

PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2021**

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.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<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 <b>NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.</b> Doing business as <b>CDC FOUNDATION</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>600 PEACHTREE STREET NE 1000</b> City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30308</b> <b>F</b> Name and address of principal officer: <b>DR. JUDITH MONROE</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>58-2106707</b> <b>E</b> Telephone number  <b>404-653-0790</b> <b>G</b> Gross receipts \$ <b>301,526,771.</b> <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 ▶
<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: ▶ <b>WWW.CDCFOUNDATION.ORG</b>		
<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: <b>1993</b> <b>M</b> State of legal domicile: <b>GA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>																			
Activities & Governance	<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 14</b>																		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4 14</b>																		
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5 2892</b>																		
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6 12</b>																		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a 0.</b>																		
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b 0.</b>																		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">191,156,154.</td> <td align="right">248,141,708.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">1,083,289.</td> <td align="right">6,504,600.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">4,235,604.</td> <td align="right">1,570,479.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">0.</td> <td align="right">1,437.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">196,475,047.</td> <td align="right">256,218,224.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	191,156,154.	248,141,708.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	1,083,289.	6,504,600.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	4,235,604.	1,570,479.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	1,437.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	196,475,047.	256,218,224.
		Prior Year	Current Year																	
	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	191,156,154.	248,141,708.																	
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	1,083,289.	6,504,600.																	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	4,235,604.	1,570,479.																	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	1,437.																	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	196,475,047.	256,218,224.																		
<b>9</b> Program service revenue (Part VIII, line 2g) .....	1,083,289.																			
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	4,235,604.																			
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.																			
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	196,475,047.																			
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	40,555,430.																		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.																		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	76,574,717.																		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.																		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,323,204.</b>																			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	74,074,742.																		
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	191,204,889.																			
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	5,270,158.																			
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Beginning of Current Year</th> <th align="center">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td align="right">289,595,087.</td> <td align="right">210,204,549.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td align="right">29,890,406.</td> <td align="right">39,281,190.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td align="right">259,704,681.</td> <td align="right">170,923,359.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16) .....	289,595,087.	210,204,549.	<b>21</b> Total liabilities (Part X, line 26) .....	29,890,406.	39,281,190.	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	259,704,681.	170,923,359.						
		Beginning of Current Year	End of Year																	
	<b>20</b> Total assets (Part X, line 16) .....	289,595,087.	210,204,549.																	
<b>21</b> Total liabilities (Part X, line 26) .....	29,890,406.	39,281,190.																		
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	259,704,681.	170,923,359.																		
<b>21</b> Total liabilities (Part X, line 26) .....	29,890,406.																			
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	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.

<b>Sign Here</b>	Signature of officer <b>NEDRA JONES, CFO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TIFFANY T. ORR, CPA</b>	Preparer's signature <b>TIFFANY T. ORR, CPA</b>	Date <b>03/29/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01559485</b>
	Firm's name ▶ <b>CARR, RIGGS &amp; INGRAM, LLC</b> Firm's address ▶ <b>4004 SUMMIT BLVD NE, SUITE 800 ATLANTA, GA 30319</b>	Firm's EIN ▶ <b>72-1396621</b>	Phone no. <b>770.394.8000</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

Form 990 (2021)

58-2106707 Page 2

**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 FOUNDATIONS, ORGANIZATIONS, CORPORATIONS AND INDIVIDUALS 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 \$ 227,244,719. including grants of \$ 16,824,600.) (Revenue \$ 5,747,672.)  
**COVID-19 RESPONSE-STRENGTHENING COMMUNITIES AND JURISDICTIONAL HEALTH DEPARTMENTS**

**SEE SCHEDULE O FOR DESCRIPTION**

4b (Code: \_\_\_\_\_) (Expenses \$ 7,532,818. including grants of \$ 722,141.) (Revenue \$ 0.)  
**DATA FOR HEALTH**

**SEE SCHEDULE O FOR DESCRIPTION**

4c (Code: \_\_\_\_\_) (Expenses \$ 6,284,954. including grants of \$ 0.) (Revenue \$ 0.)  
**OPIOID SURGE STAFFING**

**SEE SCHEDULE O FOR DESCRIPTION**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 79,084,769. including grants of \$ 17,493,664.) (Revenue \$ 756,928.)

4e Total program service expenses **▶ 320,147,260.**

Form 990 (2021)

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

**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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<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> .....		<b>X</b>
<b>4 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> .....	<b>X</b>	
<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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<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> .....		<b>X</b>
<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> .....		<b>X</b>
<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> .....		<b>X</b>
<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> .....		<b>X</b>
<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> .....	<b>X</b>	
<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> .....	<b>X</b>	
<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> .....		<b>X</b>
<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> .....		<b>X</b>
<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> .....		<b>X</b>
<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> .....	<b>X</b>	
<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> .....	<b>X</b>	
<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> .....	<b>X</b>	
<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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>X</b>	
<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> .....	<b>X</b>	
<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> .....	<b>X</b>	
<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> .....		<b>X</b>
<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> See instructions .....		<b>X</b>
<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> .....		<b>X</b>
<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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<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> .....	<b>X</b>	

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

Form 990 (2021)

58-2106707 Page 4

**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> .....	<b>22</b> 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> .....	<b>23</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<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> .....	<b>25a</b>	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> .....	<b>25b</b>	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> .....	<b>26</b>	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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the 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> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> 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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	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>35b</b>	
<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> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**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>1a</b> 135	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

**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		
	2a 2892		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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>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)?		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?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<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?		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>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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>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>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>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<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	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<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.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<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>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<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	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Form 990 (2021)

58-2106707 Page 6

**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 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.		
	1a	14	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	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>10b</b>			
<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 on 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 on Schedule O how this was done	X	
<b>12c</b>			
<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 on 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?		
<b>16b</b>			

**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, 1000, ATLANTA, GA 30308**

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

Form 990 (2021)

58-2106707 Page 7

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JUDITH MONROE PRESIDENT & CEO	40.00			X				453,705.	0.	14,727.
(2) MONQUIE PATRICK COO	40.00			X				287,893.	0.	30,153.
(3) LAUREN SMITH CHIEF HEALTH EQUITY & STRATEGY OFFIC	40.00			X				266,867.	0.	35,518.
(4) LISA WADDELL CMO	40.00			X				252,792.	0.	35,206.
(5) DANIEL PIERCE NELSON VP FOR COMMUNICATIONS	40.00			X				239,150.	0.	13,044.
(6) LAURA ANGEL VP FOR ADVANCEMENT	40.00			X				211,186.	0.	22,762.
(7) SUANNE BUGGY COALITION DEPUTY DIRECTOR	40.00				X			195,984.	0.	22,081.
(8) MEGAN O'CONNELL MEDICAL EPIDEMIOLOGIST	40.00				X			185,336.	0.	30,814.
(9) MICHAEL BRANDON TALLEY VP NON-INFECTIOUS DISEASE	40.00			X				191,898.	0.	21,836.
(10) JENNIFER PARKER FORMER VP INFECTIOUS DISEASE PROG.	40.00						X	194,200.	0.	12,489.
(11) ROLAND NGWANG MEDICAL EPIDEMIOLOGIST	40.00				X			183,418.	0.	22,554.
(12) JEREMY MORTON SENIOR SURVEY METHODOLOGIST	40.00				X			161,136.	0.	21,122.
(13) RACHNA CHANDORA AVP NON INFECTIOUS DISEASE PROG.	40.00				X			158,942.	0.	21,943.
(14) CATHERINE ZILBER VP INFECTIOUS DISEASE PROG.	40.00			X				147,257.	0.	33,319.
(15) ROBERT ABRAHAM AVP FOR ADVANCEMENT	40.00				X			154,841.	0.	21,997.
(16) ANGELINA ESPARZA AVP JURISDICTIONAL SUPP. & HEALTH EQ	40.00				X			156,423.	0.	16,716.
(17) TWANDA MICKLE SENIOR DIR. OF STRATEGIC OP.	40.00					X		137,169.	0.	24,673.



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

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHY CAHILL VP FOR SYSTEMS INTEGRATIONS	40.00			X				160,078.	0.	1,756.
(19) TURQUOISE SIDIBE AVP FOR EMERGENCY RESPONSE	40.00				X			150,390.	0.	11,312.
(20) TERRI HEYNS AVP FOR COMMUNICATIONS	40.00					X		139,583.	0.	20,223.
(21) KINETRA JOSEPH CAMPAIGN DIRECTOR	40.00					X		135,240.	0.	18,747.
(22) ELIZABETH ARTEAGA DIR. TESTING & RESULTING OP.	40.00				X			152,483.	0.	170.
(23) COURTENAY SINGER DIR. PRODUCTION & NEW MEDIA	40.00					X		118,401.	0.	20,102.
(24) NEDRA JONES CFO	40.00			X				40,693.	0.	980.
(25) LEAH DEVLIN CHAIR	2.00	X		X				0.	0.	0.
(26) DAVID ALDRIDGE TREASURER	2.00	X		X				0.	0.	0.
<b>1b Subtotal</b> .....								4,475,065.	0.	474,244.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								4,475,065.	0.	474,244.

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

	Yes	No
<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
J CURVE, LLC, 3565 PIEDMONT RD NE SUITE 250, ATLANTA, GA 30305	STAFFING & RECRUITING	469,199.
JULIE SCOFIELD 220 LAKE AVENUE, STAUNTON, VA 24401	CONSULTING COVID COALITION	296,700.
S MOFFATT PUBLIC HEALTH SOLUTIONS, LLC 4788 ST GEORGE ROAD, WILLISTON, VT 05495	CONSULTING COVID-19 COMMUNICATION SERVICES	212,729.
ANGELA DUNBAR 2683 NORTHBROOK DRIVE, ATLANTA, GA 30340	CONSULTING & TRAINING	158,082.
CAROL PERTOWSKI 44 EAGLE GAP CT, NOVATO, CA 94949		138,030.

