committee
  - Independent compensation consultant
  - Form 990 of other organizations
  - Written employment contract
  - Compensation survey or study
  - Approval by the board or compensation committee

- 4** During the year, did any person listed on 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 on 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" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
  - b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUDITH MONROE PRESIDENT & CEO	(i)	417,889.	37,000.	0.	0.	33,009.	487,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MONIQUE PATRICK CHIEF OPERATING OFFICER	(i)	252,772.	33,000.	0.	0.	36,066.	321,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PIERCE NELSON VP FOR COMMUNICATIONS	(i)	235,759.	16,462.	0.	0.	24,345.	276,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAURA ANGEL VP FOR ADVANCEMENT	(i)	179,747.	18,000.	0.	0.	26,536.	224,283.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL BRANDON TALLEY VP NON-INFECTIOUS DISEASES	(i)	182,467.	8,300.	0.	0.	20,036.	210,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CULLEN BRYENTON FORMER VP OF FINANCE & CONTROLLER	(i)	149,936.	5,000.	0.	0.	28,464.	183,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RACHNA CHANDORA ASSOCIATE VP NON-INFECTIOUS DISEASES	(i)	156,304.	4,800.	0.	15,545.	5,124.	181,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEREMY MORTON SENIOR SURVEY METHODOLOGIST	(i)	162,768.	0.	0.	15,668.	5,136.	183,572.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JENNIFER PARKER VP NON-INFECTIOUS DISEASES	(i)	174,520.	8,000.	0.	17,592.	162.	200,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LISA SPLITLOG SENIOR ADVISOR	(i)	150,709.	2,500.	0.	13,382.	124.	166,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CATHERINE ZILBER ASSOCIATE VP NON-INFECTIOUS DISEASES	(i)	148,817.	5,000.	0.	14,814.	5,257.	173,888.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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:

ALL EMPLOYEES WHO WORK 30 HOURS OR MORE ARE PROVIDED DISABILITY 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

STAFF POSITIONS. THE EXECUTIVE COMMITTEE OF THE FOUNDATION WHICH IS

COMPRISED OF THE CHAIR, TREASURER, SECRETARY, AND THE CHAIRS OF THE

ADVANCEMENT AND NOMINATING COMMITTEES ARE INDEPENDENT, VOTING MEMBERS

OF THE BOARD OF DIRECTORS. THE COMMITTEE REVIEWS THE DATA, EVALUATES

THE PERFORMANCE OF THE PRESIDENT/CEO AND VOTES ON HER COMPENSATION.

THESE ACTIONS ARE DOCUMENTED IN ACCORDANCE WITH THE REGULATIONS UNDER

**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.

SECTION 4958 OF THE CODE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.** Employer identification number **58-2106707**

**Part I 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	X	1,841	3,876,173.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( HOUSEHOLD GOO )	X	87,619	333,172.	COST
26 Other ( COMPUTER HARD )	X	3	267,153.	COST
27 Other ( MEDICAL SUPPL )	X	69,500	72,000.	COST
28 Other ( )				

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

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



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 FOUNDATIONS, ORGANIZATIONS, CORPORATIONS AND INDIVIDUALS TO FIGHT

THREATS TO HEALTH AND SAFETY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COVID-19 RESPONSE

IN JANUARY 2020, THE CDC FOUNDATION ACTIVATED ITS EMERGENCY RESPONSE

FUND TO SUPPORT CDC'S RELIEF AND RECOVERY EFFORTS IN RESPONSE TO THE

NOVEL CORONAVIRUS. DURING FY2020, THE FOUNDATION WAS ABLE TO MOBILIZE

MORE THAN \$172 MILLION IN FUNDING AND IN-KIND CONTRIBUTIONS FROM A WIDE

VARIETY OF DONORS FOUNDATIONS, CORPORATIONS, GOVERNMENT AGENCIES AND

INDIVIDUALS TO EXTEND COVID-19 RESPONSE EFFORTS. AS COVID-19 BEGAN TO

RAPIDLY SPREAD THROUGH THE UNITED STATES IN FEBRUARY AND MARCH 2020,

THE CDC FOUNDATION RAMPED UP CRUCIAL EFFORTS TO SUPPORT THE MANY NEEDS

OF FEDERAL, STATE AND LOCAL OFFICIALS. AS THE RESPONSE ADVANCED, THE

FOUNDATION FOCUSED IN ON ADDRESSING THREE AREAS OF NEED SUPPORTING

HEALTH EQUITY, TACKLING FRONTLINE RESPONSE CHALLENGES, AND ACTIVATING

HEALTH PROTECTION CAMPAIGNS. AS PART OF ITS EFFORTS IN FY2020, THE CDC

FOUNDATION DISTRIBUTED OVER 7 MILLION PIECES OF PERSONAL PROTECTIVE

EQUIPMENT FOR FRONT-LINE WORKERS; PROVIDED URGENTLY NEEDED LABORATORY

AND MEDICAL EQUIPMENT; STARTED HIRING WHAT EVENTUALLY INCLUDED 1,000

SURGE STAFF FOR STATE, LOCAL, TRIBAL AND TERRITORIAL HEALTH

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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DEPARTMENTS; SUPPORTED AND EXPANDED COVID-19 TESTING; AIDED LONG-TERM CARE FACILITIES AND COMMUNITY-BASED ORGANIZATIONS SERVING AT-RISK POPULATIONS; AND SUPPORTED MUCH-NEEDED COMMUNICATIONS CAMPAIGNS, RESEARCH AND MORE.

THE CDC FOUNDATION REDOUBLED EMERGENCY RESPONSE EFFORTS IN FY2021 TO COMBAT THE SPREAD OF THE HIGHLY CONTAGIOUS DELTA VARIANT. EXAMPLES OF CDC FOUNDATION SUPPORT IN FY2021 INCLUDE:

-ON A GLOBAL SCALE, THE CDC FOUNDATION IS SUPPORTING A PROJECT IN ETHIOPIA FOCUSED ON PROVIDING CAPACITY BUILDING AND TECHNICAL SUPPORT AT THE MINISTRY OF HEALTH, REGIONAL HEALTH BUREAUS AND HEALTH FACILITIES.

-DOMESTICALLY, THE CDC FOUNDATION FOCUSED ON MENTAL HEALTH BY SUPPORTING A COMMUNICATION CAMPAIGN, HOW RIGHT NOW/QUE HACER AHORA, A COMPREHENSIVE EFFORT TO REACH GROUPS WHO ARE AT HIGHER RISK FOR SEVERE ILLNESS FROM COVID-19 AND WHO ARE FACING ADVERSE MENTAL HEALTH AND EMOTIONAL WELL-BEING CHALLENGES DUE TO THE PANDEMIC. THIS CAMPAIGN IS GROUNDED IN EVIDENCE-BASED HEALTH COMMUNICATION, PSYCHOLOGY, AND BEHAVIOR CHANGE THEORY. PRIORITY AUDIENCES ARE CURRENTLY OLDER ADULTS (65+) AND THEIR CAREGIVERS, PEOPLE WITH PRE-EXISTING PHYSICAL AND MENTAL HEALTH CONDITIONS, PEOPLE EXPERIENCING VIOLENCE AND PEOPLE EXPERIENCING ECONOMIC DISTRESS.

-ADDRESSING HEALTH EQUITY IS A VITAL FOCUS AT CDC FOUNDATION, WE HAVE SUPPORTED OVER 50 COMMUNITY-BASED ORGANIZATIONS NATIONWIDE TO INCREASE VACCINATION WITHIN COMMUNITY GROUPS, EDUCATE LOCAL COMMUNITY MEMBERS ON

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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COVID-19 MITIGATION EFFORTS AND BUILD INTERNAL CAPACITY OF EACH

ORGANIZATION.