**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 8

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Form 990

58-2106707

**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 (check all that apply)						(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			
(27) RAYMOND BAXTER SECRETARY	2.00	X		X				0.	0.	0.
(28) SHIRLEY FRANKLIN DIRECTOR	1.00	X						0.	0.	0.
(29) JAMES MARKS DIRECTOR	1.00	X						0.	0.	0.
(30) ELAINE CHAMBERS DIRECTOR	1.00	X						0.	0.	0.
(31) BROOKS BELL DIRECTOR	1.00	X						0.	0.	0.
(32) JEFFREY KOPLAN DIRECTOR	1.00	X						0.	0.	0.
(33) PHIL KENT DIRECTOR	1.00	X						0.	0.	0.
(34) AMELIE RAMIREZ DIRECTOR	1.00	X						0.	0.	0.
(35) VANESSA BENAVIDES DIRECTOR	1.00	X						0.	0.	0.
(36) KRISTEN SILVERBERG DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

Form 990 (2021)

58-2106707 Page 9

**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>	174,500,648.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	73,641,060.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 75,924.				
	<b>h Total.</b> Add lines 1a-1f			248141708.			
Program Service Revenue	<b>2 a</b> EMERGENCY RESPONSE	<b>Business Code</b>	541900	6,336,831.	6,336,831.		
	<b>b</b> INFECTIOUS DISEASE		541900	88,055.	88,055.		
	<b>c</b> NON-INFECTIOUS DISEASE		541900	35,603.	35,603.		
	<b>d</b> LAB RESEARCH AGREEMENT		541900	28,378.	28,378.		
	<b>e</b> HEALTH SURVEILLANCE		541900	15,733.	15,733.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			6,504,600.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,535,092.		1535092.	
	<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	45,343,934.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	45,308,547.				
<b>c</b> Gain or (loss)	<b>7c</b>	35,387.					
<b>d</b> Net gain or (loss)			35,387.		35,387.		
<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> MISCELLANEOUS REVENUE	<b>Business Code</b>	900099	1,437.		1,437.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			1,437.			
<b>12 Total revenue.</b> See instructions			256218224.	6,504,600.	0.	1571916.	

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

Form 990 (2021)

58-2106707 Page **10**

**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 ...	32,964,631.	32,964,631.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	60,000.	60,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	2,015,774.	2,015,774.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	4,563,182.	2,777,337.	1,135,915.	649,930.
<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 .....	170,559,887.	163,276,699.	6,137,621.	1,145,567.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	5,581,213.	4,921,780.	546,534.	112,899.
<b>9</b> Other employee benefits .....	9,410,137.	8,788,278.	559,285.	62,574.
<b>10</b> Payroll taxes .....	14,170,611.	13,565,649.	477,737.	127,225.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	8,522.		8,522.	
<b>c</b> Accounting .....	58,605.		58,605.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....	120,806.		120,806.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	83,116,508.	77,443,696.	5,194,323.	478,489.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	4,962,417.	3,515,041.	956,537.	490,839.
<b>14</b> Information technology .....	3,312,845.	1,383,331.	1,789,284.	140,230.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	746,500.	706,467.	32,366.	7,667.
<b>17</b> Travel .....	780,365.	714,134.	60,626.	5,605.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	164,376.	127,420.	25,421.	11,535.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	295,441.	118,176.	118,176.	59,089.
<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> <b>PROJECT SUPPLIES</b> .....	7,538,451.	7,538,451.		
<b>b</b> <b>OTHER EXPENSES</b> .....	1,017,057.	230,396.	755,106.	31,555.
<b>c</b> .....				
<b>d</b> .....				
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	341,447,328.	320,147,260.	17,976,864.	3,323,204.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2021)

58-2106707 Page 11

**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 .....	54,773,674.	<b>2</b>	54,381,378.
	<b>3</b> Pledges and grants receivable, net .....	145,272,169.	<b>3</b>	66,693,494.
	<b>4</b> Accounts receivable, net .....	2,339,890.	<b>4</b>	2,918,793.
	<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 .....	2,861,435.	<b>9</b>	6,921,184.
	<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> 2,352,401.	<b>10c</b>	1,112,842.
	<b>11</b> Investments - publicly traded securities .....	82,939,636.	<b>11</b>	78,176,247.
	<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 .....	0.	<b>15</b>	611.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	289,595,087.	<b>16</b>	210,204,549.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,437,956.	<b>17</b>	19,771,231.
	<b>18</b> Grants payable .....	12,806,838.	<b>18</b>	16,269,348.
	<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 .....	12,305.	<b>21</b>	
	<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 .....	11,633,307.	<b>25</b>	3,240,611.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	29,890,406.	<b>26</b>	39,281,190.
<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 .....	35,872,286.	<b>27</b>	47,654,904.
	<b>28</b> Net assets with donor restrictions .....	223,832,395.	<b>28</b>	123,268,455.
	<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 .....	259,704,681.	<b>32</b>	170,923,359.
	<b>33</b> Total liabilities and net assets/fund balances .....	289,595,087.	<b>33</b>	210,204,549.

Form 990 (2021)

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

Form 990 (2021)

58-2106707 Page 12

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	256,218,224.
2	Total expenses (must equal Part IX, column (A), line 25)	2	341,447,328.
3	Revenue less expenses. Subtract line 2 from line 1	3	-85,229,104.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	259,704,681.
5	Net unrealized gains (losses) on investments	5	-3,552,218.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	170,923,359.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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

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

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

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

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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	57819416.	76118865.	252838369	191156154	248141708	826074512
<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 .....	198,274.	167,552.	229,894.	270,464.	176,000.	1042184.
<b>4 Total.</b> Add lines 1 through 3 .....	58017690.	76286417.	253068263	191426618	248317708	827116696
<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) .....						147750667
<b>6 Public support.</b> Subtract line 5 from line 4.						679366029

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	58017690.	76286417.	253068263	191426618	248317708	827116696
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	856,785.	1725480.	2014825.	1655957.	1535092.	7788139.
<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						834904835
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	81.37 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	76.63 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<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>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>1</b>		
<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>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>3</b> By reason of the relationship described on 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>1</b>		
<b>2</b>		
<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>b</b> Did the activities described on 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>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>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>2a</b>			
<b>2b</b>			
<b>3a</b>			
<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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<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	

Section C - Distributable Amount			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).		

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

Schedule A (Form 990) 2021

58-2106707 Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

Name of organization <b>NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.</b>	Employer identification number 58-2106707
---	--

**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	_____ _____ _____	\$ <u>174,320,120.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>28,585,343.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>15,167,716.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>11,342,175.</u>	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 <b>NATIONAL FOUNDATION FOR THE CENTERS FOR                  DISEASE CONTROL AND PREVENTION, INC.</b>	Employer identification number <b>58-2106707</b>
--	---

**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 <b>NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.</b>	Employer identification number <b>58-2106707</b>
---	---

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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 <b>NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.</b>	Employer identification number <b>58-2106707</b>
---	---

**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-.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures	341447328.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	341447328.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

Schedule C (Form 990) 2021

**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
<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.

SCHEDULE C, PART II-A, LINE 2C

THE FOUNDATION INCURRED NO LOBBYING EXPENDITURES FOR THE YEAR ENDED JUNE 30, 2022.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,719,450.	6,060,538.	5,690,922.	5,151,331.	5,019,488.
b Contributions	65,145.	58,688.	228,963.	110,161.	71,631.
c Net investment earnings, gains, and losses	-1,072,069.	1,613,217.	184,927.	475,683.	103,655.
d Grants or scholarships					
e Other expenditures for facilities and programs	17,387.	12,993.	44,274.	46,253.	43,443.
f Administrative expenses					
g End of year balance	6,695,139.	7,719,450.	6,060,538.	5,690,922.	5,151,331.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  70.6875 %
  - c Term endowment  29.3125 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,120,065.	1,308,521.	811,544.
d Equipment		205,839.	118,445.	87,394.
e Other		1,139,339.	925,435.	213,904.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,112,842.

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

**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) <b>CONTRACTS PAYABLE</b>	779,530.
(3) <b>DEFERRED RENT</b>	1,356,881.
(4) <b>UNAMORTIZED LEASEHOLD ALLOWANCE</b>	1,104,200.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,240,611.

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>	258,358,778.
<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>	-3,552,218.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	5,813,578.	
<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>	2,261,360.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	256,097,418.
<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>	120,806.	
<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>	120,806.
<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>	256,218,224.

**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>	347,140,100.
<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>	5,813,578.	
<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>	5,813,578.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	341,326,522.
<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>	120,806.	
<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>	120,806.
<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>	341,447,328.

**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 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.

**PART X, LINE 2:**

THE FOUNDATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR

**Part XIII** Supplemental Information (continued)

DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2022 AND 2021, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Multiple horizontal lines for supplemental information.

**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

**2021**

Open to Public  
Inspection

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

Employer identification number  
**58-2106707**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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	5,114.
CENTRAL AM. & CARIBBEAN	0	15	PROGRAM SERVICES	PROFESSIONAL FEES	2,638,066.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPP	57,840.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	SUPPLIES - OTHER	201,453.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	EQUIPMENT, REPAIRS,	47,998.
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES	TRAVEL	21,680.
EAST ASIA & PACIFIC	0	17	PROGRAM SERVICES	PROFESSIONAL FEES	1,017,384.
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES	SUPPLIES	11,470.
<b>3 a</b> Subtotal .....	0	32			4,001,005.
<b>b</b> Total from continuation sheets to Part I .....	0	173			18,072,421.
<b>c</b> Totals (add lines 3a and 3b) .....	0	205			22,073,426.