-INSTALLED 100 MINI PASS (MINI PORTABLE ALTERNATIVE SANITATION SYSTEM)

IN TEN RURAL ALASKA NATIVE COMMUNITIES WHICH INCLUDES A HANDWASHING

STATION TO SUPPORT HEALTHY HYGIENE PRACTICES WHERE ACCESS TO WATER IS

LIMITED.

-LAUNCHED AN EFFORT TO HELP THE UNSHELTERED HOMELESS POPULATIONS

ACHIEVE ACCESS TO IMPROVED HYGIENE AND SANITATION, BY PROVIDING A

NETWORK OF PORTABLE HANDWASHING STATIONS AND PORTA POTTIES THROUGHOUT

THE US.

THE CDC FOUNDATION HAS RAISED \$317,000,000 TOWARDS THE EMERGENCY

RESPONSE TO COVID-19.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OPIOID SURGE STAFFING

IN 2018, THE CDC FOUNDATION WAS AWARDED A COOPERATIVE AGREEMENT

(CDC-RFAOT18-1804) BY THE U.S. CENTERS FOR DISEASE CONTROL AND

PREVENTION (CDC) IN THE AMOUNT OF \$10.57M TO ASSIST STATE HEALTH

DEPARTMENTS IN BUILDING CAPACITY TO COMBAT THE RAPID INCREASE OF DEATHS

RELATED TO OPIOID OVERDOSES ACROSS THE COUNTRY. THE CDC FOUNDATION

HIRED 80 SURGE FIELD EMPLOYEES AND 16 CONTRACTORS AMONG VARIOUS

SPECIALTIES ACROSS 13 STATES (ARIZONA, CALIFORNIA, ILLINOIS, MARYLAND,

MISSOURI, MISSISSIPPI, NORTH CAROLINA, OHIO, OKLAHOMA, RHODE ISLAND,

WASHINGTON, WISCONSIN AND WEST VIRGINIA) TO COMBAT THE OPIOID EPIDEMIC

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 THEIR STATE. THE SURGE STAFF WERE ABLE TO SUPPORT AND BUILD  
 OPERATIONAL CAPACITY, DELIVERY OF RESOURCES, CONDUCT TRAINING, DEVELOP  
 COMMUNICATIONS MATERIALS AND LEAD CAMPAIGNS, CONDUCT DATA ANALYSIS,  
 COMPLETE AND CLOSE NECESSARY REPORTS AND BUILD MEANINGFUL PARTNERSHIPS.

THE CDC FOUNDATION IS WORKING WITH MULTIPLE STATES TO SUSTAIN THE  
 TECHNICAL SERVICES THOSE STATES. FOR EXAMPLE, IN FEBRUARY 2020, THE  
 CDC FOUNDATION WAS AWARDED A CONTRACT FROM THE NORTH CAROLINA  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUSTAIN THE TECHNICAL  
 ASSISTANCE SERVICES IN NORTH CAROLINA THROUGH STAFF MEMBERS SPECIALIZED  
 IN INJURY AND VIOLENCE PREVENTION TOPICS, INCLUDING BUT NOT LIMITED TO  
 OVERDOSE PREVENTION. THE CONTRACT EXTENDS THROUGH AUGUST 2022 AND WILL  
 EXPAND STATEWIDE INITIATIVES THROUGH COLLABORATION WITH STATE AGENCIES  
 AND DEVELOP AND IMPLEMENT OVERDOSE PREVENTION AND RESPONSE PROGRAMS  
 THROUGH A VARIETY OF ACTIVITIES AND DELIVERABLES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MONITORING THE GLOBAL TOBACCO EPIDEMIC

AS A PARTNER IN THE BLOOMBERG INITIATIVE TO REDUCE TOBACCO USE, THE CDC  
 FOUNDATION HELPS STRENGTHEN THE CENTERS FOR DISEASE CONTROL AND  
 PREVENTION'S (CDC) GLOBAL TOBACCO SURVEILLANCE EFFORTS IN HIGH BURDEN  
 TOBACCO USE COUNTRIES AND MONITOR THE GLOBAL TOBACCO EPIDEMIC. THE CDC  
 FOUNDATION SUPPORTS THE WORK OF THE CDC, THE WORLD HEALTH ORGANIZATION  
 (WHO), AND OTHER INTERNATIONAL PARTNERS IN IMPLEMENTING SELECT  
 COMPONENTS OF THE GLOBAL TOBACCO SURVEILLANCE SYSTEM (GTSS) AS WELL AS  
 CAPACITY ENHANCEMENT FOR TOBACCO CONTROL PROGRAMS. THE GTSS, COMPRISED  
 OF THE GLOBAL ADULT SURVEY (GATS), GLOBAL YOUTH TOBACCO SURVEY (GYTS),

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TOBACCO QUESTIONS FOR SURVEYS (TQS) AND TOBACCO QUESTIONS FOR SURVEYS

OF YOUTH (TQS-YOUTH), PROVIDES GLOBALLY STANDARDIZED DATA TO TRACK

ADULT AND YOUTH TOBACCO USE ACROSS THE WORLD. THESE DATA ARE USED TO

DEVELOP, IMPLEMENT AND EVALUATE TOBACCO CONTROL POLICIES AND

INTERVENTIONS THAT CAN REDUCE TOBACCO USE AT THE NATIONAL AND GLOBAL

LEVELS. IN ADDITION TO IMPLEMENTING COMPONENTS OF THE GTSS, THE CDC

FOUNDATION SUPPORTS THE CDC IN STRENGTHENING COUNTRY-LEVEL RESEARCH AND

CAPACITY TO INFORM PROGRAMS AND POLICIES IN HIGH-BURDEN TOBACCO USE

COUNTRIES.

FOR FISCAL YEAR 2021, GATS WAS PLANNED OR IN PROGRESS FOR 14 COUNTRIES

AND RESULTS WERE RELEASED IN TWO COUNTRIES. ADDITIONALLY, TQS WAS

INTEGRATED INTO ONGOING SURVEYS IN TWO COUNTRIES. AS TOBACCO USE CAUSES

EIGHT MILLION DEATHS ANNUALLY AROUND THE WORLD, THESE DATA ARE VITAL

FOR COUNTRIES TO INFORM EFFECTIVE TOBACCO CONTROL POLICIES AND PROGRAMS

TO CURB THE EPIDEMIC. CDC FOUNDATION HAS RECEIVED \$96.3 MILLION IN

FUNDING FOR THIS PROGRAM SINCE ITS INCEPTION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE FOUNDATION, WORKING IN COLLABORATION WITH 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 ADDRESS SUCH HEALTH RISKS AS CHRONIC HEALTH

CONDITIONS AND INFECTIOUS DISEASES, GLOBAL HEALTH PRIORITIES SUCH AS

SAFE WATER AND PROGRAMS FOR ENVIRONMENTAL HEALTH AND OCCUPATIONAL

HEALTH AND SAFETY.

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EXPENSES \$ 55,100,928. INCL GRANTS OF \$ 14,744,660. REVENUE \$ 1,083,289.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE FOUNDATION'S PUBLIC ACCOUNTING FIRM IN CONJUNCTION WITH KEY ACCOUNTING STAFF AND OTHER MEMBERS OF MANAGEMENT OF THE 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, COO, IN-HOUSE LEGAL COUNCIL, AND VP OF COMMUNICATIONS. IN ADDITION, THE FORM 990 WAS SENT TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW, COMMENTS, AND QUESTIONS AND THEN GIVEN TO THE BOARD FOR THEIR REVIEW. THE FINANCE COMMITTEE MEETS WITH MANAGEMENT AND THE INDEPENDENT ACCOUNTANTS TO REVIEW AND APPROVE THE FORM 990.