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

Schedule F (Form 990) 2021

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
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES	PRINTING, PROMOTION	49,196.
EUROPE	0	0	GRANT MAKING	AWARD	212,114.
EUROPE	0	10	PROGRAM SERVICES	PROFESSIONAL FEES	944,383.
EUROPE	0	0	PROGRAM SERVICES	TRAVEL	4,358.
EUROPE	0	0	PROGRAM SERVICES	SUPPLIES	34,033.
MIDDLE EAST & N. AFRICA	0	0	GRANT MAKING	AWARD	441,236.
MIDDLE EAST & N. AFRICA	0	9	PROGRAM SERVICES	PROFESSIONAL FEES	742,084.
MIDDLE EAST & N. AFRICA	0	0	PROGRAM SERVICES	EQUIPMENT, REPAIRS,	30,971.
MIDDLE EAST & N. AFRICA	0	0	PROGRAM SERVICES	TRAVEL	22,867.
MIDDLE EAST & N. AFRICA	0	0	PROGRAM SERVICES	CONFERENCES, MEETIN	4,400.
<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
MIDDLE EAST & N. AFRICA	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPP	8,501.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROFESSIONAL FEES	4,900.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL	1,006.
SOUTH AMERICA	0	0	GRANT MAKING	AWARD	169,400.
SOUTH AMERICA	0	4	PROGRAM SERVICES	PROFESSIONAL FEES	1,265,931.
SOUTH AMERICA	0	0	PROGRAM SERVICES	CONFERENCES, MEETIN	132.
SOUTH AMERICA	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPP	89,613.
SOUTH AMERICA	0	0	PROGRAM SERVICES	SUPPLIES - OTHER	169,228.
SOUTH ASIA	0	0	GRANT MAKING	AWARD	169,400.
SOUTH ASIA	0	30	PROGRAM SERVICES	PROFESSIONAL FEES	1,265,931.
<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	CONFERENCES, MEETIN	132.
SOUTH ASIA	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPP	89,613.
SOUTH ASIA	0	0	PROGRAM SERVICES	SUPPLIES - OTHER	169,228.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING	AWARD	1,064,376.
SUB-SAHARAN AFRICA	0	120	PROGRAM SERVICES	PROFESSIONAL FEES	9,758,104.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL	56,105.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CONFERENCES, MEETIN	17,366.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	POSTAGE, SHIPPING	14,959.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PRINTING, PROMOTION	1,061.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPP	595,533.
<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
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SUPPLIES - OTHER	418,090.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DUES, SUBSCRIPTIONS	8,605.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EQUIPMENT, REPAIRS,	249,565.
<b>Totals</b> .....		173			18,072,421.

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

**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)
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	159,640.		0.		
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	90,931.		0.		
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	52,478.		0.		
		MIDDLE EAST AND NORTH AFRICA	FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP) IN SAUDI ARABIA - PHASE II	372,447.		0.		
		MIDDLE EAST AND NORTH AFRICA	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	68,789.		0.		
		SOUTH AMERICA	EMERGENCY RESPONSE FUND-CORONAVIRUS	50,000.		0.		
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	89,139.		0.		
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	72,462.		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 ..... **11**

3 Enter total number of other organizations or entities ..... **15**

SEE PART V FOR COLUMN (D) DESCRIPTIONS



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

58-2106707

Schedule F (Form 990)

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	INDIAN ROTAVIRUS VACCINES IN EARLY ADOPTER COUNTRIES	7,800.		0.		
		SUB-SAHARAN AFRICA	INTEGRATING GENOMIC DATA SURVEILLANCE IN SENEGAL	45,220.		0.		
		SUB-SAHARAN AFRICA	INNOVATIONS IN ANTENATAL AND POSTNATAL CARE IN KENYA	173,946.		0.		
		SUB-SAHARAN AFRICA	ANTIMALARIAL RESISTANCE MONITORING IN AFRICA	31,540.		0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE FOR PNEUMOCOCCAL CARRIAGE STUDY BURKINA FASO	40,000.		0.		
		SUB-SAHARAN AFRICA	MATERNAL AND REPRODUCTIVE HEALTH IN TANZANIA SUSTAINABILITY	209,370.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS	125,000.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS	71,662.		0.		
		SUB-SAHARAN AFRICA	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	96,000.		0.		

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

58-2106707

Schedule F (Form 990)

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	74,863.		0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK (2020)	65,354.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS	50,000.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS	17,500.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS	10,000.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS	10,000.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS	10,000.		0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE FUND-CORONAVIRUS	9,000.		0.		
		SUB-SAHARAN AFRICA	MARTIN MEMORIAL	7,635.		0.		

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

58-2106707

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

Part III can be duplicated if additional space is needed.

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

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

**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.

**PART II, COLUMN (D):**

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MATERNAL AND REPRODUCTIVE HEALTH IN TANZANIA SUSTAINABILITY EVALUATION

**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

**2021**

**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 noncash 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
A VISION 4 HOPE 800 PHOENIX BLVD, BUILDING 200 SUIT COLLEGE PARK, GA 30349	82-0897150	501C3	130,500.	0.			ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
AFGHAN HEALTH INITIATIVE 30607 134TH AVENUE SE AUBURN, WA 98092	85-0906399	501C3	100,000.	0.			AFGHAN EVACUEE RELIEF FUND
AIDS FOUNDATION CHICAGO 200 W. MONROE ST. SUITE 1150 CHICAGO, IL 60606	36-3412054	501C3	45,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM - 4000 AMBASSADOR DRIVE - ANCHORAGE, AK 99508	92-0162721	501C3	1,300,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ALBANY STATE UNIVERSITY 504 COLLEGE DRVE ALBANY, GA 31705	58-6001996	GOVT	83,982.	0.			ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
ALCONA CITIZENS FOR HEALTH, INC 1035 W WASHINGTON AVE ALPENA, MI 49707	38-2170985	501C3	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **175.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **2.**

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

Schedule I (Form 990) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALGOMA AREA EDUCATION FOUNDATION, INC - 1715 DIVISION ST - ALGOMA, WI 54201	04-3604442	501C3	122,000.	0.			EMERGENCY RESPONSE-HEALTH EQUITY IN SUPPORT OF CBOS (MACARTHUR FOUNDATION)
AMERICAN PSYCHIATRIC ASSOCIATION (APA) - 800 MAINE AVENUE SW SUITE 900 - WASHINGTON, DC 20024	52-2168499	501C6	130,405.	0.			IMPROVING MATERNAL INFANT HEALTH COVID-19 SURVEILLANCE AND CLINICAL CARE
AMERICAN PUBLIC HEALTH ASSOCIATION 800 I STREET NW WASHINGTON, DC 20001-3710	13-1628688	501C3	130,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
AMERICANA COMMUNITY CENTER INC 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40214	61-1251306	501C3	60,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PKWY AUGUSTA, GA 30909	47-1606321	501C3	49,284.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY - PO BOX 2260 - TEMPE, AZ 85280-2260	86-6051042	501C3	1,225,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ARKANSAS COMMUNITY FOUNDATION 5 ALLIED DRIVE, SUITE 51110 LITTLE ROCK, AR 72202	52-1055743	501C3	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ASSOCIATION OF IMMUNIZATION MANAGERS (AIM) - 620 HUNGERFORD DRIVE, SUITE 29 - ROCKVILLE, MD 20850	52-2346043	501C3	13,986.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ASSOCIATION OF PUBLIC HEALTH LABORATORIES - 8515 GEORGIA AVENUE SUITE 700 - SILVER SPRING, MD 20910	52-1800436	501C3	218,268.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS - 2231 CRYSTAL DRIVE SUITE 450 - ARLINGTON, VA 22202	35-1044487	501C3	225,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
BIPARTISAN POLICY CENTER, INC 1225 I STREET SUITE 1000 WASHINGTON, DC 20005	73-1628382	501C3	10,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
BIRTH IN COLOR RVA FOUNDATION 13805 VILLAGE MILL DRIVE, SUITE 201 MIDLOTHIAN, VA 23114	83-3221701	501C3	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
BRADBURY-SULLIVAN LGBT COMMUNITY CENTER - 522 WEST MAPLE STREET - ALLENTOWN, PA 18101	20-1443960	501C3	45,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CARE RING, INC 601 E. FIFTH STREET SUITE 140 CHARLOTTE, NC 28202	56-0621073	501C3	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTER FOR PAN ASIAN COMMUNITY SERVICES, INC. - 3510 SHALLOWFORD RD - ATLANTA, GA 30341-2909	58-1437980	501C3	60,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	31,070.	0.			IMPROVING UNDERSTANDING OF DROWNING IN AFRICA
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	728,148.	0.			IMMUNOLOGIC ENDPOINTS AGAINST YOUNG INFANT GROUP B STREPTOCOCCAL DISEASE
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	25,000.	0.			PNEUMOCOCCAL CONJUGATE VACCINE SURVEILLANCE AND EVALUATION IN BURKINA FASO

Schedule I (Form 990)



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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	464,000.	0.			IMPROVED TRACKING OF HEALTHCARE-ASSOCIATED INFECTIONS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	150,000.	0.			INDIAN ROTAVIRUS VACCINES IN EARLY ADOPTER COUNTRIES
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	136,200.	0.			BIOMARKER DISCOVERY THROUGH SERUM EPITOPE REPERTOIRE ANALYSIS (SERA)
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	165,681.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS PHASE II
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	595,000.	0.			EARLY CHILDHOOD NUTRITION SURVEILLANCE OPTIMIZATION
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	405,000.	0.			EARLY CHILDHOOD NUTRITION SURVEILLANCE OPTIMIZATION (EXTENSION)
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	15,000.	0.			INTEGRATED SEROSURVEILLANCE CENTER AND SEROLOGIC SURVEILLANCE IN NIGERIA
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	69,878.	0.			UNDERSTANDING THE EFFECTS OF CROSS SEX HORMONE THERAPY
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	85,000.	0.			IMPROVING TESTING PROTOCOL FOR INHIBITORS IN HEMOPHILIA

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	500,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	84,766.	0.			EVALUATION OF MALARIA VACCINE IMPLEMENTATION PHASE II
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	88,000.	0.			CONSOLIDATING TUBERCULOSIS ANALYTICS AND EVIDENCE TOOLS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	68,367.	0.			GLOBAL PNEUMOCOCCAL SEQUENCING 2.0
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	125,002.	0.			USING BENCHMARKS TO IMPROVE JOINT EXTERNAL EVALUATION SCORES
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	19,931.	0.			USING BENCHMARKS TO IMPROVE JEE SCORES (RETURNED FUNDS)
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	59,458.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK (2020)
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	449,036.	0.			500 CITIES AND BEYOND
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	284,500.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK (2021)

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	100,000.	0.			LEVERAGING WHO ROTAVIRUS SURVEILLANCE NETWORKS FOR DIARRHEAL PATHOGENS Y3
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	53,582.	0.			MECHANISMS OF NOROVIRUS PROTECTIVE IMMUNITY
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	112,423.	0.			LEHEIGH VALLEY PUBLIC HEALTH INFORMATICS FELLOWSHIP
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	95,000.	0.			ENVIRONMENTAL CONTROL OF SARS-COV-2 IN FOOD ESTABLISHMENTS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	982,473.	0.			ANALYSIS OF IMMUNOGENICITY AND SHEDDING OF NEW ORAL POLIOVIRUS VACCINES
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	525,000.	0.			HIV PREVENTION TRIALS NETWORK
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	2,108,500.	0.			PREVENTING GLOBAL CHILD SEXUAL ABUSE
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	50,000.	0.			ROTAVIRUS VACCINE EFFECTIVENESS AND SAFETY IN NIGERIA AND INDONESIA
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	196,495.	0.			EVALUATING TUBERCULOSIS PREVENTIVE TREATMENT IN PEOPLE LIVING WITH HIV

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	147,338.	0.			EVALUATION OF MALARIA VACCINE IMPLEMENTATION PHASE III
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	71,965.	0.			HOME-BASED PREP FOR YOUTH
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	215,039.	0.			MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	20,821.	0.			CLINICAL TRIALS UNIT FOR HIV/AIDS AND TUBERCULOSIS RESEARCH
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	20,821.	0.			CLINICAL TRIALS UNIT THAILAND Y8 INCREMENT 2/2
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	722,140.	0.			DATA FOR HEALTH
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	92,500.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	174,354.	0.			GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP
CHANGE HAPPENS 3353 ELGIN ST. HOUSTON, TX 77004	76-0297531	501C3	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANGE, INC. 3158 WEST STREET WEIRTON, WV 26062	55-0629135	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CHICAGO INTERNATIONAL SOCIAL CHANGE FILM FESTIVAL - 23 EAST 26TH #2 - CHICAGO, IL 60616	90-0782008	501C3	75,000.	0.			EMERGENCY RESPONSE-HEALTH EQUITY IN SUPPORT OF CBOS (MACARTHUR FOUNDATION)
CHRIS HOWELL FOUNDATION 2201 MAIN STREET, STE 835 DALLAS, TX 75201	81-1236993	501C3	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CITY OF HARTFORD 550 MAIN STREET HARTFORD, CT 06103	06-6001870	501C3	94,561.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
COCOON HOUSE 3530 COLBY AVENUE EVERETT, WA 98201	91-1497667	501C3	12,662.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
COLORADO BLACK HEALTH COLLABORATIVE - 17815 E POWERS DRIVE - CENTENNIAL, CO 80222	27-0803976	501C3	45,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE RICHMOND, VA 23229	54-0505877	501C3	100,000.	0.			AFGHAN EVACUEE RELIEF FUND
COMMUNITY CONNECTIONS FREE CLINIC INC - PO BOX 184 - DODGEVILLE, WI 53533-0184	72-1619112	501C3	100,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
COMMUNITY MINISTRY OF PRINCE GEORGE'S CO. - PO BOX 250 SUITE 26 A - CAPITOL HEIGHTS, MD 20743	52-0974092	501C3	30,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERS 1000 N ALAMEDA ST SUITE 240 LONG BEACH, CA 90802	95-4302067	501C3	45,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CONETOE FAMILY LIFE CENTER, INC 204 N RAILROAD STREET PO BOX 203 CONETOE, NC 27819	56-2373189	501C3	47,000.	0.			EMERGENCY RESPONSE-HEALTH EQUITY IN SUPPORT OF CBOS (MACARTHUR FOUNDATION)
CUNY GRADUATE SCHOOL OF PUBLIC HEALTH AND HEALTH POLICY FOUNDATION, INC. - 55 WEST 125TH STREET - NEW YORK, NY 10027	81-2072207	501C3	10,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
DE BEAUMONT FOUNDATION 7501 WISCONSIN AVENUE SUITE 1310-E BETHESDA, MD 20814	04-3467074	501C3	174,667.	0.			PH WINS DATA VISUALIZATION DASHBOARD AND CONSORTIUM WORKFORCE DEVELOPMENT PROJEC
DELTA HEALTH ALLIANCE 435 STONEVILLE ROAD STONEVILLE, MS 38776	47-0915576	501C3	130,500.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
DELTA HEALTH ALLIANCE 435 STONEVILLE ROAD STONEVILLE, MS 38776	47-0915576	501C3	70,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
DESTINATION TOMORROW 448-452 EAST 149TH STREET BRONX, NY 10455-1325	80-0259180	501C3	130,500.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
DIA DE LA MUJER LATINA 14 SUNNYVALE LANE MANVEL, TX 77578	58-2577989	501C3	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
EARLY ALERT CANINES 1641 CHALLENGE DRIVE #300 CONCORD, CA 94520	27-4237968	501C3	50,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCACION PARA NUESTRO FUTURO FOUNDED BY ESCUELA BOLIVIA - 2110 WASHINGTON BLVD - ARLINGTON, VA 22204-5719	54-1914671	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
EL CENTRO HISPANO INC. 2000 CHAPEL HILL ROAD DURHAM, NC 27707	56-2011661	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
EMORY UNIVERSITY OFFICE OF GRANTS AND CONTRACTS - 1784 NORTH DECATUR RD., SUITE 530 - ATLANTA, GA 30322-1620	58-0566256	501C3	69,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
EMORY UNIVERSITY OFFICE OF GRANTS AND CONTRACTS - 1784 NORTH DECATUR RD., SUITE 530 - ATLANTA, GA 30322-1620	58-0566256	501C3	145,765.	0.			IMMUNOLOGIC ENDPOINTS AGAINST YOUNG INFANT GROUP B STREPTOCOCCAL DISEASE
EMORY UNIVERSITY ROLLINS SCHOOL OF PUBLIC HEALTH - 1518 CLIFTON RD - ATLANTA, GA 30322	58-0566256	501C3	70,211.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN & AIHF - EARNINGS &
ETHIOPIAN COMMUNITY OF SEATTLE 2100 24TH AVE S STE 120 SEATTLE, WA 98144-4658	91-1288919	501C3	48,750.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER (EMBARC) - 2309 EUCLID AVENUE - DES MOINES, IA 50310	46-1017191	501C3	42,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
EXTENDED HANDS 321 E LEAFLAND AVE DECATUR, IL 62521-1158	20-4350440	501C3	100,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FAITH CENTER COMMUNITY DEVELOPMENT CORPORATION - 1510 W. BROAD AVE - ALBANY, GA 31707	83-3718868	501C3	35,250.	0.			EMERGENCY RESPONSE-HEALTH EQUITY IN SUPPORT OF CBOS (MACARTHUR FOUNDATION)

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH CENTER COMMUNITY DEVELOPMENT CORPORATION - 1510 W. BROAD AVE - ALBANY, GA 31707	83-3718868	501C3	35,250.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FAMICOS FOUNDATION, INC. 1325 ANSEL RD CLEVELAND, OH 44106	34-1053534	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC. - 702 SAN PEDRO AVENUE - SAN ANTONIO, TX 78212	74-1117341	501C3	35,250.	0.			EMERGENCY RESPONSE-HEALTH EQUITY IN SUPPORT OF CBOS (MACARTHUR FOUNDATION)
FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC. - 702 SAN PEDRO AVENUE - SAN ANTONIO, TX 78212	74-1117341	501C3	35,250.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FOOD AND SOCIETY AT THE ASPEN INSTITUTE - 2300 N. STREET NW SUITE 700 - WASHINGTON, DC 20037	84-0399006	501C3	144,540.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FREEDOM LODGE 809 SOUTH STREET RAPID CITY, SD 57701	84-1541577	501C3	35,250.	0.			EMERGENCY RESPONSE-HEALTH EQUITY IN SUPPORT OF CBOS (MACARTHUR FOUNDATION)
FREEDOM LODGE 809 SOUTH STREET RAPID CITY, SD 57701	84-1541577	501C3	35,250.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FUND FOR PUBLIC HEALTH IN NY, INC. 22 CORTLANDT STREET, SUITE 802 NEW YORK, NY 10007	05-0539199	501C3	75,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
GAY ELDERS OF METRO DETROIT DBA SAGE METRO DETROIT - 290 W NINE MILE ROAD - FERNDALE, MI 48220	47-3464425	501C3	25,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)