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

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DETERMINES THE PRESIDENT'S COMPENSATION PACKAGE FOR THE FOLLOWING YEAR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND

OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 18:

THE FOUNDATION POSTS THE PRIOR TEN YEARS OF 990'S AND FORM 1023 ON ITS WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION POSTS THE PRIOR 10 YEARS OF AUDITS ON ITS WEBSITE. THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROGRAM SERVICES EXPENSE:

PROGRAM SERVICE EXPENSES	58,974,743.
MANAGEMENT AND GENERAL EXPENSES	3,278,067.
FUNDRAISING EXPENSES	672,219.
TOTAL EXPENSES	62,925,029.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	62,925,029.

FORM 990, PART 1, LINE 15:

SALARIES, OTHER COMPENSATION, AND EMPLOYEE BENEFITS INCREASED

SIGNIFICANTLY YEAR-OVER-YEAR BECAUSE THE FOUNDATION RECEIVED

SIGNIFICANT DOLLARS TO FUND COVID-19 RESPONSE AND HIRED NUMEROUS

INDIVIDUALS IN SUPPORT OF THOSE GRANTS.

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FORM 990, PART I, LINE 19

THE CDC FOUNDATION FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

THEREFORE, IN CERTAIN CASES COMMITMENTS TO FUND PROJECTS ARE RECOGNIZED

AS CONTRIBUTION REVENUE AT THE TIME OF THE COMMITMENT WHEREAS

DISBURSEMENT OF PROJECT FUNDS MAY SPAN MULTIPLE YEARS. ACCORDINGLY, IN

CERTAIN YEARS BASED ON THE TIMING OF DISBURSEMENT, PROJECT COSTS AND

EXPENSES MAY EXCEED TOTAL CONTRIBUTION REVENUES.

FORM 990, PART VII:

DURING THE YEAR, THE FOUNDATION PAID GMMB FOR COMMUNICATION SERVICES

SURROUNDING COVID-19. A DIRECTOR, MATT JAMES, IS AN EMPLOYEE OF THE

ORGANIZATION. UNDER THE FOUNDATION'S CONFLICT OF INTEREST POLICY, THE

POTENTIAL CONFLICT WAS REPORTED AND REVIEWED. IT WAS DETERMINED THAT

NO CONFLICTS EXISTED. THE DIRECTOR IS NOT AN OWNER OF THE COMPANY AND

NO BENEFITS WERE RECEIVED BY THE DIRECTOR AS A RESULT OF THESE

TRANSACTIONS.

FORM 990, PART IX, LINE 11G, OTHER PROGRAM SERVICE DETAIL

HEALTH CARE ORGANIZATIONS - \$13,751,556

RESEARCH ORGANIZATIONS - \$5,335,801

INDIVIDUALS - \$5,384,619

CONSTRUCTION - \$294,365

GOVERNMENTAL ORGANIZATIONS - \$663,834

COLLEGE AND UNIVERSITIES - \$9,132,536

HUMANITARIAN ORGANIZATIONS - \$898,106

TRANSLATIONS, COMMUNICATIONS AND PUBLISHING - \$11,709,429

SOFTWARE AND TECHNOLOGY - \$1,946,889

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STAFFING - \$6,514,365

PROGRAM IMPLEMENTATION - \$4,885,996

DISTRIBUTION - \$188,040

OTHER - \$2,219,492

TOTAL - \$62,925,029

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.

FORM 990, PART II-A, LINE 2C, LOBBYING ACTIVITIES BY ELECTING ORGANIZATIONS

THE FOUNDATION INCURRED NO LOBBYING EXPENDITURES FOR THE YEAR ENDED JUNE 30, 2021

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Taxpayer identification number (TIN)  58-2106707
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 600 PEACHTREE STREET NE, NO. 1000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30308	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NEDRA R. JONES

- The books are in the care of ▶ 600 PEACHTREE STREET NE, NO. 1000 - ATLANTA, GA 30308  
Telephone No. ▶ (678) 733-1883 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.