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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENERATION 4 2176 BOLT DR BELTON, SC 29627	82-2162413	501C3	40,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
GEORGETOWN UNIVERSITY 37TH & O STREETS, N.W. WASHINGTON, DC 20007	53-0196603	501C3	50,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
GEORGIA CAMPAIGN FOR ADOLESCENT POWER & POTENTIAL - 1849 THE EXCHANGE SE SUITE 200 - ATLANTA, GA 30339	31-1520709	501C3	48,750.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
GEORGIA SOUTHERN UNIVERSITY RESEARCH AND SERVICE FOUNDATION, INC. - PO BOX 8005 - STATESBORO, GA 30460-8005	58-2354256	501C3	37,067.	0.			MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL
GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET NW ATLANTA, GA 30332-0415	58-0603146	501C3	130,410.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD - 2611 ELDERBERRY BLVD - RAPID CITY, SD 57703	46-0420063	501C3	207,900.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HCC NETWORK - HEALTH CARE COALITION OF LAFAYETTE COUNTY - 825 SOUTH BUSINESS HIGHWAY 13 - LEXINGTON, MO 64067	30-0349221	501C3	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HEALTH RESEARCH, INC 150 BROADWAY, SUITE 560 MENANDS, NY 12204-2726	14-1402155	501C3	13,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HEALTHY MOTHER, HEALTHY BABIES COALITION OF BROWARD COUNTY - 3810 INVERRARY BLVD, SUITE 305 - LAUDERHILL, FL 33319	65-0161493	501C3	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART TO HEART INTERNATIONAL, INC. 13250 WEST 98TH STREET LENEXA, KS 66219	48-1108359	501C3	110,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HELPING HANDS RESOURCE GROUP 931 MONROE DR #120165 ATLANTA, GA 30308	27-3914818	501C3	130,500.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
HISPANIC ADVOCACY AND COMMUNITY EMPOWERMENT THROUGH RESEARCH (HACER) - 155 WABASHA ST. S., STE 105 - SAINT PAUL, MN 55107	41-1900934	501C3	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HMONG AMERICAN CENTER, INC. 1109 N 6TH STREET WAUSAU, WI 54476	39-1459824	501C3	60,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HOOSIER ACTION RESOURCE CENTER 1461 W BLOOMFIELD RD BLOOMINGTON, IN 47403	83-4091031	501C3	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HOUSTON HEALTH FOUNDATION 8000 N STADIUM DRIVE HOUSTON, TX 77054	27-2920745	501C3	300,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ILLINOIS ASSOCIATION OF FREE AND CHARITABLE CLINICS - 42 STEPHEN ST, #416 - LEMONT, IL 60439	20-1942444	501C3	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ILLINOIS MIGRANT COUNCIL 333 COMMERCE DRIVE SUITE 800 SUITE CRYSTAL LAKE, IL 60014	36-2597070	501C3	126,493.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
IMMUNIZE NEVADA PO BOX 9090 RENO, NV 89507	46-2266350	501C3	48,750.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR PREVENTIVE HEALTHCARE AND ADVOCACY - 43 MCGEE HILL RD. - FAIRVIEW, NC 28730	85-0804230	501C3	60,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
INSTITUTE FOR THE ADVANCEMENT OF MINORITY HEALTH - 129 COUNTRY CLUB DR - MADISON, MS 39110-8808	83-4631016	501C3	130,500.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
INSTITUTE FOR THE ADVANCEMENT OF MINORITY HEALTH - 129 COUNTRY CLUB DR - MADISON, MS 39110-8808	83-4631016	501C3	135,500.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
INTERNATIONAL ASSOCIATION FOR INDIGENOUS AGING - 11101 GEORGIA AVE UNIT 320 - SILVER SPRING, MD 20902-7614	52-1704037	501C3	53,228.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
INTERNATIONAL RESCUE COMMITTEE, INC - 122 EAST 42ND STREET - NEW YORK, NY 10168	13-5660870	501C3	100,000.	0.			AFGHAN EVACUEE RELIEF FUND
IOWA PUBLIC HEALTH ASSOCIATION 6919 VISTA DRIVE WEST DES MOINES, IA 50266	23-7327835	501C3	60,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
JACKSON STATE UNIVERSITY 1400 J R LYNCH STREET JACKSON, MS 39217	64-6000507	501C3	83,982.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, N4327-B BALTIMORE, MD 21211	52-0595110	501C3	68,926.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
JUDSON CENTER INC. 30301 NORTHWESTERN HIGHWAY #100 FARMINGTON HILLS, MI 48334	38-1359084	501C3	145,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY VOICES FOR HEALTH 1640 LYNDON FARM CT #108 LOUISVILLE, KY 40223	27-4557052	501C3	60,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
LATIN AMERICAN COMMUNITY CENTER 403 VAN BUREN STREET WILMINGTON, DE 19805	23-7047048	501C3	60,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
LATINO COMMUNITY CENTER 212 9TH ST. 5TH FLOOR PITTSBURGH, PA 15222	82-0647985	501C3	6,325.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
LEARNING NETWORK OF CLINTON COUNTY 1111 S JACKSON ST FRANKFORT, IN 46041-3310	72-1543172	501C3	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
LIVE HEALTHY LITTLE HAVANA 515 SW 12 AVE SUITE 525 MIAMI, FL 33130	83-1880728	501C3	48,750.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MARKETVISION 8647 WURZBACH ROAD SUITE J100 SAN ANTONIO, TX 78240	74-2895940		90,000.	0.			IMPROVING MATERNAL INFANT HEALTH COVID-19 SURVEILLANCE AND CLINICAL CARE
MARYLAND ASSOCIATION OF NONPROFIT ORGANIZATIONS, INC. - 1500 UNION AVE SUITE 2500 - BALTIMORE, MD 21211	52-1749231	501C3	145,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MASSACHUSETTS DEPARTMENT OF HEALTH 250 WASHINGTON STREET 2ND FLOOR BOSTON, MA 02108	04-6002284	GOVT	20,000.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH FINANCE - 55 FRUIT ST. - BOSTON, MA 02114	04-2697983	501C3	118,105.	0.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION 2021

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCDOWELL COUNTY COMMISSION ON AGING - 725 STEWART ST - WELCH, WV 24801-2125	55-0567694	501C3	60,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MEN WITH VISION ASSOCIATION, INC. 6725 CENTRAL HILLS TER LANDOVER, MD 20785-4339	20-0037958	501C3	175,500.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
METROCONNECTIONS, INC. 1650 W 82ND STREET SUITE 125 BLOOMINGTON, MN 55431	41-1485027	501C3	59,885.	0.			ACCELERATING THE IMPACT OF ERASE MATERNAL MORTALITY
MICHIGAN CENTER FOR RURAL HEALTH 218B WEST FEE HALL EAST LANSING, MI 48824	38-3180997	501C3	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MIDWEST ASIAN HEALTH ASSOCIATION 230 W CERMAK RD 2ND FLOOR CHICAGO, IL 60616	36-4526722	501C3	145,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MIGRANT CLINICIANS NETWORK, INC. 1001 LAND CREEK CV AUSTIN, TX 78746-6827	74-2662919	501C3	170,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MIGRANT FARMWORKERS ASSISTANCE FUND - PO BOX 413223 - KANSAS CITY, MO 64141	43-1805495	501C3	18,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MINNESOTA DEPARTMENT OF HEALTH 625 ROBERT STREET N SAINT PAUL, MN 55155-2538	41-6007162	GOVT	356,250.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE - 10615 N DALTON AVE - KANSAS CITY, MO 64154-1798	46-3104615	501C3	50,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY AREA COMMUNITY WELLNESS COALITION (THE WELLNESS COALITION) - 3060 MOBILE HIGHWAY - MONTGOMERY, AL 36108	30-0092712	501C3	130,500.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
MONTGOMERY AREA COMMUNITY WELLNESS COALITION (THE WELLNESS COALITION) - 3060 MOBILE HIGHWAY - MONTGOMERY, AL 36108	30-0092712	501C3	235,001.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MY BROTHER'S KEEPER, INC. P.O. BOX 338 EASTON, MA 02356	04-3088412	501C3	70,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS - 1201 I ST NW STE 400 - WASHINGTON, DC 20005-5920	52-1426663	501C3	40,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NATIONAL CENTER FOR FARMWORKER HEALTH - 1770 FM 967 - BUDA, TX 78610-2884	74-1826899	501C3	140,500.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NATIONAL INDIAN COUNCIL ON AGING, INC. - 8500 MENAUL BLVD NE SUITE B-470 - ALBUQUERQUE, NM 87112-2284	86-0321646	501C3	49,980.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NATIONALITIES SERVICE CENTER 1216 ARCH STREET, 4TH FLOOR PHILADELPHIA, PA 19107	23-1352336	501C3	100,000.	0.			AFGHAN EVACUEE RELIEF FUND
NEW JERSEY DEPARTMENT OF HEALTH 2ND FLOOR, 3 SCHWARZKOPF DRIVE TRENTON, NJ 08625	21-6000928	GOVT	50,000.	0.			NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY
NEW ORLEANS SPONSORING COMMITTEE/ TOGETHER NEW ORLEANS - 2721 S BROAD ST - NEW ORLEANS, LA 70125-1939	82-3710699	501C3	70,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL INDIAN HEALTH BOARD 910 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	23-7226316	501C3	10,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NINE HEALTH SERVICES INC. 1139 DELAWARE ST DENVER, CO 80204-3607	74-2452969	501C3	145,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NORC AT THE UNIVERSITY OF CHICAGO 55 EAST MONROE STREET CHICAGO, IL 60603	36-2167808	501C3	192,754.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NORC AT THE UNIVERSITY OF CHICAGO 55 EAST MONROE STREET CHICAGO, IL 60603	36-2167808	501C3	330,000.	0.			ADDRESSING SOCIAL DETERMINANTS OF HEALTH THROUGH HOW RIGHT NOW
NORTHEAST COLORADO HEALTH DEPARTMENT - 700 COLUMBINE STREET - STERLING, CO 80751	84-6002486	GOVT	16,217.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
OBJECTIVE ZERO FOUNDATION 2008 S ABBEYSTONE CT SIOUX FALLS, SD 57110-5987	81-4324563	501C3	54,339.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
ODYSSEY HOUSE LOUISIANA 1125 NORTH TONTI STREET NEW ORLEANS, LA 70119	72-0743677	501C3	70,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
OHIO DEPARTMENT OF HEALTH 246 N. HIGH STREET COLUMBUS, OH 43215	31-1334820	501C3	9,073.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
OKLAHOMA TRIBAL ENGAGEMENT PARTNERS, INC. - 1513 CIMARRON PLZ - STILLWATER, OK 74075-3466	84-1978659	501C3	101,234.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATH 1455 NW LEARY WAY SEATTLE, WA 98107-5136	91-1157127	501C3	68,183.	0.			ROTAVIRUS VACCINE EFFECTIVENESS AND SAFETY IN NIGERIA AND INDONESIA
PEE DEE HEALTHY START 314 WEST PINE STREET FLORENCE, SC 29501	58-2282396	501C3	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
PROJECT SANCTUARY P.O. BOX 1563 GRANBY, CO 80446	26-1410596	501C3	9,477.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
PROYECTO PASTORAL 135 N MISSION RD LOS ANGELES, CA 90033-2101	95-3213958	501C3	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
PUBLIC HEALTH - SEATTLE & KING COUNTY - 516 THIRD AVENUE - SEATTLE, WA 98104	91-3001327	GOVT	10,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501C3	15,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
REACH OUT 1126 W. FOOTHILL BLVD, SUITE 250 UPLAND, CA 91786	95-2642747	501C3	45,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
REFUGEES AND IMMIGRANTS COMMUNITY FOR EMPOWERMENT (RICE) - 3581 W NORTHERN AVE #8 - PHOENIX, AZ 85051	82-3242931	501C3	30,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1287	38-6006309	501C3	25,000.	0.			FRIES FOUNDATION COLLABORATION/OPERATING ACCOUNT

Schedule I (Form 990)



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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RELATIONSHIP UNLEASHED 1840 PYRAMID PL SUITE 238 MEMPHIS, TN 38132	47-2296570	501C3	30,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
RENAISSANCE CONNECTION INC 249 PINE AVE, #204 ALBANY, GA 31701	27-3133513	501C3	175,500.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
RICHMOND MEMORIAL HEALTH FOUNDATION - 4901 LIBBIE MILL EAST BLVD STE 210 - RICHMOND, VA 23230-2429	51-0211020	501C3	25,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ROCKY MOUNTAIN TRIBAL LEADERS COUNCIL - 2929 3RD AVE. N. SUITE 300 - BILLINGS, MT 59101	81-0509779	GOVT	138,600.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
SALINE COUNTY HEALTH DEPARTMENT 1825 ATCHISON AVE MARSHALL, MO 65340	74-3131557	GOVT	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
SEPA MUJER INC. 110 N OCEAN AVE PATCHOGUE, NY 11772-2015	11-3369566	501C3	48,750.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
SILOAM HEALTH 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501C3	65,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
SISTERS IN BIRTH, INC. 5839 S PEAR ORCHARD ROAD JACKSON, MS 39211	81-2072883	501C3	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
SISTERSONG DBA BMMA 1237 RALPH DAVID ABERNATHY BLVD SE ATLANTA, GA 30310	51-0544927	501C3	119,720.	0.			ACCELERATING THE IMPACT OF ERASE MATERNAL MORTALITY

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN PLAINS TRIBAL HEALTH BOARD FOUNDATION - PO BOX 16457 - OKLAHOMA CITY, OK 73113-2457	73-1606600	501C3	138,600.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
STATE OF TENNESSEE DEPARTMENT OF HEALTH - 710 JAMES ROBERTSON PARKWAY 6TH FLOOR - NASHVILLE, TN 37243	62-6001445	501C3	10,000.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN
STATE OF UTAH, DEPARTMENT OF HEALTH - 288 N 1460 W - SALT LAKE CITY, UT 84114-4003	87-6000545	GOVT	20,731.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN & EMERGENCY
SUCCESSLINK 229 E. PARK AVE WATERLOO, IA 50703	42-1444315	501C3	110,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA - 2929 N. CENTRAL AVE SUITE 1550 - PHOENIX, AZ 85012	86-0975231	501C3	48,490.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
THE AFYA FOUNDATION OF AMERICA 140 SAW MILL RIVE ROAD YONKERS, NY 10701	86-0975231	501C3	50,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE ARC OF THE UNITED STATES 1825 K ST NW SUITE 1200 WASHINGTON, DC 20006	13-5642032	501C3	45,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE CENTER FOR BLACK WOMEN'S WELLNESS (CBWW) INC. - 477 WINDSOR STREET SW, SUITE 309 - ATLANTA, GA 30312	58-2212203	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE COUNTY OF SANTA CLARA 976 LENZEN AVENUE, 2ND FLOOR SAN JOSE, CA 95126	94-6000533	GOVT	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GIFT OF LIFE FOUNDATION 1348 CARMICHAEL WAY MONTGOMERY, AL 36106	63-0978855	501C3	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE HEALTH COLLABORATIVE 615 ELSINORE PL #500 CINCINNATI, OH 45202	31-1449807	501C3	60,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE HOWARD UNIVERSITY 2400 6TH STREET NW WASHINGTON, DC 20059	53-0204707	501C3	650,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE MEDICAL SOCIETY OF VIRGINIA FOUNDATION - 2924 EMERYWOOD PARKWAY, SUITE 300 - RICHMOND, VA 23294	52-1394768	501C3	60,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE MISSION CONTINUES 1141 S. 7TH STREET ST. LOUIS, MO 63104	20-8742553	501C3	48,080.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
THE NORTON FOUNDATION, INC. PO BOX 6262 LOUISVILLE, KY 40206	61-6024040	501C3	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE PARTNERSHIP FOR MATERNAL AND CHILD HEALTH OF NORTHERN NEW JERSEY, INC. - 50 PARK PLACE, SUITE 700 - NEWARK, NJ 07102	52-1815234	501C3	48,750.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE PRAXIS PROJECT PO BOX 7259 OAKLAND, CA 94601	30-0044814	501C3	55,000.	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	501C3	10,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ON BEHALF OF ITS LOS ANGELES CAMPUS - 333 CALIFORNIA STREET SUITE 435 - SAN FRANCISCO,	95-6006143	501C3	3,663,859.	0.			STIGMA MONITORING AND RESPONSE SYSTEM FOR PUBLIC HEALTH CRISES
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK (COLUMBIA UNIVERSITY - 615 WEST 131ST STREET, 3RD FL. - NEW YORK,	13-5598093	501C3	542,500.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE WARRIOR ALLIANCE 1000 ABERNATHY ROAD SUITE L-10 SANDY SPRINGS, GA 30328	47-1049454	501C3	6,998.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
THE WRIGHT CENTER FOR COMMUNITY HEALTH - 501 S. WASHINGTON AVE SUITE 1000 - SCRANTON, PA 18505	23-2772504	501C3	46,875.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
TRI-VALLEY OPPORTUNITY COUNCIL, INC - 102 N BROADWAY - CROOKSTON, MN 56716	41-0888488	501C3	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
TRUST FOR AMERICA'S HEALTH (TFAH) 1730 M STREET NW STE 900 WASHINGTON, DC 20036	52-2257066	501C3	200,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501C3	110,779.	0.			MONITORING E-CIGARETTE USE AMONG YOUTH
TULANE UNIVERSITY 6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501C3	83,982.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
UNICEF USA 125 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	13-1760110	501C3	260,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 N STATE STREET - JACKSON, MS 39216	64-6008520	501C3	83,983.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
UNIVERSITY OF NEVADA, LAS VEGAS FOUNDATION (UNLV FOUNDATION) - 4505 S. MARYLAND PKWY - LAS VEGAS, NV 89154-1006	94-2790134	501C3	100,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - P.O. BOX 26901 - OKLAHOMA CITY, OK 73104	73-1563627	501C3	64,867.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
UNIVERSITY OF UTAH 201 PRESIDENT CIRCLE RM 411 SALT LAKE CITY, UT 84112	87-6000525	501C3	14,728.	0.			IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE STE 300 SEATTLE, WA 98195-4966	91-1486484	501C5	1,905,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
UNIVERSITY OF WISCONSIN - MADISON 21 N PARK STREET SUITE 401 MADISON, WI 53715-1218	39-6006492	501C3	61,710.	0.			NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY
UPPER GREAT LAKES FAMILY HEALTH CENTER - 135 EAST M-35 - GWINN, MI 49841-9160	26-4299275	501C3	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
VETS' COMMUNITY CONNECTIONS P.O. BOX 99922 SAN DIEGO, CA 92109	82-4702420	501C3	10,657.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
VOCES COALICION DE VACUNACION DE PUERTO RICO, INC. - PMB 290, 35 JUAN C. BORBON SUITE 67 - GUAYNABO, PUERTO RICO	66-0798610	501C3	100,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES FOR RACIAL JUSTICE 2525 E FRANKLIN AVE STE 301 MINNEAPOLIS, MN 55406-1198	41-1750116	501C3	100,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
VOSE RIVER CHARITABLE FUND 7501 WISCONSIN AVE STE 1310E BETHESDA, MD 20814-6597	85-2817512	501C3	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
WASHINGTON STATE UNIVERSITY 220 FRENCH ADMINISTRATION BUILDING PULLMAN, WA 99164	91-6001108	501C3	83,532.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
WAYNE STATE UNIVERSITY 5057 WOODWARD, 13TH FLOOR DETROIT, MI 48202	31-6028429	501C3	17,275.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
WE ARE OCEANIA 720 N KING ST HONOLULU, HI 96817-4511	85-0514098	501C3	74,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
WEST VIRGINIA PERINATAL PARTNERSHIP, INC. - 118 KANAWHA BOULEVARD E SUITE 100 - CHARLESTON, WV 25301	83-3965142	501C3	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
WISCONSIN IMMUNIZATION NEIGHBORHOOD / RWHC HEALTHY WISCONSIN, INC - 880 INDEPENDENCE LN - SAUK CITY, WI 53583-1381	85-1468041	501C3	70,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
WOMEN MAKE MOVIES INC 115 W 29TH ST RM 1200 NEW YORK, NY 10001-5059	13-2740460	501C3	50,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR THE AMERICAS/PAN AMERICAN HEALTH O - 525 TWENTY-THIRD STREET, N.W. -	75-6036298	GOVT	40,034.	0.			MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XAVIER UNIVERSITY OF LOUISIANA 1 DREXEL DRIVE NEW ORLEANS, LA 70125	72-0635884	501C3	83,983.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES

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

Schedule I (Form 990) 2021

58-2106707

Page 2

**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
IMPROVING HEALTH	1	60,000.	0.		

**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. 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.



**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

EMORY UNIVERSITY ROLLINS SCHOOL OF PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN & AIHF - EARNINGS & ADMIN FEE

NAME OF ORGANIZATION OR GOVERNMENT: STATE OF UTAH, DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING LINKAGES TO ADDRESS OUD AMONG PREGNANT AND POSTPARTUM WOMEN & EMERGENCY RESPONSE FUND-CORONAVIRUS

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

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.

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

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

**4** During the year, did any person listed 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) 2021

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

58-2106707

Schedule J (Form 990) 2021

Page 2

**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 and/or 1099-NEC 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)	413,705.	40,000.	0.	11,600.	3,127.	468,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MONQUIE PATRICK COO	(i)	267,893.	20,000.	0.	11,600.	18,553.	318,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAUREN SMITH CHIEF HEALTH EQUITY & STRATEGY OFFIC	(i)	256,867.	10,000.	0.	11,600.	23,918.	302,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA WADDELL CMO	(i)	252,792.	0.	0.	11,600.	23,606.	287,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL PIERCE NELSON VP FOR COMMUNICATIONS	(i)	217,688.	21,462.	0.	12,246.	798.	252,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LAURA ANGEL VP FOR ADVANCEMENT	(i)	193,686.	17,500.	0.	11,600.	11,162.	233,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUANNE BUGGY COALITION DEPUTY DIRECTOR	(i)	195,984.	0.	0.	11,890.	10,191.	218,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MEGAN O'CONNELL MEDICAL EPIDEMIOLOGIST	(i)	185,336.	0.	0.	13,962.	16,852.	216,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL BRANDON TALLEY VP NON-INFECTIOUS DISEASE	(i)	181,898.	10,000.	0.	11,600.	10,236.	213,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JENNIFER PARKER FORMER VP INFECTIOUS DISEASE PROG.	(i)	181,700.	12,500.	0.	11,600.	889.	206,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROLAND NGWANG MEDICAL EPIDEMIOLOGIST	(i)	183,418.	0.	0.	0.	22,554.	205,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JEREMY MORTON SENIOR SURVEY METHODOLOGIST	(i)	159,936.	1,200.	0.	11,338.	9,784.	182,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RACHNA CHANDORA AVP NON INFECTIOUS DISEASE PROG.	(i)	154,192.	4,750.	0.	12,000.	9,943.	180,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CATHERINE ZILBER VP INFECTIOUS DISEASE PROG.	(i)	142,507.	4,750.	0.	11,769.	21,550.	180,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ROBERT ABRAHAM AVP FOR ADVANCEMENT	(i)	147,841.	7,000.	0.	12,069.	9,928.	176,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ANGELINA ESPARZA AVP JURISDICTIONAL SUPP. & HEALTH EQ	(i)	156,423.	0.	0.	0.	16,716.	173,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2021

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

58-2106707

Schedule J (Form 990) 2021

Page 2

**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 and/or 1099-NEC 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				
(17) TWANDA MICKLE SENIOR DIR. OF STRATEGIC OP.	(i)	129,669.	7,500.	0.	10,765.	13,908.	161,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) KATHY CAHILL VP FOR SYSTEMS INTEGRATIONS	(i)	160,078.	0.	0.	0.	1,756.	161,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) TURQUOISE SIDIBE AVP FOR EMERGENCY RESPONSE	(i)	139,390.	11,000.	0.	11,163.	149.	161,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) TERRI HEYNS AVP FOR COMMUNICATIONS	(i)	131,883.	7,700.	0.	10,222.	10,001.	159,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) KINETRA JOSEPH CAMPAIGN DIRECTOR	(i)	135,240.	0.	0.	10,206.	8,541.	153,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) ELIZABETH ARTEAGA DIR. TESTING & RESULTING OP.	(i)	152,483.	0.	0.	0.	170.	152,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J (Form 990) 2021

58-2106707

Page 3

**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 1B:

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

Schedule J (Form 990) 2021

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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	10	75,924.	FAIR MARKET VALUE
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 ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
58-2106707

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, DESCRIPTION OF THE ORGANIZATION:

THE FOUNDATION IS A DYNAMIC ORGANIZATION WITH HUNDREDS OF PROGRAMS  
THROUGHOUT THE WORLD TO ADDRESS VARIOUS PUBLIC HEALTH CHALLENGES. THE  
FOUNDATION'S REVENUE RECOGNITION POLICIES, CAN RESULT IN PROGRAM  
CONTRIBUTION REVENUES BEING RECOGNIZED IN A DIFFERENT PERIOD FROM THE  
APPLICABLE PROGRAM COSTS AND EXPENSES, WHICH CAN ALSO IMPACT THE CHANGE  
IN NET ASSETS IN ANY GIVEN REPORTING PERIOD. FOR THE YEAR ENDED JUNE  
30, 2022, THE FOUNDATION INCURRED SIGNIFICANT PROGRAM COSTS AND  
EXPENSES, INCLUDING A HEADCOUNT INCREASE OF OVER 400 PERCENT, FOR WHICH  
THE CORRESPONDING CONTRIBUTION REVENUE WAS RECORDED IN PRIOR PERIODS,  
RESULTING IN A REDUCTION IN NET ASSETS FOR THE YEAR ENDED JUNE 30,  
2022. EACH YEAR, PROGRAMS AND FUNDING SOURCES MIGHT CHANGE, EFFECTING  
THE TIMING OF REVENUE STREAMS AND EXPENSES, AND THUS CHANGES IN NET  
ASSETS.

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

COVID-19 RESPONSE-STRENGTHENING COMMUNITIES AND JURISDICTIONAL HEALTH  
DEPARTMENTS



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

IN FY2022, THE CDC FOUNDATION CONTINUED ITS COVID-19 EMERGENCY RESPONSE ACTIVITIES.

THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) FUNDED SEVERAL FOUNDATION PROJECTS, TO SUPPORT CAPACITY-BUILDING ASSISTANCE (CBA) TO HELP COMMUNITY-BASED ORGANIZATIONS (CBO) SECURE AND DEVELOP THE SKILLS, TOOLS, STAFF, AND RESOURCES TO RESPOND TO THE COVID-19 PANDEMIC CHALLENGES. THE PROJECT FOCUSED ON THREE KEY AREAS: DEVELOPING CBO-SPECIFIC RESOURCES; SUPPORTING THE DEVELOPMENT OF EFFECTIVE, MULTISECTORAL PARTNERSHIPS; AND ENHANCING THE SUSTAINABILITY AND VIABILITY OF CBOS, ALLOWING THEM TO CREATE STRONGER, MORE RESILIENT COMMUNITIES.

THE CBA SERVICES PROVIDED ADDITIONAL SUPPORT BY PROVIDING TAILORED TECHNICAL ASSISTANCE, HOSTED WEBINARS, FACILITATED LEARNING GROUPS, AND MORE. THESE SERVICES HELPED CBOS DEVELOP COMPETENCIES AND SKILLS THAT INCREASED THEIR EFFECTIVENESS AND CONTRIBUTED TO THEIR SUSTAINABILITY.

WITH THE SUCCESS OF ITS FY2020-2021 COVID-19 CORPS PROJECT, WHICH DEPLOYED MORE THAN 770 PERSONNEL TO AID HEALTH DEPARTMENTS IN 79 JURISDICTIONS WITH CONTACT TRACING, DISEASE INVESTIGATIONS AND OTHER EMERGENCY CORONAVIRUS ACTIVITIES, THE CDC FOUNDATION, THROUGH A GRANT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION, SCALED UP ITS RESPONSE IN FY2022 BY SUPPLYING LARGER NUMBERS OF WORKFORCE STAFF TO SUPPORT HEALTH DEPARTMENTS IN ALL 50 STATES, PLUS MULTIPLE TERRITORIES, CITIES AND TRIBAL AREAS.

AS PART OF THIS PROJECT, THE CDC FOUNDATION RECRUITED AND HIRED

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

APPROXIMATELY 2,600 PUBLIC HEALTH WORKERS TO CONTINUE TO BRIDGE GAPS IN HEALTH DEPARTMENT WORKFORCES ACROSS THE COUNTRY AND BUILD A DIVERSE POOL OF PUBLIC HEALTH PROFESSIONALS FOR THE FUTURE.

ANOTHER PROJECT, WAS AIMED AT ADDING APPROXIMATELY 300 STAFF TO SUPPORT VACCINE AWARENESS THROUGH STATE AND LOCAL HEALTH DEPARTMENTS WITH PARTICULAR ATTENTION PAID TO REACHING COMMUNITIES IN NEED. THESE PROJECTS, WIDENED TO INCLUDE A BROADER BASE OF PUBLIC-HEALTH PROFESSIONALS, INCLUDING POLICY ANALYSTS AND ATTORNEYS, LABORATORY PROJECT MANAGERS TO HELP CAPTURE DATA ON VARIANTS AND DEVELOP WASTEWATER SURVEILLANCE PROGRAMS, INFORMATICIANS TO SUPPORT DATA MODERNIZATION EFFORTS AND OTHERS.

PARTICULAR AREAS OF FOCUS INCLUDED SCHOOLS, WHERE FIELD EMPLOYEES HELPED ESTABLISH CONNECTIONS BETWEEN HEALTH DEPARTMENTS AND K-12 SCHOOLS TO SUPPORT STUDENTS, PARENTS AND STAFF WITH CONTACT TRACING AND INFORMATION SHARING.

HEALTH EQUITY PROGRAM MANAGERS WERE HIRED IN MANY JURISDICTIONS TO ADDRESS THE ONGOING CHALLENGES OF SOCIAL INEQUITY AND UNEQUAL ACCESS TO CARE BY DEVELOPING STRATEGIC PROGRAMS AND PARTNERSHIPS, ASSURING INCLUSIVE DATA MANAGEMENT AND PARTICIPATING IN COMMUNITY OUTREACH AND EDUCATION.

ASSIGNED TO TRIBAL AREAS, CDC FOUNDATION FIELD EMPLOYEES-MANY OF THEM TRIBAL MEMBERS THEMSELVES-WORKED TO STRENGTHEN TRIBAL PUBLIC HEALTH INFRASTRUCTURE THROUGH COMMUNICATIONS, VACCINATION INFORMATION SUPPORT, WASTEWATER PROJECTS AND POLICY INITIATIVES.

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

VACCINE DEMAND STRATEGISTS DEVELOPED INNOVATIVE APPROACHES TO ADDRESS HESITANCY AND PROMOTE VACCINE UPTAKE IN RURAL, SUBURBAN AND URBAN NEIGHBORHOODS ACROSS THE NATION.

BY MEETING JURISDICTIONAL NEEDS AND EXPECTATIONS WHEN AND WHERE THEY WERE NEEDED MOST, THE WORKFORCE/VACCINE INITIATIVE CONTINUED AS THE FISCAL YEAR ENDED TO MAKE AN INVALUABLE CONTRIBUTION TO PUBLIC HEALTH, BOTH PRESENT AND FUTURE.

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

DATA FOR HEALTH

THE CDC FOUNDATION CONTINUED ITS PARTNERSHIP ON THE DATA FOR HEALTH INITIATIVE IN FY2022. THIS INNOVATIVE EFFORT IS AIMED AT SOLVING THE WORLD'S MOST PRESSING PUBLIC HEALTH PROBLEMS WITH TECHNOLOGY AND DATA, HELPING TO FILL MAJOR GAPS IN GLOBAL HEALTH.

IN 2015 IT WAS ESTIMATED THAT MORE THAN 50 MILLION PEOPLE DIED AROUND THE GLOBE, AND NEARLY 30 MILLION OF THESE DEATHS WERE NOT RECORDED-A MAJOR OBSTACLE TO DEVELOPING DATA-DRIVEN POLICIES TO IMPROVE PUBLIC HEALTH.

AS PART OF THE DATA FOR HEALTH INITIATIVE, THE CDC FOUNDATION, WORKING ALONGSIDE EXPERTS AT THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND OTHER PARTNERS, SUPPORTS SELECTED COUNTRY GOVERNMENTS IN AFRICA, ASIA AND LATIN AMERICA TO STRENGTHEN THEIR

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

PUBLIC HEALTH DATA SYSTEMS AND IMPROVE CAPACITY IN MINISTRIES OF HEALTH TO USE HEALTH DATA TO INFORM POLICY DEVELOPMENT AND COMMUNICATE HEALTH RESEARCH AND PRIORITIES TO DIVERSE AUDIENCES. THIS INCLUDES MULTI-YEAR COMPREHENSIVE PARTNERSHIPS WITH GOVERNMENTS IN 25 COUNTRIES AS WELL AS SUPPORT FOR SMALLER SCALE TIME-BOUND PROJECTS IN 15 COUNTRIES. FINALLY, IN A SUBSET OF COUNTRIES, THE PARTNERSHIP CONVENES EXPERTS TO PILOT AN INNOVATIVE MOBILE PHONE RISK FACTOR SURVEY FOR NONCOMMUNICABLE DISEASES. TO DATE, MORE THAN FIVE BILLION PEOPLE HAVE BEEN REACHED BY THIS PROJECT, LIVING IN COUNTRIES WITH IMPROVED CAPACITY TO USE DATA TO INFORM CRITICAL PUBLIC HEALTH DECISIONS.

SINCE THE INITIATIVE'S LAUNCH IN 2015, MORE THAN 150 DISCRETE INTERVENTIONS WERE COMPLETED, PROVIDING GOVERNMENTS WITH TECHNICAL ASSISTANCE AND CATALYTIC FUNDING TO SOLVE CHALLENGES IN CIVIL REGISTRATION AND VITAL STATISTICS FUNCTIONS AND CONTRIBUTE TO INITIAL SCALE UP OF INSTITUTIONALIZED SOLUTIONS. RESULTS INCLUDE MORE THAN 13 MILLION IMPROVED OR NEWLY COUNTED DEATHS AND NEARLY 8 MILLION ADDITIONAL BIRTH RECORDS RECORDED. SUPPORT FOR RAPID MORTALITY SURVEILLANCE DURING THE COVID-19 PANDEMIC HELPED ENABLE 17 COUNTRIES TO COUNT MORE THAN 5 MILLION DEATHS BY AGE AND PLACE OF DEATH IN JUST OVER TWO YEARS. SINCE 2015, THE INITIATIVE HAS RECORDED 60 SUSTAINABLE CHANGES IN CIVIL REGISTRATION AND VITAL STATISTICS SYSTEMS AS MEASURED BY NEW OR IMPROVED LAWS, REGULATIONS, RULES, STANDARDS, PROCESSES OR STANDARD OPERATING PROCEDURES.

IN ADDITION, PARTICIPANTS FROM 14 COUNTRIES COMPLETED THE DATA TO POLICY TRAINING PROGRAM AND PRODUCED MORE THAN 100 POLICY BRIEFS, 50 OF WHICH HAVE BEEN ENACTED OR ARE IN THE PROCESS OF BEING ENACTED OR

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

IMPLEMENTED. AND, SEVEN COUNTRIES HAVE LAUNCHED NEW OR STRENGTHENED EXISTING PUBLIC HEALTH BULLETINS. FINALLY, PILOT PROJECTS TO CONDUCT MOBILE PHONE SURVEYS THAT COLLECT NONCOMMUNICABLE DISEASE RISK FACTOR DATA HAVE BEEN COMPLETED IN SEVEN COUNTRIES. THIS IS THE FIRST TIME THAT A MOBILE PHONE SURVEY OF THIS KIND HAS BEEN CONDUCTED, AND THE RESULTS ARE BEING COMPARED TO THE WORLD HEALTH ORGANIZATION'S STEPWISE APPROACH TO SURVEILLANCE (STEPS) SURVEY IN THE SAME COUNTRIES TO EVALUATE ACCURACY AND REPRESENTATIVENESS OF THIS INNOVATION.

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

OPIOID SURGE STAFFING

BUILDING ON ITS FY2018 WORK IN ASSISTING CAPACITY-BUILDING IN STATE HEALTH DEPARTMENTS TO COMBAT THE RAPID INCREASE OF DEATHS RELATED TO OPIOID OVERDOSES ACROSS THE COUNTRY, THE CDC FOUNDATION HAD TWO SPECIFIC ONGOING PROJECTS DESIGNED TO FURTHER ADDRESS THIS ISSUE IN FY2022. CDC AWARDED A COOPERATIVE AGREEMENT TO THE FOUNDATION FOR A CAPACITY-BUILDING PROGRAM KNOWN AS OVERDOSE DATA TO ACTION (OD2A). OD2A SUPPORTS MORE THAN 150 FIELD EMPLOYEES IN 22 POSITION TITLES ACROSS 55 JURISDICTIONS AND SUBRECIPIENTS TO IMPLEMENT OVERDOSE SURVEILLANCE AND PREVENTION ACTIVITIES.

IN ADDITION TO THE HIRING AND MANAGEMENT OF FIELD STAFF, THERE IS ALSO A TRAINING COMPONENT TO THIS PROJECT. THE FORMAL TRAINING PLAN INCLUDES OPPORTUNITIES FOR WORKFORCE DEVELOPMENT AND CROSS-JURISDICTIONAL LEARNING THROUGHOUT THE PROJECT AS WELL AS EVALUATIONS TO GAUGE THE VALUE OF THE TRAINING RESOURCES AND LEARNING EXPERIENCE.

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

IN ADDITION, THE OVERDOSE RESPONSE STRATEGY (ORS) IS AN INITIATIVE DESIGNED TO ENHANCE PUBLIC HEALTH-PUBLIC SAFETY COLLABORATION AND STRENGTHEN EFFORTS TO REDUCE DRUG OVERDOSE DEATHS. THE ORS IS FUNDED BY CDC AND THE OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP) THROUGH THE HIGH INTENSITY DRUG TRAFFICKING AREA (HIDTA) PROGRAM TO HELP COMMUNITIES REDUCE FATAL AND NON-FATAL DRUG OVERDOSE RATES BY IMPROVED INFORMATION SHARING ACROSS PUBLIC HEALTH AND PUBLIC SAFETY AGENCIES AND BY SUPPORTING EVIDENCE-BASED INTERVENTIONS.

SPECIFICALLY, ORS AIMS TO BUILD THE CAPACITY OF 33 HIDTA PROGRAMS THROUGH SOURCING, HIRING, TRAINING, MANAGING AND PROVIDING TECHNICAL ASSISTANCE TO 60 PUBLIC HEALTH ANALYSTS AND A NATIONAL COORDINATION TEAM TO AID IN LOCAL OVERDOSE PREVENTION AND RESPONSE ACTIVITIES.

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. DURING THE YEAR ENDED JUNE 30, 2022, THE CDC FOUNDATION WAS INVOLVED IN A VARIETY OF PROJECTS IN ADDITION TO THE PROGRAMS MENTIONED IN DETAIL ON SCHEDULE O. THESE INCLUDE: PROVIDING STAFF TO HEALTH DEPARTMENTS NATIONWIDE; STRENGTHENING THE U.S. PUBLIC HEALTH SYSTEM; WORKING WITH COMMUNITIES NATIONWIDE TO INCREASE VACCINE CONFIDENCE; SAVING LIVES THROUGH MENINGITIS SCREENING IN AFRICA; ACHIEVING BETTER OUTCOMES FOR NEWBORNS IN CAMEROON, CHAD AND BURKINA FASO; AND A WIDE VARIETY OF OTHER CRITICAL PUBLIC HEALTH PROTECTION EFFORTS.

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

EXPENSES \$ 79,084,769. INCL GRANTS OF \$ 17,493,664. REVENUE \$ 756,928.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED IN JULY 2021. THE CHANGES INCLUDE MODIFICATION OF THE BOARD CHAIR TERM, ADDITION OF VICE CHAIR AND PAST CHAIR, AND ALLOWING FOR THE REMOVAL OF A BOARD MEMBER IN THE EVENT CERTAIN CONDITIONS ARE MET.

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 COUNSEL, 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.

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,

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

SECRETARY, NOMINATING CHAIR, AND ADVANCEMENT CHAIR ARE PROVIDED WITH THE INFORMATION FROM THE CONSULTANT. THIS COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT/CEO, SETS GOALS AND OBJECTIVES FOR THE FOLLOWING YEAR AND DETERMINES THE PRESIDENT'S COMPENSATION PACKAGE FOR THE FOLLOWING YEAR.

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 19:  
 THE FOUNDATION POSTS THE PRIOR TEN YEARS OF 990'S AND FORM 1023 ON ITS WEBSITE. THE FOUNDATION POSTS THE PRIOR THREE 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 FEES:

PROGRAM SERVICE EXPENSES	77,443,696.
MANAGEMENT AND GENERAL EXPENSES	5,194,323.
FUNDRAISING EXPENSES	478,489.
TOTAL EXPENSES	83,116,508.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	83,116,508.

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



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

IN FY22 WERE PRIMARILY RELATED TO STATE-FUNDED CONTRACTS TO PROVIDE  
 STAFF TO HEALTH DEPARTMENTS NATIONWIDE. 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.